# Statement of Work

**Project Title: "National Training and Technical Assistance Center for Child, Youth and Family Mental Health (NTTAC)"**

Independently and not as an agent of the Government, the Contractor shall furnish all the necessary services, qualified personnel, material, equipment, and facilities, not otherwise provided by the Government as needed to perform the Statement of Work below:

## A. BACKGROUND INFORMATION:

Created in 1992, the Substance Abuse and Mental Health Services Administration (SAMHSA) is a public agency within the U.S. Department of Health and Human Services (HHS). SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities by supporting and promoting evidence-based mental and substance use disorders prevention, treatment, and recovery support services. SAMHSA has delineated six Strategic Initiatives to guide priorities, programs, and budgetary decisions. This work is part of SAMHSA's Recovery Support Strategic Initiative (RSSI), which includes a working definition of recovery, as follows:

*Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*

SAMHSA's Recovery Support Strategic Initiative has further delineated four major dimensions that support a life in recovery:

**Health -** Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem or the use of clinical medical treatment for a mental illness— and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

**Home -** A stable and safe place to live.

**Purpose -** Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.

**Community -** Relationships and social networks that provide support, friendship, love, and hope.

The core elements of *health, home, purpose, and community*—are central to recovery from mental health disorders across the lifespan.

Within SAMHSA, the Center for Mental Health Services (CMHS) provides leadership in the design of national goals and establishment of national priorities for the prevention of mental illness, and the promotion of mental health. Furthermore they are responsible for the development of improved methods of treating individuals with mental health problems and improved methods of assisting the families of such individuals.

Within CMHS, the ***Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances*** *also known as the Children's Mental Health Initiative (CMHI),* provides grants and cooperative agreements to States, political subdivisions of States, American Indian Tribes or tribal organizations, the District of Columbia and territories, to develop, implement expand and sustain systems of care that meet the needs of children and adolescents with serious emotional disturbances (SED) and their families. The program was first authorized in l993 under the Public Health Service Act, Part E, Sections 561-565. The program was re-authorized under the Child Health Act 2000. Under this authority, SAMHSA administers an average of 61 system of care grants and cooperative agreements per year. The authorizing legislation (Sec. 565 (B)) states, "The Secretary shall….provide to the entity training and technical assistance (TA) with respect to the planning, development, and operation of systems of care pursuant to section 290-ff-1 of this title." There are currently 88 CMHI funded sites.

SAMHSA's CMHS' Child Adolescent and Family Branch has the primary mission of planning, implementing, sustaining and evaluating infrastructure and service delivery programs to develop models of innovative care for children with SEDs and their families.

The CMHI supports the development of more accessible and appropriate service delivery systems for children and adolescents with SEDs and their families. Training and TA to support and enhance service system development and skill enhancements is critical to advancing the program's mission to expand and sustain community-based systems of care. Systems of Care are located in a diverse selection of communities throughout the United States, including urban, rural, Tribal and non-English speaking communities. The hallmark of systems of care is that they are family-driven, youth-guided and culturally and linguistically competent. Outreach efforts and interagency collaboration serve to increase access to mental health services among diverse populations.

The CMHI provides an excellent example of SAMHSA's Theory of Change. Based on data demonstrating improved outcomes for children, youth and families, service system improvements, and a positive return on investment, CMHI has been successful in moving the system of care approach from a demonstration program towards more wide scale adoption of the system of care values and principles. The goal now is to continue these efforts to ensure that this approach becomes the primary way in which mental health services for children and youth with SED are delivered throughout the nation.

The purpose of this contract is to serve as a training and technical assistance center to continue efforts to move systems of care towards wide scale adoption, and to increase the effectiveness of mental health services for children and youth with SEDs and their families in states, counties, Tribes and Territories. This contract will provide training and (TA) on systems of care development, implementation, expansion, sustainability and related policy issues to states, Tribes, territories and communities with current CMHI grants and cooperative agreements as well as new CMHI cooperative agreements funded during the period of this contract.

Pursuant to language in the FY 2015 Consolidated Spending Bill, this contract will also provide training and TA to states, Tribes, territories and communities that do not have any of the above grants or cooperative agreements. This is consistent with SAMHSA's Theory

of Change efforts to move systems of care towards wide scale adoption, are interested in developing, expanding or enhancing their efforts to implement the system of care approach. The system of care approach is defined as the creation of "a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families that is organized into a coordinated network with a supportive infrastructure, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community and throughout life[5]."

Children's mental health is a significant public health concern. There is a high prevalence of mental disorders in children with about 10% of children having a SED, and 20% of children having a diagnosable mental disorder[1]. The onset for 50% of adult mental health challenges is by age 14, and this number rises to 75% by age 24; yet limited resources are devoted to children and their families[2]. There is also a high rate of suicide and depression in young people, with suicide being the second leading cause of death in individuals in the 15-24 year age group, and approximately one in five adolescents and young adult students having suicidal ideation every year[3].

Since the concept of systems of care for children and youth with SEDs was first introduced, there has been significant growth in such systems throughout the country. Increasingly, research and evaluation studies from the CMHI have indicated that children, youth and families benefit from participating in these programs. Improvement has been demonstrated in emotional well-being and behavioral functioning, school performance, reduced contacts with law enforcement, and reduced use of inpatient care[4]. Despite the progress that has been made, many communities across America have yet to benefit from implementing a system of care, and many existing system of care grantees face challenges in implementing the system of care approach.

Since its inception, the CMHI has impacted nearly 22% of the nation's 3,177 counties, parishes, boroughs, independent cities, geographical census areas, geographical regions and the District of Columbia, and has served over 100,000 children and youth. Grants have also been awarded to 33 federally recognized Indian Tribes or Tribal Organizations. Given the demonstrated effectiveness of systems of care as one important part of a multi-faceted approach to improving services and systems for youth and their families, and given the absence of such systems of care in many communities, an important next step is to expand the reach of systems of care by bringing them to scale so that they exist throughout the country[4].

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[1] Centers for Disease Control and Prevention, (2013). Mental Health Surveillance Among Children – United States, 2005-2011. MMWR 2013: Vol. 62, No. 2 (Supplement), pp. 1-32. Atlanta, GA.

[2] Kessler, R.C., Chiu, W.T., Demler, O., & Walters, E.E. (2010). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). Archives of General Psychiatry, 62(6), 617-627.

[3] Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS), 2012. Available from www.cdc.gov/injury/wisqars

[4] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2011). The Comprehensive Community Mental Health Services for Children and Their Families Program: Evaluation Findings – Annual Report to Congress, 2011. Rockville, MD.

[5] Stroul, B. A. & Blau, G.M. (2010). Defining the system of care concept and philosophy: To update or not to update*? Evaluation and Program Planning*, *33 (1)*, 59-62.

## B. OBJECTIVES:

The project objectives will be achieved through the creation and implementation of a TA center that develops and provides products, resources and supports to establish, enhance, expand and sustain the system of care approach to provide services for children and youth and young adults (up to age 21) with SEDs and their families.

The first objective of this contract is to provide support to the field of children's mental health through researching, developing and disseminating critical information and documents, creating greater awareness of children's mental health issues critical to the success of the CMHI. With limited resources and staff support, it becomes necessary for SAMHSA to obtain assistance from a contractor to accomplish this work. The TA and expert guidance enables SAMHSA to maintain a high level of support to the CMHI.

The second objective of this contract will be achieved through the development and implementation of a TA Center to support states, Tribes, territories and regions in CMHS's Comprehensive Community Mental Health Services for Children and their Families Program in their efforts to successfully develop, implement and sustain expanded systems of care. This contract will provide training and TA to states, Tribes, territories and communities with cooperative agreements awarded under the following Requests for Applications:

1.) Cooperative Agreements for Comprehensive Community Mental Health Services for Children and Their Families Program (CMHI);
2.) Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and Their Families Program (System of Care Expansion Implementation Cooperative Agreements) and,
3.) Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children and Their Families Program (System of Care Expansion and Sustainability Cooperative Agreements).

**Note to offeror: The above programs are subject to potential changes in name. If during the course of this contract period a change in program name occurs the contractor will be informed by written communication and/or modification from the COR/ACOR.**

The third objective of this contract will be achieved by providing training and TA to states, Tribes, territories and communities that do not have any of the above grants or cooperative agreements (including former grant recipients). Contingent upon the continuation of the FY15 Appropriations language, the revision of this statute will be done as part of SAMHSA's Theory of Change efforts to move systems of care towards wide scale adoption, in communities that are interested in developing, expanding, or enhancing their efforts to implement the system of care approach.

The fourth objective of this contract will be achieved through the provision of logistical support, which includes support to conduct meetings, TA and federal monitoring site visits and associated documents and materials.

The Contractor shall work with these audiences to disseminate evidence-based policies, programs and practices, and to assist them with designing and implementing activities and programs that promote the system of care approach to serving children and youth with SEDs. In addition, innovative approaches and projects will be recognized through NTTAC so that other communities, states, Tribes and territories might replicate them. Ultimately, the activities of this contract will ensure that children, youth and young adults with serious mental health disorders have greater access to effective services and supports to improve their lives.

The NTTAC will engage a Steering Committee to provide input and guidance to the contract activities. The Steering Committee will be comprised of representatives of the primary audiences of the project, including but not limited to current and former System of Care community leaders, providers, national experts from the field and recipients of services, representing the diversity of SAMHSA's stakeholders, and particularly youth and family members. The NTTAC will also compile and/or develop evidence-based TA materials and other resources for the audiences delineated above so that these can be made easily accessible to those seeking such information. The project will develop and deliver TA to the primary audiences, assisting them to design and deliver evidence-based programs. The TA will be provided telephonically, via electronic mail, through webinars and other electronic means. Site visits and meetings will also be used as directed and approved.

At the discretion of the government, five optional tasks may be exercised. Optional Tasks 1 and 2 would provide an opportunity to develop and implement a system of care grantee meeting for the purpose of peer exchange and "cutting edge" discussions to heighten awareness and address the challenges of creating and sustaining effective and cost efficient home and community based systems of care. These systems include clinical services, evidence-based interventions, financing strategies, cultural and linguistic competence, and family-driven and youth-guided care. Optional Task 3 would provide specialized TA in the area of child welfare, while Optional Task 4 would provide specialized TA in the area of juvenile justice. Optional Task 5 would support training and TA to any newly funded System of Care cooperative agreements.

**Definitions**

For the purposes of this contract, the terms listed below shall be defined as follows:

**System of Care** – Within *the Comprehensive Community Mental Health Services for Children and their Families Program,* a System of Care is "A comprehensive spectrum of mental health and other support services that are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with SEDs and their families." The creation of such systems of care involves a multi-agency, public/private approach to delivering services, an array of service options and flexibility to meet the full range of needs of children, adolescents and their families. Mechanisms for managing, coordinating, funding and sustaining services are necessary components of a system of care.

**Peer-to-Peer Support** – Peer-to-Peer Support is a system of providing and obtaining assistance across and among system of care grantees. Such support includes people from system of care communities working directly with people from other communities via web-based learning opportunities, bi-annual grantee meetings and participation in communities of practice.

**Program Partners** – are entities funded or enlisted by CMHS to provide related supports to the ***Comprehensive Community Mental Health Program for Children and their Families***. Partners include contractors responsible for the National Evaluation and Social Marketing, Research and Training Centers, Statewide Family Networks, Youth Organizations and other entities engaged in the field of children's mental health.

**Family-Driven Care-** Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.

**Youth Guided-Care-** Youth-Guided means that youth are engaged as equal partners in creating systems change in policies and procedures at the individual, community, state and national levels.

**Cultural Competence-** requires systems and organizations to:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

**Linguistic Competence-** is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures and dedicated resources to support this capacity.

**Field-Driven TA:** Through the strategic planning process organized by the TA Center, federally funded system of care grantees shall assess their TA needs in the context of local site needs and Program requirements. Individual site TA plans shall reflect both current local implementation priorities and national children's mental health goals.

**Accountability through Continuous Quality Improvement Mechanisms:** Implementation and outcome goals for the TA Center shall be correlated with the TA needs identified by system of care communities. The effectiveness of TA provided by the TA Center in assisting system of care communities achieve their identified goals and objectives shall be regularly monitored and reported, so that successes and obstacles can be readily identified and interim adjustments made.

Feedback from the ongoing assessment of TA activities as well as data from the National Evaluation of the CMHI shall advise the strategic planning process for the TA Center so that each year's TA plan will be revised and updated to reflect the findings from the previous year's review activities as well as the identified needs of the system of care communities.

The TA Center structure and activities shall be designed to promote the concept of family-driven, youth-guided, culturally and linguistically competent systems of care. The Contractor shall demonstrate how family-driven and youth-guided care, and cultural and linguistic competence, is incorporated into all areas of activity, both within the TA Center itself and as imbedded in the TA provided to the communities. Staff should receive appropriate on-going training, and the Contractor shall continually assess that requirements for family-driven, youth-guided and culturally and linguistically competent care are met. All aspects of the planning, developing, implementing and evaluating TA activities shall be carried out with diverse representation and significant family and youth involvement.

## C. SERVICES TO BE PERFORMED:

### GENERAL REQUIREMENTS

**1.** Independently, and not as an agent of the Government, the Contractor shall furnish the necessary personnel, labor, equipment, software, services, materials, and supplies, except as otherwise noted specifically herein to perform the work set forth below.

**2.** All work under this contract will be monitored by the **Contracting Officer's Representative (COR)**

**3. SAMHSA/DIVISION OF TECHNOLOGY MANAGEMENT (DTM) GUIDELINES**: The Contractor shall use software that meets SAMHSA Guidelines. Specifically, the system(s) must be PC compatible; operate in a Windows environment; and use Microsoft Office Suite (Word, Excel, PowerPoint, and Access); .Net, Java or other software, Oracle or SQL server databases, as well as web applications services such as IIS and Oracle AS or other software consistent with SAMHSA/OMTO/DTM standards. The Contractor shall at all times maintain compliance with current DTM standards, which may change over the duration of this contract. Any deviation from the SAMHSA standards should be negotiated with SAMHSA prior to contract award.

**4. IT PLAN:**
The Contractor shall prepare an IT Plan that addresses and describes the Design, Development, Implementation, and Maintenance for all IT Applications in the contract. The IT Plan should include functional requirements (e.g., data, workloads, user interface, reliability, security, and maintenance), technical requirements (e.g., hardware, software, and telecommunications) and operational and other requirements. It should also include major IT milestones and implementation dates of the project. The draft and final IT Plan [i.e., "Electronic Version" and "Hard Copy"] shall be submitted as a deliverable to the COR and the DTM [through the COR] for review and approval. Full acceptance of the Contractor's IT Plan is required and contingent upon the review and approval of DTM. The IT Plan must be reviewed on an annual basis, and updated as necessary if major modifications. The IT Plan review shall occur 90 calendar days after the start of the contract year or 90 calendar days

after a major modification. In the initial contract year and if an IT Plan update is necessary in following contract years, the Draft IT Plan shall be provided 90 calendar days after the start of the contract year or 90 calendar days after a major modification; and the Final IT Plan shall be submitted 30 days after the draft is reviewed by the DTM and returned to the Contractor.

## 5. SECURITY AND PRIVACY REQUIREMENTS FOR SAMHSA OWNED CONTRACTOR MANAGED SYSTEMS

(1) **Adherence to security and privacy policy.** The Contractor shall comply with all Federal and Department of Health and Human Services (HHS) security and privacy guidelines in effect at the time of the award of this contract. A list of applicable United States (U.S.) laws, Office of Management and Budget (OMB) requirements, HHS policies, standards and guidance, and Federal Government Computer Security guidelines can be located on the Secure One HHS website at http://www.hhs.gov/ocio/securityprivacy/index.html. The Contractor shall perform periodic reviews to ensure compliance with existing information security and privacy requirements. The Contractor reviews should revalidate compliance with previous requirements as well as any new requirements since the last review. The Contractor shall make all system information and documentation produced in support of the contract available to the agency and agency auditors upon request. All questions concerning IT security should be directed to the IT Security Team at infosecurity@samhsa.hhs.gov.

(2) **Perimeter defense and notification.** The Contractor shall ensure that the system and the information it contains are secured using appropriate perimeter defense technologies and that these technologies are monitored for anomalous traffic behavior. The Contractor shall immediately report any unauthorized system access to the agency COR and/or System Owner.

(3) **Protection of sensitive information.** The Contractor shall ensure that sensitive information is protected by information security and privacy controls commensurate with the risk associated with the potential loss or compromise of the information. For purposes of this contract, information is sensitive if: the loss of confidentiality or integrity could be expected to have a **serious, severe or catastrophic** adverse effect on organizational operations, organizational assets, or individuals.[1] Further, the loss of sensitive information confidentiality or integrity could: (i) cause a significant or severe degradation in mission capability to an extent and duration that the organization is unable to perform its primary functions or the effectiveness of the functions is significantly reduced; (ii) result in significant or major damage to organizational assets; (iii) result in significant or major financial loss; or (iv) result in significant, severe or catastrophic harm to individuals.

Personally identifiable information (PII) is a subset of sensitive information and is defined as data which can potentially be used to identify, locate, or contact an individual, or potentially reveal the activities, characteristics, or other details about a person.[2] PII shall receive a level of protection commensurate with the risk associated with the loss or compromise of sensitive information.

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[1] Federal Information Processing Standard (FIPS) 1999, *Standards for Security Categorization of Federal Information and Information Systems*, February 2004.
[2] DHHS Rules of Behavior, February 12, 2008.

(4) **Sensitive information on public systems.** The Contractor shall ensure that sensitive information **is not** stored, processed or transmitted on any system (via the Internet) without the appropriate controls in place and specific authorization from the SAMHSA Chief Information Officer (CIO) and/or Chief Information Security Officer (CISO).

(5) **Privacy requirements.** The Contractor shall conduct and maintain a Privacy Impact Assessment (PIA) as defined by Section 208 of the E-Government Act of 2002 and Federal Acquisition Regulation (FAR) Clause 52-239-1, and required by HHS policy. The PIA shall be completed in accordance with HHS PIA guidance at http://www.hhs.gov/ocio/securityprivacy/privacyresources/pias.html. Periodic reviews shall be conducted to determine if a major change to the system has occurred, and if a PIA update is subsequently required. If it is determined that an update is necessary, the Contractor shall make the necessary changes to the PIA. Questions or assistance required for PIA completion should be directed to Carla Burch (Carla.Burch@samhsa.hhs.gov).

The Contractor shall abide by all requirements of the Privacy Act of 1974 and FAR Clause 52-239-1. Pursuant to those requirements, the Contractor shall create and publish a System of Records Notice (SORN) in the Federal Register when required and shall publish an updated SORN following a major change to the system, as directed by OMB Memorandum (M) 03-22, *OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002*, or subsequent replacement guidance.

(6) **Website Privacy Policy:** The Contractor shall assure each page of the website, including the homepage, contains a link to SAMHSA's Website Privacy Policy (currently available at http://beta.samhsa.gov/privacy). DHHS and SAMHSA policy does not allow for persistent cookies on any SAMHSA or SAMHSA-funded websites. In addition, any forms on the site which will ask users to enter personal information must first be approved through SAMHSA channels and DTM. Questions or assistance required for SAMHSA websites should be directed to the SAMHSA webmaster (webmaster@samhsa.hhs.gov).

(7) **Information System Security Plan (ISSP):** The Contractor shall develop, submit and maintain an information system security plan compliant with National Institute of Standards and Technology (NIST) Special Publication (SP) 800-18 Revision 1, *Guide for Developing Security Plans for Information Technology Systems*, standards and must be consistent with the HHS and SAMHSA policy, as applicable to the contract's Statement of Work.

**Draft and Final ISSP Plan:** The Contractor's draft information system security plan shall be submitted [no later than 90 calendar days after the contract effective date (CED)] to the COR with the proposal for approval. The Final IT Plan shall be submitted 30 days after the draft is reviewed by DTM and returned to the Contractor. The draft and final IT Security Plan [i.e., "Electronic Versions" and "Hard Copies"] shall be submitted as a deliverable to the COR and DTM [through the COR]. Full acceptance of the Contractor's ISSP [IT Security Plan] is required and contingent upon the review and approval of DTM.

Information System Security Plan requirements:

- Each of the 17 NIST security control families prescribed in NIST Special Publication (SP) 800-53, *Recommended Security Controls for Federal Information Systems,* and the specific ways in which those controls are implemented must be addressed, if applicable, in the ISSP and pertinent to the function the system is designed to provide.
- The system security plan must be reviewed on at least an annual basis.
- The completion date of the ISSP should be revised to record when the plan has been reviewed and update completed.
- Version numbers must be employed and revised to record when changes are made to the document.

**Updated ISSP Plan:** Following approval of the draft ISSP, the Contractor shall update and resubmit its ISSP to the COR in contract year 3 and when a major modification has been made, as determined by the contracting officer. The Contractor shall use the current ISSP template in Appendix A of NIST SP 800-18 Revision 1, http://csrc.nist.gov/publications/nistpubs/800-18-Rev1/sp800-18-Rev1-final.pdf to complete the ISSP. The information contained in the Contractor's IT Security Plan shall be commensurate with the System Categorization indicated by the IT Security Officer.

**Subcontracts:** The Contractor shall include information consistent with this contract language in any subcontractor for performance under the SOW, whenever the submission of an IT Security Plan is required.

(8) **System Authorization.** The Contractor shall certify and accredit all systems developed for support of the contract in conformance with the standards set forth by the Federal Information Security Management Act (FISMA) and NIST SP800-37 Revisions 1, *Guide for Applying the Risk Management Framework to Federal Information Systems: A Security Life Cycle Approach*, **prior** to the system becoming operational, or within 90 days after system completion with approval from the SAMHSA CIO or CISO. This activity shall be performed in conjunction with the initial development of the system, updated when a major change occurs to the system, and renewed no less than every three years. All system authorization (S&A) packages shall be compliant with all Public Law (PL)-107-347, OMB mandates, FIPS, and additional applicable NIST guidance. This guidance includes, but is not limited to FIPS 199, FIPS 200, NIST SP 800-18, NIST SP 800-30, NIST SP 800-37, NIST SP 800-53, NIST SP 800-53A, and NIST SP 800-60. All NIST and FIPS documentation can be found at the NIST website at http://csrc.nist.gov/.

SAMHSA has created an S&A checklist to facilitate compliance with the OMB-mandated S&A process. The SAMHSA S&A Checklist will be provided to the Contractor after contract award and upon request to DTM through the SAMHSA COR.

**Annual requirements.** The Contractor shall be responsible for meeting ongoing information security and privacy system requirements. These include, but are not limited to, performing annual system testing, completing an annual system self-assessment, and supporting quarterly and annual SAMHSA FISMA reporting. Additionally, SAMHSA reserves the right to test or review the system

security and privacy controls at any time. All annual requirements will be administered by SAMHSA IT security and privacy team.

(9) **Security and privacy training.** All Contractors shall receive general awareness training and role-based training, commensurate with the responsibilities required to perform the work articulated in the terms and conditions of the contract.

The Contractor shall be responsible for ensuring each contractor employee has completed the SAMHSA Security Awareness Training as required by the agency prior to performing any contract work or accessing any system, and on an annual basis thereafter, throughout the period of performance of the contract. The Contractor shall maintain a list of all individuals who have completed this training and shall submit this list to the COR upon request. As a part of this training, the Contractor shall ensure that all staff read, agree to, and sign the DHHS Rules of Behavior at http://www.hhs.gov/ocio/policy/hhs-rob.html.

(10) **Clearances.** The Contractor shall ensure all staff has the required level of security clearance commensurate with the sensitivity of the information being stored, processed, transmitted or otherwise handled by the System or required to perform the work stipulated by the contract. At the minimum, all Contractor staff shall be subjected to a Public Trust background check and be granted a Public Trust clearance before access to the System or other HHS resources is granted.

(11) **Non-Disclosure.** The Contractor shall not release, publish, or disclose agency information to unauthorized personnel, and shall protect such information in accordance with the provisions of the following laws and any other pertinent laws and regulations governing the confidentiality of sensitive information:

-18 U.S.C. 641 (Criminal Code: Public Money, Property or Records)
-18 U.S.C. 1905 (Criminal Code: Disclosure of Confidential Information)
- PL 96-511 (Paperwork Reduction Act)

(12) **Mobile device encryption.** The Contractor shall: (a) encrypt all laptop computers, mobile devices and portable media which store or process, or may store or process, sensitive information using FIPS 140-2 compliant encryption technology; (b) verify that encryption products have been validated under the Cryptographic Module Validation Program at: http://csrc.nist.gov/groups/STM/cmvp/index.html to confirm compliance with FIPS 140-2; (c) establish key recovery mechanisms to ensure the ability to decrypt and recover sensitive information by authorized personnel; and (d) generate and manage encryption keys securely to prevent unauthorized decryption of information. For more information, reference the HHS Encryption Standard for Mobile Devices and Portable Media at: http://intranet.hhs.gov/it/cybersecurity/docs/policies_guides/EPF/encrypt_plan_format_for_protect_of_sensitive_info.pdf.

(13) **Maintenance.** The Contractor shall ensure that the system, once operational, is properly maintained and monitored, to include immediate response to critical security patches, routine maintenance windows to allow for system updates, and compliance with a defined configuration

management process. All patches and system updates shall be properly tested in a development environment before being implemented in the production environment.

**References**

1. Policy for Department-wide Information Security at http://www.hhs.gov/ocio/policy/hhs-ocio-2011-0003.html
2. HHS IRM Information Security Program Policy at http://www.hhs.gov/ocio/policy/index.html
3. HHS Personnel Security/Suitability Handbook at http://intranet.hhs.gov/it/cybersecurity/docs/policies_guides/PISSP/pol_for_info_sys_sec_and_priv_hndbk_20110707.pdf
4. NIST SP 800-18, Rev.1, Guide for Developing Security Plans for Information Technology Systems at http://csrc.nist.gov/publications/nistpubs/800-18-Rev1/sp800-18-Rev1-final.pdf
5. NIST SP 800-37, Guide for Security Certification and Accreditation of Federal Information Systems: at http://csrc.nist.gov/publications/nistpubs/800-37-rev1/sp800-37-rev1-final.pdf
6. NIST SP 800-53, Recommended Security Controls for a Federal Information System at http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf
7. NIST SP 800-60, Guide for Mapping Types of Information and Information Systems to Security Categories, Volume I at http://csrc.nist.gov/publications/nistpubs/800-60-rev1/SP800-60_Vol1-Rev1.pdf
8. NIST SP 800-60, Guide for Mapping Types of Information and Information Systems to Security Categories, Volume II at http://csrc.nist.gov/publications/nistpubs/800-60-rev1/SP800-60_Vol2-Rev1.pdf
9. NIST SP 800-64, Security Considerations in the Information System Development Life Cycle at http://csrc.nist.gov/publications/nistpubs/800-64-Rev2/SP800-64-Revision2.pdf
10. FIPS 199, Standards for Security Categorization of Federal Information and Information Systems at http://csrc.nist.gov/publications/fips/fips199/FIPS-PUB-199-final.pdf
11. Federal Information Processing Standards, Minimum Security, Requirements for a Federal Information System at http://csrc.nist.gov/publications/fips/fips200/FIPS-200-final-march.pdf
12. Cryptographic Module Validation Program at http://csrc.nist.gov/groups/STM/cmvp/index.html
13. HHS Policy for Records Management: http://www.hhs.gov/ocio/policy/2007-0004.001.html.
14. Enterprise Performance Lifecycle: http://www.hhs.gov/ocio/eplc/index.html

**6. SECTION 508 COMPLIANCE:**

Section 508 of the Rehabilitation Act, requires agencies and their Contractors to buy Electronic and Information Technology (EIT) that makes information accessible to people with disabilities.

1. On June 25, 2001, accessibility requirements for Federal Electronic and Information Technology took effect under Section 508 of the Rehabilitation Act. This law requires that such technology be accessible according to standards developed by the Access Board, which are now part of the Federal government's procurement regulations (Refers to the Section 508 Federal Acquisition Regulations (FAR) Final Rule published on April, 2001 in the Federal Register).

2. These standards, as issued by the Board, cover a variety of products, including computer hardware and software, websites, phone systems, fax machines, copiers, and similar technologies. Provisions in the standards spell out what makes these products accessible to people with disabilities, including those with vision, hearing, and mobility impairments. The

Board included both technical criteria specific to various types of technologies and performance-based requirements, which focus on a product's functional capabilities.

3. The law relies strongly on the procurement process to ensure compliance with the new standards. Compliance with the standards is required except where it would pose an "undue burden" (as defined in the standards) or where no complying product is commercially available.

4. To be considered eligible for award, Offerors must propose goods and/or services that meet the applicable provisions of the Access Board's standards as identified by the agency. Alternatively, Offerors may propose goods or services that provide equivalent facilitation. Such offers will be considered to have met the provisions of the Access Board's standards for the feature or component providing equivalent facilitation.

5. In instances when deliverables and other artifacts generated by the Contractor are intended for distribution via the Web, deliverables must comply with Section 508 requirements. Additional online resources, including the Section 508 compliance standards are available for reference (http://section508.gov/summary-section508-standards or http://www.hhs.gov/web/508/).

## 7. SAMHSA/OFFICE OF COMMUNICATIONS (OC) REQUIREMENTS

**A. Branding** – The Contractor shall adhere to the branding and trademarking guidelines outlined in the *SAMHSA Identity Standards.* SAMHSA is the only entity that shall be branded in content, services, and products (including, but not limited to publications, webpages, mobile applications, program descriptions) developed through this contract. Communications products and promotion activities developed through this contract shall position and brand SAMHSA as the leading source for behavioral health expertise and innovation in the Nation.

**B. Communications Products –**

The COR shall not direct the Contractor to expend funds on the development of any specific communications product until the SAMHSA Office of Communications (OC) has issued a concept clearance or other commensurate approval for the product including specific law or description in SAMHSA's Strategic Communications Plan. The COR working with the Contractor shall ensure that SAMHSA products reflect SAMHSA's Strategic Initiatives and priorities and are produced with appropriate participation from all SAMHSA Centers/Offices and other relevant external agencies. Recommendations from an annual communication product planning meeting and Executive Leadership Team decisions shall determine the final communication products to be produced. As a cost reimbursable contract, SAMHSA maintains the right to stop work, cancel future work, or change the level of effort of work on any communications products within this contract. This includes, but is not limited to, the revising, repurposing, producing, finalizing, or disseminating of products. *Changes that incur a significant reduction or incretion of effort may require a contract modification depending on the level of effort and cost implications.* Any decision by SAMHSA to change the purpose, direction, production, completion, or dissemination of a product is not a reflection on the performance of the Contractor. The Contractor shall be reimbursed for any product development up to the date of request by the COR to end work on the product(s) or to change direction on the

product(s). All products are the property of the Government and shall be turned over to the COR if the decision is made to stop work on the product(s).

Unless SAMHSA exercises the right to produce/print hard copies, products produced under this contract shall be developed for electronic and web-based distribution only, in accordance with the Executive Order on Promoting Efficient Spending (EO 13589). The duplication of print copies/DVDs/CDs shall be the exception and shall require OC approval prior to duplication. Products developed under this contract shall adhere to SAMHSA's web governance policy for layout, file format and other technical specifications. The Contractor shall work with the COR to upload approved content into SAMHSA's Web Content Management System (WCMS). Training on SAMHSA's WCMS shall be provided to the Contractor and the COR. OC approval is required for final communication products to be produced in hard copy. The intent to produce hard copies shall be identified during the concept clearance approval process. In addition, all products prepared under this contract shall follow the "Plain English" guidelines and shall strive to maintain the national level of suggested reading levels for the appropriate audiences. Products granted an exception to print hardcopies prepared under this contract shall be written and edited in accordance with the *Government Printing Office Style* Manual and SAMHSA style guidelines. All materials granted an exception shall be printed by the Government Printing Office (GPO) or other approved entity, such as through SAMHSA's Public Engagement Platform (PEP), that still meets GPO printing guidelines.

**C. Public Engagement Platform (PEP) and Marketing Support** - Use of and close collaboration with the COR and SAMHSA's OC for the services provided by PEP and OC is a requirement of this contract. This contract shall not reproduce or budget for any of the services that are available through SAMHSA's OC. See below for details on the distribution services and Marketing Support that SAMHSA already has available:

- *Contact center* – 1-877-SAMHSA-7 which responds to public inquiries.
- *Warehouse* – full warehouse functions of receiving, maintaining, shipping, and managing the entire SAMHSA print and audiovisual library.
- *Communications Products Pages* – provides online presence for products, including "shopping cart" functionality to order/download products, tagging with the SAMHSA taxonomy, and other related content.
- *Reports* – provides inventory management information, (e.g. remaining inventory, monthly distribution, and reprint recommendations) and data analytics on the electronic consumption of SAMHSA communications products. Analyzing the product inventory reports is a requirement of this contract. The Contractor shall work with the COR in obtaining these reports from the OC.
- *Press releases, News bulletins* – these are more traditional forms of information dissemination. They are typically distributed to other news outlets.
- *Conference Exhibit Program* – Provides a SAMHSA presence at meetings that are aligned with the Agency's strategic initiatives. Provides publications, programmatic information, promotional materials, etc.
- *eBlasts* – Internet-based email marketing and current awareness tool that allows subscribers to create profiles and select to receive updates on topics of interest to them, including, but not limited to upcoming awareness campaigns, funding opportunities, and new publications.

- *Social Media* – SAMHSA utilizes various social media tools (Facebook, Twitter, Flickr, YouTube) with a strong presence and following.
- *SAMHSA Newsletter* – SAMHSA News, the Agency's newsletter, disseminates information to behavioral health service providers, consumers, and the general public from all SAMHSA program divisions and offices.

**D. Adherence to SAMHSA Technical Governance -** The Contractor shall adhere to the SAMHSA Technical Governance. Any development, production and maintenance of Internet/Web applications, including Intranets and Extranets shall comply with SAMHSA policy and procedures.

The SAMHSA.gov website is the only authorized agency website. No new websites shall be created without prior written approval of the COR, in collaboration with OC and DTM and any appropriate agency website officials. Any new websites created by the Contractor shall be part of the SAMHSA.gov website. Websites or applications development may be accomplished on the Contractor's server(s). Production versions must reside on the SAMHSA/DTM infrastructure.

**i. Content Development and Management Plan -** Within sixty (60) days after the Contract Effective Date (CED), the Contractor shall submit electronic and hard copy versions of the Content Development and Management Plan through the COR to OC and DTM for review and approval. Full acceptance of the Contractor's Content Development and Management Plan is required and contingent upon the review and approval of DTM—for IT Technical Issues; and OC—for Content and New Media Issues. This plan must include any information on the web content that is being prepared for the SAMHSA site. The plan must also include, but is not limited to:

- Social Media. Details on any channels of social media that are planned to be used, either external (e.g., Facebook, Twitter) or internal to the content, with justification for their use.
- E-mail. Details on mass e-mail distribution, or other Internet-based communication methods, with justification for their use.
- Processes. Descriptions of the processes for the review, approval, and clearance (if applicable) for the Web content (inclusive of social media, e-mail, etc.) for both initial posting and ongoing maintenance. Multiple/variable processes for different classes of content is suggested if applicable.
- Disposition. The management plan shall also include a plan for management or disposition of the content after the contract ends.
- Hosting. If there is a plan to physically host the content outside of SAMHSA.gov, details and a justification shall be provided.
- *Content Management System Standards.* Details how the Contractor plans to provide updates compatible with or directly through SAMHSA's Web Content Management System.
- *Metrics Standards.* Provides information on how the Contractor plans to place "code" on each page of web content to allow it to be discovered and counted by SAMHSA metrics tools.
- *Data Standards.* Details how all data that is produced or incorporated as part of this contract and that is cleared for public distribution shall be made available in an open data format, compatible with Federal raw data and/or geo data standards at data.gov.

- Web Content Integration. If this contract includes assuming responsibility for a legacy site or content, the management plan shall include a plan for integrating that legacy site or content into SAMHSA.gov. This plan shall be coordinated with the agency plans for SAMHSA.gov, and may require multiple phases or steps for integration.

The COR, OC and DTM shall have 30 days to review and provide comments.

**ii. Digital Engagement** – The preferred approach to digital engagement focuses on the empowerment of trained Federal staff as the agent of engagement. However, there shall be instances where Contractors are responsible for engagement activities. Digital engagement activities should be included as part of the Content Development and Management Plan and should, as closely as possible, adhere to the following principles:

- Transparency is essential to effective engagement
- Digital engagement should encourage building and sustaining communities and work to establish long-term relationships
- Engaging in a way that allows for timely responses should be the default
- Establishing an emergency mitigation strategy should be included as part of all planning activities
- Documenting where engagement activities have occurred is mandatory
- Measuring and reporting on mission-based outcomes is essential

**iii. Web Content Approval** - No later than three (3) weeks prior to the planned initial posting of a document, the Contractor shall submit the Content to the COR for review and approval. This document should be consistent with Federal policy and have all signatures obtained for any clearances (as needed) prior to submission. Depending on the document and the level of review necessary, SAMHSA shall review and post the Content onto the SAMHSA site or on the appropriately determined SAMHSA social media platform. Development of new social media accounts is limited on a case by case basis based on criteria set by the SAMHSA Communications Governance Council (CGC).

**iv. Web Content Migration Plan – For existing websites or other Internet content,** if not already completed, the Contractor shall in conjunction with the COR, Center Content Coordinator and OC, plan for, facilitate and expedite the migration of all production (as opposed to development) Web content from the current website to the SAMHSA website. The Contractor shall prepare a plan that includes Development, Implementation, Public Production and Maintenance. The Content Migration Plan should include functional requirements, technical requirements and other operational requirements. It should also include major milestones and implementation dates of the project, including the migration phase. The draft and final Content Migration Plan shall be submitted as a deliverable to the COR and the DTM [through the COR] for review and approval. Any new content proposed by the Contractor for the Internet shall become part of the SAMHSA website. It is not SAMHSA's intent to have the Contractor house SAMHSA-funded content for this contract unless evidence is presented that it is more efficient to do so and approval is received from OC and DTM. Any new Web development must be focused on content that is logically integrated into the SAMHSA.gov organization, design and existing content. Content shall be developed in a manner that provides smooth and efficient integration into the SAMHSA.gov website. Web content consists of any and all materials (HTML files,

XML files, PDF files, video, audio, etc.) with an expectation of being distributed via the Web or similar Internet system.

**v.** Contractor shall submit quarterly reports of actual Web-related IT costs to the COR. It is the responsibility of the COR to submit the quarterly report to OC and DTM. A reporting template shall be provided to the Contractor upon award of contractor.

**vi.** Staff members from both OC and DTM shall be included in the initial contractor kick-off meeting at the start of the contract as well as any required annual meetings.

**E. HHS and SAMHSA Strategic Clearance Platforms are** designed for the COR, their Contractors and field partners to create a consistent approach for planning communication activities for communications products or for ongoing operation of a program or organization as well as to determine the appropriate level of clearance required for the product. The HHS and SAMHSA platforms include the key elements in communications planning and execution:

- Field Analysis - identifying what the field needs, what is already available to meet these needs, and potential collaborators.
- Goal - how meeting these needs shall support SAMHSA's mission.
- Objectives - ways in which particular communications and marketing activities shall achieve this goal.
- Target Audiences - specific target audiences that need to be reached to achieve these objectives.
- Program, Product or Service - what shall be delivered to these target audiences in order to reach the identified objectives.
- Formatting - how messages about these deliverables shall be formatted to reach the identified objectives.
- Creative Mix of Tactics and Message Products -Advertising, Promotion, Events, Public Relations and Personal Communications approaches that shall be combined with electronic or print message products to help achieve the identified objectives, timed against a projected product life expectancy.
- Dissemination - implementation of this creative mix to reach identified objectives.
- Evaluation and Quality Improvement - data gathering needed to improve contract/task performance, and justify public investment in activities supporting SAMHSA's mission.

Use of the HHS and/or SAMHSA clearance platforms is required for the creation, promotion, dissemination and evaluation of communications products developed through this contract.

**Task 1: Plans of Performance**

The Contractor Shall:

Within two (2) weeks of the contract effective date (CED) in Year 1, and four (4) weeks prior to the beginning of any Option Year, have a face-to-face kick-off meeting with the Contracting Officer's Representative (COR), Alternate COR (ACOR), task leads, and other relevant federal staff to review the SOW and the 4 Plans of Performance submitted with the contractors proposal. These 4 plans should be as follows:

1. Plan for the Development of a National Training and TA Center.

This plan should contain the offeror's strategies for completing Tasks (2-6) as well as include a section on Structure and Governance in which the offeror identifies:

a. An Executive Staff Committee to carry out leadership and administrative responsibilities to ensure the design and delivery of high-quality training and TA that responds to the needs and priorities of the funded CMHI system of care communities and reflects the values and goals of the *Comprehensive Community Mental Health Services for Children and their Families Program,* the CAFB, and the TA Center review workgroup. The Contractor shall describe staffing patterns and roles of the Executive Staff Committee, including how it will develop and implement the strategic planning processes for planning and implementing TA.
b. Formal communication mechanisms to share information and gather feedback from all stakeholders involved in the TA, including the COR/ACOR/Task lead and all partners.
c. Quality control and task completion indicators at the central and site level.
d. Staff development activities for central office and field TA provider staff.

2. Plan for TA to CMHI Grantees serving AI/AN Populations

This plan should contain the offeror's strategies for completing Tasks 7-8. In addition, it shall include a section on the infrastructure of the TA Center to support the centralization and coordination of activities with Federal and non-federal initiatives concerning the mental health of children, adolescents, young adults and their families. The infrastructure shall include, at a minimum, the following elements:

a. The Contractor shall demonstrate how it plans to provide TA to communities of varying demographics, geographical regions, populations of focus, etc.
b. The Contractor shall describe a process for working with each grantee while ensuring that the COR/ACOR is kept apprised of important issues.
c. The Contractor shall describe a system for operationalizing family-driven and youth guided care in developing the TA Center and in designing and implementing TA activities. The Contractor shall articulate meaningful roles for family and youth leadership, with the assurance of collaboration between professionals and families at every level of decision-making. The Contractor shall describe how TA Center policies and operations will ensure full family and youth involvement in designing and carrying out TA and will encourage family and youth involvement reflecting the cultural and ethnic diversity of families in the system of care communities.
d. The Contractor shall describe how it will ensure communication and collaboration with system partners, such as the contractors for evaluation and social marketing and other related research and training centers or TA centers.

3. Plan for TA to non-CMHI Grantees

This plan should contain the Offeror's strategies for completing Task 9. In addition, the contractor shall describe, in detail, a process for developing TA standards and protocols that includes:

a. A system for TA that incorporates strategies shown to be effective in the development of local and state-wide systems of care.
b. A process for providing TA resources that is responsive to the diversity of the non-system of care communities.
c. A process for addressing the unique TA needs for individual non-CMHI entities (i.e., cultural and linguistic competence, family-driven and youth-guided care, financing strategies, clinical intervention and evidence-based practices/practice-based evidence, program development, administration, juvenile justice, education, child welfare, mental health, co-occurring substance abuse/mental health, primary health care, youth development and leadership, transition to adulthood, and system of care sustainability).
d. A system for TA that promotes all system of care values and principles.
e. A system for mentoring and peer-to-peer TA using the knowledge gained by current and former system of care communities.
f. A system for providing content-specific TA in critical areas, such as clinical interventions, education, juvenile justice, family involvement, substance abuse and co-occurring disorders, youth leadership and primary care.
g. A system to ensure that all TA provided to sites is culturally and linguistically competent.

4. Plan for Logistics and Administrative Support for CMHI

This plan should contain the Offeror's strategies for completing tasks 10-18. While the Work Plans for the first year should be comprehensive, the Work Plans in the option years will be updates of the original Work Plan and should require reduced effort.

Discussion of the SOW and Plans of Performance will include but not limited to the purpose, goals, objectives, tasks, protocols, activities, deliverables, schedule of project meetings, and timelines. The meetings shall take place at SAMHSA headquarters located at 1 Choke Cherry Road, Rockville, MD 20857. This may be adjusted in future years pending the relocation of SAMHSA headquarters.

In the Base Year and all Option Years, within two (2) weeks of the face-to-face kick-off meeting, the Contractor shall:

Present one revised draft of each of the 4 Plans of Performance to the COR, ACOR, and Task Leads for feedback.

Submit the Final Plans of Performance one (1) week after COR/ACOR approves or asks for further revision. The Final Plans of Performance shall serve as the guide for work requirements to be performed.

Update the final Plans of Performance as necessary and with the approval of the COR/ACOR. Detail any variances from the plan, reason for such variances and methods used or proposed to make mid-course corrections.

The Contractor shall coordinate an orderly transition of the project from the previous CAFB logistics contractor during the time between award of this contract and expiration of the previous CAFB logistics task order, for which the final option period is scheduled to end on September 29, 2015. The Contractor shall:

(a) at the Contracting Officer's discretion, participate in five (5) or more meetings with the previous contractor to effect a smooth transition and to receive detailed information on the operation of the previous CAFB logistics task order.

(b) no later than three (3) weeks from the contract effective date (CED), ensure receipt from the previous contractor or SAMHSA of complete documentation and all government furnished property, hardware, software, materials and data necessary to support continuation of full services, capabilities and outstanding technical and related work inherited from the previous contractor, and promptly notify the COR/ACOR of any omissions or deficiencies; and,

(c) ensure that, during a three (3)-week transition period, the Contractor's personnel receive training from the previous contractor's senior personnel in all system operation and maintenance functions.

**Note to offeror: For budgeting purposes the offeror should plan to bring no more than 4 staff to the kickoff meetings in any given year.**

## Part 1: Tasks for the Development of a National TA Center

### Task 2: Establish and Maintain a Training and TA Center

Within twelve (12) weeks after the CED, the Contractor shall establish a Training and TA Center that serves as the core of operations for the TA needs of grantees funded under the CMHI. TA shall be provided through site visits, or through web-based or other types of learning opportunities.

**It is expected that start-up costs will be higher in the first year of the contract, and once the structure is established, the costs will be primarily for maintenance of the TA Center activities.**

The TA can be provided through one (1) core center which would be the primary place of contact for all of the systems-of-care communities or the offeror may propose and alternative approach. Importantly whatever approach is proposed, the TA Center shall carry out centralized project administration, coordination and communication activities that will serve the system of care communities, ensuring coordination and collaboration with system partners at all levels. The Contractor shall demonstrate and incorporate the values of family-driven and youth-guided care into the organizational structure and governance of the TA Center. Examples of specific areas of TA should include:

- Strategies to sustain the system of care approach
- Financing and accessing third party billing
- Health information technology
- Identification and early intervention, including first episode mental illness
- Outreach and engagement
- Serving hard-to-reach populations (e.g., rural, homeless, military)
- Family leadership and engagement support
- Medication and medication management
- Wraparound and person-centered planning
- Shared decision-making
- Evidence based practices
- Clinical services
- Integration with other child serving activities (e.g., child welfare, juvenile justice, primary care, education, substance use)
- Parent Support Provider Initiative
- Building Bridges Initiative to redesign residential facilities,
- Prodromal and early intervention efforts
- Over-use of psychotropic drugs in children, youth and young adults.

## 2.1 Operations

No later than twelve (12) weeks from CED, the Contractor shall develop and implement a process for conducting organizational and management tasks of the TA Center. The Contractor shall conduct the following tasks (and ensure that cultural and linguistic competence and family and youth involvement are pervasive throughout all processes):

a. Management of TA Center tasks and responsibilities involved in developing TA Center capacity for delivering TA and facilitating site-driven planning and implementation of site TA Plans.
b. Implementation of a formal communications plan to share information with all parties involved in the process of delivering TA, including a method to keep the COR/ACOR/Task Leads and TA Program Director apprised of activities. The communications plan should also address methods to ensure collaboration among system of care partners (i.e., contractors for communications/social marketing and evaluation, and research and training centers).

c. Implementation of a system of continuous quality improvement and task completion measures that includes, at a minimum: the central office, field staff, and other content experts.
d. Implementation of a system for providing initial and ongoing training/TA to TA Center staff and subcontractors (i.e., system of care community TA brokers and special content experts) responsible for implementing TA. The plan for staff development within the Plan of Performance (Task 1) must discuss, in detail, the mechanisms for enhancing strategic planning skills and knowledge of effective TA methods. A staff orientation shall be described, including steps for ensuring an understanding of the mission and priorities of *the Comprehensive Community Mental Health Services for Children and Their Families Program* and their roles and responsibilities as TA providers. The Contractor shall discuss the provision of cultural and linguistic competence training for all staff.
e. A Management Information Systems (MIS) capable of handling the business operations of all activities supported by the TA Center. The Contractor shall present a plan for a TA Center Management Information System able to centrally generate TA task orders and payment/expense forms for all TA. The MIS plan must include a scope of work for an Information Technology (IT) Specialist, including the use of web-based technology (listservs, webcasts and webinars) and conference calls for training opportunities. The scope of work shall include a plan for the design and the conducting of web-based seminars.

**Task 3: Development and Dissemination of TA materials**

As per the direction of the COR the Contractor shall identify and engage consultants with special expertise to extend the work being done to advance and further wraparound services. System of Care communities use a wraparound approach for delivering services to their youth and families and additional system of care grantees will need support to implement the wraparound model.

The contractor shall:

3.1 Develop standards and compile specific strategies, tools and other resources focused on how to implement the wraparound model in a way that can achieve positive outcomes for youth and families. The contractor shall also compile information about research, evaluation, training, and learning opportunities focused on wraparound and related topics. This information will be conveyed to the field through periodic e-updates and through social media.

3.2 Ensure effective information sharing and external review of practices through Webinars. Webinars will be held at least four times per year.

3.3 Provide expert consultation to SAMHSA by researching and preparing papers regarding current topics of importance to systems of care. Examples of such topics are *How Health Care Reform Impacts Systems of Care, How Health Homes Work within Systems of Care,* and *Certifying Parent Support Providers.* For the purpose of the proposal the contractor shall assume that six such papers are required each year of the contract.

3.4 Develop TA materials specific to System of Care communities.
Within eight (8) weeks after the CED, the Contractor shall implement strategies for information development and distribution that provide for communication mechanisms among sites, across system of care communities and the TA Center that involve multi-media and technological strategies for disseminating information, including but not limited to:

1. Coordinating the development and distribution of up-to-date information about the TA Center and sites, including access to varied resources, training schedules for the TA Center and other organizations of interest to sites and links to other relevant sites.

2. Implementing distance learning capability that includes but is not limited to interactive video and teleconferencing among all system of care communities.

3. Multiple contractor-owned and managed listservs that offer opportunities for those involved in the Program at every level to conduct on-line discussions on issues of mutual interest (e.g., Clinical Effectiveness, Cultural and Linguistic Competence, Family-Driven and Youth Guided, Juvenile Justice, Education, Child Welfare, and Co-occurring Disorders).

4. Documents describing best practices in system of care communities. No later than eight (8) weeks after CED, the Contractor shall create a process for identifying relevant best practices within sites and a format for disseminating that information to all system of care communities. The process shall include a production plan and the process for supporting system of care communities with writing and editing papers.

5. Develop three products designed to be disseminated to systems of care and other communities to continually improve and refine their implementation of the wraparound service delivery process.

6. A resource bank of materials developed by sites (e.g., job descriptions, training modules, interagency agreements, MOUs, service protocols/standards), with the ability for electronic transmission of key materials.

3.5 Information Dissemination and Resource Exchange for AI/AN Communities

1. The Contractor shall develop documents describing best practices in AI/AN system of care communities. The Contractor shall describe a process for identifying relevant best practices within AI/AN communities and a format for disseminating that information to all tribal CMHI grantees, including "graduated" communities. Documents shall be produced in consultation with the COR/ACOR for review and must include;
   - quarterly newsletters
   - at least two (2) fact sheets or other documents approved by the COR/ACOR that

can be shared with grantees in hard-copy form, and in electronic form that complies with Section 508 of the Rehabilitation Act. These documents may be posted to the SAMHSA website and other TA Program Partner websites pending COR/ACOR approval.

2. The Contractor shall maintain a list of current contact information, including addresses, phone and fax numbers, and e-mail addresses for all key staff for each CMHI grantee (including "graduated" sites and their former key project staff) in order to disseminate information through methods such as e-mail, listservs, discussion boards, and other information dissemination technology, as approved by the COR/ACOR. The Contractor shall provide updates of this contact list to the COR/ACOR on a monthly basis. The Contractor shall use the list to disseminate any information that the COR/ACOR requests be forwarded to the grantees in order to promote information and resource exchange.

**Task 4: Cultural Competence Consultation**

The objective of this task is to provide TA consultation and training to grantees and system of care communities in the area of cultural competence. Culturally and linguistically competent services are required to meet the needs of all populations, including but not limited to ethnic minorities, sexual minorities, disabled persons and persons from diverse geographical areas.

The contractor shall:

4.1 Develop a work plan as part of the plan of performance to increase cultural competence among grantees and throughout the system of care community.

4.2 In order to ensure optimal cultural competence when working with sites, the Contractor shall work with the COR to review the cultural competence needs among system of care communities and the field. The Contractor shall review cultural competence data from a variety of sources, including the CMHI National Evaluation and other national data sources.

4.3 Assist the field with strategic planning in the area of cultural competence.

4.4 Oversee the TA provided to system of care communities to ensure quality assurance in these efforts.

4.5 As requested, document best practices in Cultural and Linguistic Competence, as identified among system of care communities, so that they can be shared broadly.

**Task 5: Youth Leadership and Engagement Support**

The purpose of this task is to support the development of youth leadership within systems of care throughout the country.

5.1 With the approval of the COR/ACOR, develop and implement a strategy to provide national leadership and engagement among youth who have been involved in mental health systems. This strategy would include but not be limited to the training and TA to youth engagement, development of the youth peer workforce, and opportunities for national engagement activities.

5.2 Provide administrative support to ensure that youth engagement/participation in system reform efforts occurs in states across the country.

5.3 Supervise and oversee the functionality of this youth work, ensuring that the vision and mission are in compliance with system of care values and principles.

5.4 Develop and maintain youth community networks crucial to the operation and function of the organization and develop services and supports as needed to ensure youth voice and empowerment is created and sustained across the country.

**Task 6: Development of a Consultant Clearinghouse**

Within eight (8) weeks after the CED, the Contractor shall establish and maintain a Consultant Clearinghouse to provide a broad range of TA expertise. The Contractor shall, in consultation with the COR/ACOR and Task Lead through the COR, conduct continuous recruitment activities to ensure the availability of adequate and varied consultant resources for identified communities. The Contractor shall discuss, in detail, methods for developing a Consultant Clearinghouse that includes:

1. Identifying, recruiting and preparing an ethnically diverse and culturally and linguistically competent group of skilled TA consultants that includes family members. Many of these consultants will likely come from graduated system of care communities of the ***Comprehensive Community Mental Health Services Program for Children and Their Families*** and/or be identified by system of care grantees themselves.

2. Matching grantees with appropriate consultants and development of protocols for the various TA strategies.

3. Evaluate consultants' performance and provide feedback.

4. Providing up-to-date information on Consultant Clearinghouse members to each system of care grantee through the Internet.

**Note to offeror: For budgeting purposes, please utilize a consultant fee of $500 per day, assuming an eight (8) hour day.**

## Part II: Tasks related to the provision of TA to SOC Grantees

### Task 7: TA for System of care Grantees

7.1 Standards and Protocols

Within eight (8) weeks after the CED, the Contractor shall implement a process for developing and adopting training and TA standards and protocols and discuss how they can be tailored to produce the outcomes specified by system of care grantees' TA plans. The Contractor shall describe, in detail in their plan of performance, a process for developing TA standards and protocols that includes:

a) A system for TA that incorporates strategies shown to be effective in the development of local and state-wide systems system of care.
b) A process for providing TA resources that is responsive to the diversity of the system of care communities.
c) A process for addressing the unique TA needs for individual sites (i.e., cultural and linguistic competence, family-driven and youth-guided care, financing strategies, clinical intervention and evidence-based practices/practice-based evidence, program development, administration, juvenile justice, education, child welfare, mental health, co-occurring substance abuse/mental health, primary health care, youth development and leadership, transition to adulthood, and system of care sustainability).
d) A system for TA that promotes all system of care values and principles.
e) A system for mentoring and peer-to-peer TA using the knowledge gained by current and former system of care communities.
f) A system for providing content-specific TA in critical areas, such as clinical interventions, education, juvenile justice, family involvement, substance abuse and co-occurring disorders, youth leadership and primary care.
g) A system to ensure that all TA provided to sites is culturally and linguistically competent.

7.2 Strategic Planning for System of care Grantees

Within twelve (12) weeks after the CED, the Contractor shall implement strategic planning processes that set short-term, intermediate and long-term TA objectives for system of care communities in varying stages of maturity, according to the milestones indicated above (short-term, intermediate, and long-term). The Contractor shall describe, in detail, methods for integrating site and system of care grantee objectives and using data from the National Evaluation as well as local data to inform strategic planning processes.

7.3 Cross-Grantee TA

Within twelve (12) weeks after the CED, the Contractor shall implement a plan for cross-grantee TA activities that:

- Assists system of care grantees by planning meetings, workshops and other cross-

grantee TA activities.
- Features learning opportunities on issues that are of concern to a number of system of care grantees.
- Provides distance-learning opportunities for sharing expertise.

The Contractor shall discuss strategies for planning and conducting multi-system of care community TA activities that includes ways to support groups of communities in initiating events, selection of topics for TA, communication mechanisms to announce opportunities across system of care communities, and how logistical issues will be addressed. The TA opportunities shall include local forums, conference calls, web-based TA and other systems for providing TA. The use and applicability of Contractor-owned listservs shall also be addressed detailing the offerors listservs and their capacity for sending information to broad audiences.

In order to maximize efficiency in training opportunities, the Contractor shall develop and implement a plan for web-based seminars ("webinars"), using available technology in telephonic and computer systems. There should be a minimum of twelve (12) webinars in the base year and all option years of this contract (an average of one (1) per month.). The Contractor shall describe how it will determine the relevant content areas for these training opportunities, and how it will engage system of care communities. The contractor shall have the capacity to use virtual approaches (e.g. video chat) to provide direct technical assistance, when appropriate.

7.4 Collaboration with Program Partners

Within twelve (12) weeks after the CED, the Contractor shall implement a process for collaborating with program partners. In particular, collaboration shall be established with the contractors responsible for the Communications/Social Marketing Campaign, which promotes public education and awareness of children's mental health. Collaboration shall also be established with Research and Training Centers and Statewide Family Networks supported by CMHS and focusing on children's mental health issues.
The Contractor shall provide a detailed description in the plan of performance, steps to integrate program partners into the strategic planning process for the TA Center. The plan should include the following elements:

a. Communication systems for sharing information regarding central and site TA activities.
b. Mechanisms to coordinate and integrate TA from program partners, within sites and system of care community clusters.
c. The Contractor shall be an active participant in the Workgroup for Coordination and Collaboration, a group of system partners formed to help drive the overall TA provided to the CMHS-funded communities through a team process of collaboration which puts the communities at the center of a coordinated approach to TA and support. The Workgroup for Coordination and Collaboration generally meets one time per year and has monthly conference calls. When possible, meetings are scheduled during other major conferences or events.

7.5 Collaboration with Child-Serving and Relevant Adult-Serving Agencies and Resources

The Contractor shall, within twelve (12) weeks of the CED, describe and implement strategies to: enhance collaboration among the TA Center, system of care communities and appropriate regional or national representatives of child and youth-serving agencies as well as relevant adult-serving agencies; promote sharing of resources and cooperative activities with other TA centers and academic institutions; and promote sites' involvement with state initiatives and incorporation of state resources into TA planning.

A team consisting of subject matter experts shall be established within twelve (12) weeks of the CED as part of the central staff for the TA Center, representing, at a minimum, each of the following: Cultural and Linguistic Competence, Mental Health, Child Welfare, Juvenile Justice, Education, Primary Care, Substance Abuse, Youth, and families of children with SEDs. This team shall be responsible for participating in strategic planning activities for the TA Center, identifying resources and delivering TA to sites.

The Contractor shall describe, in detail in the plan of performance, methods for selecting these Resource Specialists, including:

a. Selection criteria
b. Selection process
c. Attendance and training at system of care community meeting
d. Ongoing staff development and supervision; and
e. A performance evaluation plan.

7.6 Technical Assistance/TA Coaches

Within eight (8) weeks after the CED, the Contractor shall initiate TA Coaches for system of care grantees that shall include:

- Individuals designated to be part of the support team for each system of care grantee, along with the COR/ACOR/and Task Lead, senior advisors, and other partners for each site. These TA Coaches shall serve as liaisons between the TA Center and the system of care grantee, while keeping the COR/ACOR/ Task Lead and TA Program Director informed about important developments. Duties shall include facilitation of the development and identification of specific community needs, assistance with TA planning, and linking communities with consultants and resources. TA may be provided during site visits, via telephone, video or internet, as deemed necessary.

The Contractor shall describe, in detail, methods for implementing TA coaching that includes:

a. Selection criteria
b. Selection process

c. Attendance and training at system of care community meetings
d. Ongoing staff development and supervision
e. Criteria and process for matching Coaches with specific system of care communities, ensuring cultural and linguistic competence.
f. A performance evaluation plan.

TA Coaches provide critical support by:

a. Promoting a shared sense of purpose and goals across system of care communities, serving as the primary link between the system of care communities, the TA Center, CMHS and the program partners.
b. Working closely with system of care communities' project directors and site TA coordinators to guide system of care communities in developing and carrying out individual site TA plans.
c. Coordinating joint TA activities on shared priority issues between groups of system of care communities.

**TA to CMHI Grantees Serving AI/AN Populations**

As part of the establishment of a TA center a specific focus will be provided on TA to American Indian/Alaska Native (AI/AN) grantees. The following section pertains to the requirements of the contractor related to TA services to AI/AN grantees.

**Task 8: TA Activities for AI/AN CMHI Grantees**

As described in the sub-tasks below, no later than eight (8) weeks after CED the Contractor shall conduct TA activities for Tribal CMHI Grantees.

In the base contract year, there will be at least fifteen (15) tribal CMHI grantees. An estimated three (3) to six (6) additional tribal grants may be awarded effective October 2015, pending results of the CMHI grant application review process and availability of funding. Historically, 3-6 new tribal grants have been awarded from each CMHI Request for Applications. Each of the current grantees will be in a different phase of the 6-Year, or 4 Year Cooperative Agreement, in October 2015, it is anticipated that between three (3) and six (6) new grantees will be in year 1 of the contract; one six (6) grantees will be in year 2 of the cooperative agreement; five (5) grantees will be in year 3 of the cooperative agreement; three (3) grantee will be in year 4 of the contract, and two (2) grantees will be in year 6 of the cooperative agreement.

8.1 Standards and Protocols

Within eight (8) weeks after the CED, the Contractor shall implement a process for developing and adopting culturally competent training and TA standards and protocols for AI/AN communities and discuss how they can be tailored to produce the outcomes specified by communities' TA plans and each community's project goals. The Contractor shall describe, in detail in the plan of performance, a process for developing TA standards and protocols that include:

a. A system for TA that incorporates strategies shown to be effective in the development of a local system of care in AI/AN communities.
b. A process for providing TA resources that is responsive and culturally competent given the diversity of the AI/AN communities that are served in the Program(s.).
c. A process for addressing the unique TA needs and goals for individual sites (i.e., use of traditional AI/AN healing practices, family-driven and youth-guided care, clinical interventions, use and adaptation of evidence-based practices, development of practice-based evidence, program development, administration and tribal government issues, juvenile justice, education, child welfare, mental health, co-occurring substance abuse/mental health, primary health care, youth development and leadership, youth transition services, financing strategies, and system of care sustainability.)
d. A system for TA that promotes all system of care values and principles.
e. A system for mentoring and peer-to-peer TA utilizing the knowledge gained by current and former CMHI communities.
f. A system for providing culturally competent content-specific TA in critical areas, including but not limited to clinical interventions, traditional/cultural practices, education, juvenile justice, child welfare, family-driven and youth-guided care, substance abuse and co-occurring disorders and primary care.
g. A system for Continuous Quality Improvement of TA provided by the Contractor that incorporates feedback from grantees, TA Partner Programs, to include the newly created SAMHSA Office of Tribal Affairs and Policy (OTAP), the Government Project Officer through the COR, COR/ACOR and other outside sources.

8.2 Collaboration with CMHI Partner Programs

The Contractor shall coordinate with all relevant partner programs and develop essential working relationships to coordinate TA to the AI/AN grantees no later than twelve (12) weeks after CED. To accomplish this, the Contractor shall develop working relationships with leaders and experts from other CMHI Program Partners, including the Caring for Every Child's Mental Health Campaign, the National Evaluation, and other contracted TA providers/Resource Centers.

a. The Contractor shall participate and coordinate monthly teleconferences of the Workgroup for Coordination and Collaboration, which supports all of the grantees of the CMHI. These activities will increase opportunities for inclusion of AI/AN issues in strategic planning initiatives with State mental health directors. The COR/ACOR may also require that the Contractor participate in additional teleconferences that will promote this goal.

8.3 Individual TA for the Tribal CMHI grantees

TA to each grantee shall be individualized based on the needs and cultural preferences of the particular grant community. No later than twelve (12) weeks after CED in the base year and each option year, the Contractor shall:

a. Initiate phone and email contacts with each grantee project director at least two (2) times per month to share information, review progress and challenges, and provide TA focused on leadership and systems change issues related to their grant.
b. Facilitate monthly individual grantee conference calls with each grantee's project team staff and any other relevant participants (e.g., other program partners, COR/ACOR, and others)
c. Develop or review a site-specific TA plan with each grant community and provide TA coordination to enact that plan.

8.4 Cross-Site TA for the Tribal CMHI grantees

No later than twelve (12) weeks after CED in the base year and each option year, the Contractor shall:

a. Facilitate monthly conference calls for all tribal CMHI grantees to promote peer-to-peer collaboration and provide TA based on topics identified by grantees, the Contractor and/or the COR/ACOR and Task Lead through the COR.
b. Facilitate tribal-specific Webinars and other group/peer-to-peer TA activities for grantees on a regular basis, including tribal-specific "bidders" Webinars for new CMHI applicants, as needed based on release of new RFAs.
c. Plan, organize and facilitate a 1-day Tribal grantee meeting to be held for an estimated 150 participants, time and location to be determined by the COR/ACOR. This meeting will be open to all system of care grantees that have tribal populations. Grantees will be responsible for their own travel to the meeting; the Contractor shall budget for the travel of staff/consultants to support this meeting. Planning for the meeting shall be coordinated with the COR/ACOR and other Program Partners to ensure that the tribal grantee meeting is integrated into the overall CMHI grantee meeting. Representatives from grant communities and the COR/ACOR shall also be involved in the development of ideas for agenda content.

**Note to offeror: For the 1-day Tribal grantee meeting, the Contractor shall budget for travel for a maximum of four (4) contractor staff and one (1) consultant to support meeting logistics. The Contractor will also be responsible for paying for any meeting room costs.**

8.5 Start-up TA for Newly Funded Tribal CMHI grantees

In the event that any tribal grantees are newly funded during the base year or any option years of this contract, the following activities shall be performed by the Contractor in addition to the inclusion of tasks above.

***Note to offeror: For budgeting purposes, the Contractor should plan for an estimated three (3) to six (6) new tribal CMHI grantees per year.***

a. Weekly phone or e-mail communication to orient new grantee to the CMHI program.
b. Facilitate a 2-day on-site "start-up visit" within six (6) months of the grant award. Such a site visit will serve the purpose of orienting the new community, its staff and leadership to the CMHI Program. The Contractor shall execute the visit in consultation with the COR/ACOR and Government Project Officer through the COR.

## Part III TA to non-CMHI Grantees

The third major objective of this contract will be achieved by providing training and TA to states, Tribes, territories and communities that do not have any of the above grants or cooperative agreements (including former grant recipients), but are interested in developing, expanding or enhancing their efforts to implement the system of care approach.

**Task 9: Strategic Planning for non-CMHI Entities**

Within twelve (12) weeks after the CED, the Contractor shall implement strategic planning processes that set short-term, intermediate and long-term TA objectives for non-CMHI entities that are in varying stages of maturity, according to the milestones indicated in section I.E. above. The Contractor shall describe, in detail in the plan of performance, methods for integrating system of care community objectives and using data from the National Evaluation as well as local data to inform strategic planning processes.

The Contractor shall describe methods for implementing TA coaches that includes:

a. Selection criteria
b. Selection process
c. Attendance and training at system of care meetings
d. Ongoing staff development and supervision
e. Criteria and process for matching Coaches with specific non-CMHI entities, ensuring cultural and linguistic competence.
f. A performance evaluation plan.

9.1 TA Activities

Within twelve (12) weeks after the CED, the Contractor shall implement a plan for TA activities that:

a. Assists non-CMHI entities by providing distance learning workshops and other TA activities.
b. Provides learning opportunities on issues that assist non-CMHI entities in their number of system of care communities.

9.2 Provides distance-learning opportunities for sharing expertise.

The Contractor shall discuss strategies for planning and conducting multi-community TA activities that includes ways to support groups of communities in initiating events, selection of topics for TA, communication mechanisms to announce opportunities across system of care communities, and how logistical issues will be addressed. The TA opportunities shall include local forums, conference calls, web-based TA, and other systems for providing TA. The use and applicability of Contractor-owned listservs shall also be addressed in the capacity of sending information to broad audiences.

In order to maximize efficiency in training opportunities, the Contractor shall develop a plan for web-based seminars ("webinars"), using available technology in telephonic and computer systems. There should be a minimum of twelve (12) webinars in the first year of this contract (an average of one (1) per month). The Contractor shall describe how it will determine the relevant content areas for these training opportunities, and how it will engage system of care communities. The contractor shall have the capacity to use virtual approaches (e.g. video chat) to provide direct technical assistance, when appropriate.

9.3 Collaboration with Child-Serving Agencies and Resources

The Contractor shall describe and implement strategies to: enhance collaboration among the TA Center, non-CMHI entities and appropriate regional or national representatives of child and youth-serving agencies; promote sharing of resources and cooperative activities with other TA centers and academic institutions; and promote involvement with state initiatives and incorporation of state resources into TA planning.

## Part IV Logistics Support for CMHI

### Task 10: Conferences and Meetings

The Contractor shall conduct up to six (6) conferences per year with a duration of three (3) days' each, which may have from 50-250 non-Federal attendees.

The Contractor shall provide logistics support (travel, lodging and per diem) for 20 persons, in total, for all of the conferences in each year of the contract. Four (4) consultants will be needed to support each meeting. They will be providing expertise on content matter, assist in resource development, and provide structured facilitation; they should receive travel, lodging, per diem and consultant fees.

**Note to offeror: For budgeting purposes, the Contractor should budget airfare at $700 and per diem for the Washington, DC area.**

**Task 11: Travel Support**

11.1 TA site visits to SOC grantees

The Contractor may be required to arrange the travel and logistics for consultants for site visits or to attend other meetings on behalf of the CAFB. For site visits, the Contractor shall provide travel, lodging for three (3) nights and per diem support for two (2) consultants. In addition, one (1) of the consultants should receive no more than $500 per day for four (4) days. The Contractor shall make the travel arrangements and subsequent reimbursements, as described above.

**Note to offeror: For budgeting purposes the contractor should plan for 45 TA site visits per year. The site visit team should be made up of no more than 1 contractor staff and one consultant. Consultant fees should not exceed $500 per day. Site visits should be no more than 2 days in length. For budgeting purposes, the Contractor should budget airfare at $700 and per diem for the Washington, DC area.**

11.2 Cross-Site Learning Opportunities

System of care communities shall have opportunities to send teams from their site to other sites in which exemplary practices have been noted. Sites identified as having exemplary practices shall guide visiting site representatives, provide formal teaching and opportunities to learn about specific issues.

The Contractor shall discuss a process for:

a. Identifying and selecting current and former system of care communities for the provision of site-to-site training.
b. Creating and using demographically (e.g., urban, county, rural/frontier, Native American/Alaska Native) diverse communities to provide TA for current system of care communities.
c. Organizing and implementing site to ensure system of care community access.
d. Monitoring activities to ensure quality TA.

**Note to offeror: The offeror should assume that there will be 25 TA site visits per year. Each site visit will include a site visit coordinator and a subject matter expert. The offeror shall also offer virtual approaches for TA to maximize outreach and engagement.**

11.3 Provide on-site TA visits to each of the AI/AN grantees based on each community's TA needs (at least one (1) visit per site per year for up to two (2) days).

Provide one (1) staff person to participate as a member of the Federal Site Review team for any scheduled federal site visits of CMHI grantees that are in Year-2 or Year-4 of the grant. Federal site visits are at the location of the grantee for 2 days.

**Note to offeror: For budgeting purposes, the offeror should plan for 20 TA site visits per year. The site visit team should be made up of no more than one (1) contractor staff and one (1) consultant. Consultant fees should not exceed $500 per day. Site visits should be no more than 2 days in length. The Contractor should budget airfare at $700 and per diem for the Washington, DC area.**

11.4 Cross-Site Learning Opportunities for non-CMHI Grantees

Non-CMHI entities shall have opportunities to send teams from their site to other sites in which exemplary practices have been noted. Sites identified as having exemplary practices shall guide visiting site representatives, provide formal teaching and opportunities to learn about specific issues.

The Contractor shall discuss a process for:

a. Identifying and selecting current and former system of care communities for the provision of site-to-site training.
b. Creating and using demographically (e.g., urban, county, rural/frontier, Native American/Alaska Native) diverse communities to provide TA.
c. Organizing and implementing TA to ensure the development of the system of care approach.
d. Monitoring activities to ensure quality TA.

**Note to offeror: The offeror should assume that there will be 10 TA site visits per year. Each site visit will include a site visit coordinator and a subject matter expert. The offeror shall also offer virtual approaches for TA to maximize outreach and engagement.**

**Task 12: Writers/Production of Documents**

In order to enrich meetings and CAFB activities, the Contractor may be required to prepare speeches, presentations or written materials. In addition, consultants, as approved by the COR/ACOR or Task Lead through the COR, may be required to provide rapid and time-limited research and analysis on a variety of subjects. Examples of products include speeches, PowerPoint presentations, and meeting summary reports. As requirements for such documents often have very short deadlines, it is essential that the Contractor be capable of entering into such agreements with a quick turnaround. Up to six (6) policy papers (that are related to meetings conducted under task 10 of this contract) highlighting special data and relevant topics concerning mental health are expected to be required over each year of the contract.

**Task 13: Translation and Interpretation Services**

As indicated in section 6 of the General Requirements section, and as requested by the COR, the Contractor shall provide sign language and Spanish language interpretation and translation services at conferences and meetings.

Additionally, the Contractor shall provide document translation services, as required. Annually, the Contractor should anticipate producing twelve (12) documents of approximately twenty (20) pages, each, translated from English to Spanish or Spanish to English.

**Task 14: Reports**

The Contractor shall prepare and submit the reports summarized below.

14.1 Monthly Progress Reports

The contractor shall:

- Submit reports that are 99 percent error-free.
- In all years, submit Monthly Progress Reports, in electronic form, to the COR/ACOR, identified task leads , and the Contracting Officer (CO) no later than eight (8) weeks after the CED and subsequently by the tenth ($10^{th}$) workday of each month, of the proposed five (5) year contract, if all option years are exercised.
- Include, in the report, summaries of all activities under each task, including all training/technical assistance (TTA), including on-site, lessons learned, significant accomplishments, outcomes, TTA evaluation/feedback summary, and detailed plans for the coming month. Summaries of labor hour (by position/task) and dollar expenditure (by task/line item) shall be included.

In addition include as attachments;

- Establishment of a TA Center
  - Detailed Report on tasks 2-6 (not to exceed 3 pages)

- TA to CMHI Grantees
  - Detailed Report on SOC Grantees Task 7 (not to exceed 3 pages)
  - Detailed report on AI/AN Grantees Task 8 (not to Exceed 3 pages)

- TA to non CMHI Grantees
  - Detailed Report on Task 9 (not to exceed 3 pages)

- Logistical support.
  - Detailed Report on Tasks 10-13 (not to exceed 3 pages)

- Optional Task(s) support
  - Detailed Report on all exercised optional tasks (not to exceed 3 pages)

- Budget (in format approved by the COR/ACOR)

Each section shall contain a description of the following: all activities performed for each task during the month; problems encountered and proposed or enacted solutions; plans for the upcoming month; a listing of all requests for information and assistance that were completed and a listing of outstanding requests for information; a brief discussion of the expenditure of contract funds; a statement indicating the percentage of the contract period has been completed and the percentage of the funds have been expended; and a statement that the contract will (or will not) be completed in accordance with the time frame specified in the delivery schedule, and will (or will not) be completed within the budgeted contract amount. Each section should be no more than 3 pages in length.

14.2 Draft Final Report

Four (4) weeks prior to the contract expiration date, the Contractor shall submit to the COR for review and comments a draft final report that summarizes the results of activities conducted during the performance of the contract, including problems encountered and their solutions. This report should follow the same format as the monthly reports described above with the exception that each section should be no more than 5 pages in length.

14.3 Final Report

The Contractor shall incorporate, within one week of receiving, any comments or suggestions received from the COR into the final report. The Contractor shall submit the final report to the COR, as approved above, and also submit one copy to the Contracting Officer by the contract expiration date.

**Task 15: OMB Clearance**

The Contractor shall, from time to time, be required to conduct customer satisfaction surveys. This shall be required after meetings, conferences, and to assess the quality of the TA provided to the grantees. When indicated, the Contractor shall also prepare the Office of Management and Budget (OMB) clearance packages and obtain all necessary clearances.

- OMB Clearance Package Information: In accordance with the Paperwork Reduction Act of 1995 and 5 CFR 1320, in no instance should primary data be collected from more than nine (9) respondents without prior approval from the OMB.

The Contractor shall:

- Perform all tasks associated with preparation of instruments(s) or questionnaire(s), preparation of necessary OMB clearance packages, burdens and costs, sampling design and execution, field data collection and cleanup, and preparation of electronic data files and tabular/graphical analyses.

- To the extent that data on individuals is collected, meet Federal Confidentiality Protection Requirements, under HIPAA, 42 CFR Part 2, and Human Subjects Protection Requirements, under 45 CFR Part 46, with respect to the data collected, analyzed and reported upon.
- Produce and submit to the COR/ACOR a draft OMB clearance package in accordance with the Delivery Schedule. The Package shall include a Supporting Statement and complete set of exhibits, including the material to be used for respondent recruitment.
- Prior to initiating work on the OMB clearance package, coordinate with the COR/ACOR to review current requirements and policies and to obtain a copy of "SAMHSA Instructions on How to Write and Submit Requests for OMB Approval under the Paperwork Reduction Act and 5 CFR 1320." THE SAMHSA OMB Reports Clearance Officer (RCO) will be available to answer questions about the OMB clearance process and requirements.
- Allow at least five (5) months for the complete review and approval process, once draft data collection instruments and a study overview are available for publication by the SAMHSA OMB RCO of a 60-day Federal Register notice about the proposed project. Upon COR/ACOR approval of the final OMB clearance package, the Contractor shall provide an electronic version of the Supporting Statement and five (5) complete sets to the SAMHSA RCO in addition to any sets required by the COR/ACOR.
    - Please note that there is a streamlined preparation and review process for customer satisfaction questionnaires that requires approximately six (6) weeks and no Federal Register notices.

**Task 16: Transition Plan and Turnover at the End of Contract**

The Contractor shall:

- In the final year of the contract, at least eight (8) weeks prior to the end date of the contract, develop and submit to the COR and ACOR for review a plan to assure an orderly transition at contract expiration in the event that there is a follow-on contract and the Contractor is replaced.
- A transition period shall not exceed one (1) month and shall be conducted in such a manner as not to disrupt the activities of the project sites and to continue full service to all customers, external and internal of this contract.
- The transition plan shall include documentation of the commitments made by the Contractor to ensure the government and follow-up Contractor have all the material and access to resident expertise within the current Contractor's organization to refine and/or continue additional implementation of the contract initiatives funded by SAMHSA or other initiatives funded by SAMHSA that derive from the project.
- The transition plan shall be included in the contract Plan of Performance.
    - At the COR or ACOR's discretion, participate in five (5) or more meetings with the new Contractor to implement a smooth transition and to receive detailed information on the operation of this contract.
    - In the final year of the contract, deliver to the COR/ACOR all stored publications and materials; all equipment (Government furnished property and Contractor-acquired property); all reference materials; all exhibit materials; all document collections,

correspondence files, shelf supplies of publications and materials used to respond to inquiries; program files; audio and video materials, and any other materials acquired for the sole use of providing training and TA.

- Deliver to the COR/ACOR all software programs acquired, developed, or altered under this contract and for which contract funds were expended. These shall be provided in the form of duplicate copies of magnetic tapes, dumps of programs, and dumps of sample records. Full documentation pertaining to the program shall be provided by the Contractor.
- Deliver to the COR/ACOR all course material, including lesson plans, activities, and assignments that were acquired, developed, or altered under this contract and for which contract funds were expended.
- All items listed in this task and the transition plan shall be packed in new boxes of uniform sizes (except equipment) each labeled, numbered, and delivered with five (5) copies of an inventory of the contents of each box.
- Unless the underlying data used in the selected analysis are leased or proprietary, analytic files (where source files are reduced in volume and tailored to specific analyses), data analytic programs, and the results produced under these auspices of the project are the property of the Federal Government. If state data are used, the Federal Government will collaborate with the participating grantees in planning, carrying out, and disseminating the results of such analyses.
- All information and materials including data and files (electronic files and software) developed under this contract are the property of the Federal Government and shall be delivered as part of the turnover at the end of the contract. The Contractor shall provide methodology used to retain the files to the terms and conditions of the contract. The Contractor shall release no information developed under this contract without written permission of the government.

**All Optional Tasks may be exercised in any year of the contract and exercised multiple times in the same contract year.**

**Optional Task 1: System of Care Community Meeting – Out of DC area**

System of care grantee meetings provide an opportunity for communities, Federal agencies, partners and national organizations to meet for the purpose of peer exchange and "cutting edge" discussions to heighten awareness of the challenges and accomplishments of the efforts to establish and sustain home and community based systems of care. Additional learning forums are developed to address specific topics that influence the development, implementation and sustainability of systems of care including clinical services, financing strategies, cultural and linguistic competence, early childhood services and supports, transition-age youth services and supports, and family-driven and youth-guided care to facilitate effective outcomes within each system of care community. Sessions are tailored to diverse audiences, including members of urban, rural/frontier, Tribal and other populations of focus.

If this optional task is exercised, the contractor will plan and conduct a regional meeting for system of care grantees in the western part of the country. The contractor should plan on approximately 200 individuals in attendance at a central location easily traveled to. Regional

meetings will provide "how to" information on strategies to expand and sustain SOC's, opportunities to learn about SAMHSA's Strategic Initiatives, the Affordable Care Act, and their implications for children's behavioral health, along with effective approaches to manage system change. Other topics to be addressed are: 1) state and local partnerships for SOC development, 2) financing for sustaining SOC's, 3) building and sustaining culturally and linguistically competent community-based services, 4) strategies for enhancing collaboration between behavioral health and primary care providers, 5) developing services and supports for youth and young adults living in rural environments, 6) sustaining collaborative relationships between behavioral health child service systems and residential treatment providers, 7) using social marketing and evaluation to sustain SOC's, and 8) sustaining youth and family involvement in policy, service and system development, and evaluation. TA Coordinators and content specialists will meet with grantees to provide targeted TA.

**Note to offeror: For budgeting purposes, the contractor shall provide transportation (air, lodging, per diem) for no more than 8 staff and 4 consultants. The meeting will be for a length of 4 days and 3 nights. Please use the most up to date GSA approved rates for travel. The Contractor should budget for airfare of $700, and per diem for a location in the western part of the United States.**

**Optional Task 2: System of Care Community Meeting – in DC Area**

System of care grantee meetings provide an opportunity for communities, Federal agencies, partners and national organizations to meet for the purpose of peer exchange and "cutting edge" discussions to heighten awareness of the challenges and accomplishments of the efforts to establish home and community based systems of care. Additional learning forums are developed to address specific topics that influence the development, implementation and sustainability of systems of care including clinical services, financing strategies, cultural and linguistic competence, early childhood services and supports, transition-age youth services and supports, and family-driven and youth-guided care to facilitate effective outcomes within each system of care community. Sessions are tailored to diverse audiences, including members of urban, rural/frontier, Tribal and other populations of focus.

If this optional task is exercised, the contractor will plan and conduct a regional meeting for system of care grantees in the eastern part of the country. The contractor should plan on approximately 200 individuals in attendance at a location in the DC area. Federal space should be sought if possible. Regional meetings will provide "how to" information on strategies to expand and sustain SOC's, opportunities to learn about SAMHSA's Strategic Initiatives, the Affordable Care Act, and their implications for children's behavioral health, along with effective approaches to manage system change. Other topics to be addressed are:

1) state and local partnerships for SOC development,
2) financing for sustaining SOC's,
3) building and sustaining culturally and linguistically competent community-based services,
4) strategies for enhancing collaboration between behavioral health and primary care providers
5) developing services and supports for youth and young adults living in rural environments

6) sustaining collaborative relationships between behavioral health child service systems and residential treatment providers
7) using social marketing and evaluation to sustain SOC's and
8) sustaining youth and family involvement in policy, service and system development, and evaluation. TA Coordinators and content specialists will meet with grantees to provide targeted TA.

**Note to offeror: For budgeting purposes, the contractor shall provide transportation (air, lodging, per diem) for no more than 8 staff and 4 consultants. The meeting will be for a length of 4 days and 3 nights. Please use the most up to date GSA approved rates for travel. The Contractor should budget for airfare of $700, and the GSA approved per diem rate for the Washington, DC area.**

**Optional Task 3: TA in Child Welfare Issues**

The contractor shall provide specialized TA to system of care grantees in the area of child welfare issues. Because a history of abuse is often discovered in the background of children and youth with SED, the contractor will provide child abuse and neglect and child welfare related TA for the field. In recognition of the continued need for mental health services for youth in the child welfare system, the following specialized TA will be provided:

- Providing on-going training and TA on strategies to link juvenile justice and mental health systems, using effective approaches for the provision of mental health services to juvenile offenders and their families. This TA should include parent participation initiatives that expand and enhance family involvement in the development and delivery of these mental health services.

- Enhancing the information dissemination capability of the TA contractor through the development of products to help jurisdictions identify effective strategies for establishing linkages between the juvenile justice and mental health systems, as well as related programs.

This support can be provided through conducting 2 (two) workshops during grantee conferences, quarterly training webinars, or through direct TA such as monthly conference calls. The contractor should ensure that either through staff or the engagement of consultants that they have a workforce sufficient expertise to address this topical need.

**Optional Task 4: TA in Juvenile Justice Issues**

Studies have shown that large numbers of youth in the juvenile justice system have mental health disorders. In recognition of the continued need for mental health services for youth in the juvenile justice system, the following specialized TA will be provided:

- Providing on-going training and TA on strategies to link juvenile justice and mental health systems, using effective approaches for the provision of mental health services to juvenile offenders and their families. This TA should include parent participation

initiatives that expand and enhance family involvement in the development and delivery of these mental health services.

- Enhancing the information dissemination capability of the TA contractor through the development of products to help jurisdictions identify effective strategies for establishing linkages between the juvenile justice and mental health systems, as well as related programs.

This support can be provided through conducting 2 (two) workshops during grantee conferences, quarterly training webinars, or through direct TA such as monthly conference calls. The contractor should ensure that either through staff or the engagement of consultants that they have a workforce sufficient expertise to address this topical need.

**Optional Task 5: Add New Grantee to TTA activities on an "As Needed Basis."**

This shall apply to the Base Year and Option Years 1-4. The Contractor shall incorporate any newly funded grantee in all existing tasks and activities as specified in the Plans of Performance.

**Note to offeror: This task should assume one additional grantee to be added. This task can be exercised multiple times.**

**OPTION YEARS**

Pending availability of funds and adherence to performance criteria, Option Years 1 through 4 may be exercised for the same Statement of Work tasks as described for the base year of this contract.

**OPTION 1:** Extension of the Requirement for One 12-Month Period

Under this option, the contract will be continued for a period of one (1) additional year, upon exercising of the option by modification of the contract. Tasks to be performed will continue to be those identified in the Statement of Work and as noted in the Delivery Schedule. (Option 1 is Contract Year Two).

**OPTION 2:** Extension of the Requirement for One 12–Month Period

Under this option, the contract will be continued for a period of one (1) additional year, upon exercising of the option by modification of the contract. Tasks to be performed will continue to be those identified in the Statement of Work and as noted in the Delivery Schedule. (Option 2 is Contract Year Three).

**OPTION 3:** Extension of the Requirement for One 12–Month Period

Under this option, the contract will be continued for a period of one (1) additional year, upon exercising of the option by modification of the contract. Tasks to be performed will continue to

be those identified in the Statement of Work and as noted in the Delivery Schedule. (Option 3 is Contract Year Four).

**OPTION 4:** Extension of the Requirement for One 12–Month Period

Under this option, the contract will be continued for a period of one (1) additional year, upon exercising of the option by modification of the contract. Tasks to be performed will continue to be those identified in the Statement of Work and as noted in the Delivery Schedule. (Option 4 is Contract Year Five).