

Statement of Work and Delivery Schedule

B. Objectives

The *first* objective of this contract is to provide support to the Child, Adolescent and Family Branch (CAFB) through researching, developing and disseminating critical information and documents, conducting focus meetings, creating greater awareness of children's mental health issues critical to the success of the Comprehensive Community Mental Health Services for Children and Their Families Program (Children's Mental Health Initiative (CMHI)). With limited resources and staff support, it becomes necessary for CAFB to obtain assistance from a contractor to accomplish this work. The technical assistance and expert guidance enables CAFB to maintain a high level of support to the CMHI. This support translates into a more successful program which, in turn, allows for the domino effect that is evident in the increased of funding for the CMHI (since its inception in 1993). The required tasks related to this objective (Tasks 1-8) are described in Section D., Specific Requirements, Part I, below, and apply to Years 1-5 of the contract..

The *second* objective of this contract is to develop and implement a Technical Assistance (TA) Center that will commence in the **second year** of this contract and whose goal is to support the funded cooperative agreement communities in the CMHS Comprehensive Community Mental Health Services for Children and their Families Program in their efforts to successfully develop, implement and sustain local systems of care consistent with the goals identified in the New Freedom Initiative (NFI). The required tasks related to this objective (Tasks 9-16) are described in Section D., Specific Requirements, Part II, below, and apply to Years 2-5 of the contract..

The TA Center shall incorporate the following principles throughout its activities:

Cultural and Linguistic Competence: The Contractor shall demonstrate how cultural and linguistic competence is incorporated into all areas of activity, both NLT the TA Center itself and as imbedded in the TA provided to the communities. Staff must be appropriately cultural competent, and the Contractor shall continually assess that requirements for cultural and linguistic competence are met. NFI Goal 3, which seeks to eliminate disparities in mental health services for different populations, can only be addressed with rigorous attention to cultural and linguistic competence in all aspects of systems of care.

Field-Driven TA: Through the strategic planning process organized by the TA Center, federally funded system-of-care communities shall assess their TA needs within 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, as defined by the NFI.

Accountability Through Continuous Quality Improvement Mechanisms: Implementation and outcome goals for the TA Center shall be coordinated 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, should inform the strategic planning process for the TA Center so that each year's TA plan will be revised to reflect the findings from the previous year's review activities, as well as the identified needs of the system of care communities.

Family-Driven and Youth-Guided Systems of Care: The TA Center structure and activities shall be designed to promote the concept of family-driven, youth-guided systems of care. All aspects of the planning, developing, implementing and evaluating TA activities shall be carried out with significant family and youth involvement and the development and implementation of family-driven, youth-guided systems of care shall be a training priority. This is consistent with Goal 2 of the NFI, which states that mental health care must be consumer and family driven.

C. **General Requirements**

- a. Independently, and not as an agent of the Government, the Contractor shall furnish all the necessary services, qualified personnel, material, equipment and all facilities, not otherwise provided by the Government, that are needed to perform the work set forth below.
- b. All work under this Contract shall be monitored by the GPO.
- c. The Contractor is required to provide its own IT hardware/computer equipment to fully satisfy all operational requirements of this Contract. 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), PowerBuilder or other software consistent with SAMHSA/Division of Management Systems-Information Technology (DMS-IT) standards. The Contractor shall at all times maintain compliance with current DMS-IT standards, which may change over the duration of this contract. Any deviation from the SAMHSA standard should be negotiated with SAMHSA prior to contract award.
- d. IT Plan: The Contractor shall prepare an IT Plan that includes the Design, Development, Implementation, and Maintenance for all IT Applications. 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 shall be submitted as a deliverable to the GPO and the DMS-IT for review and approval.
- e. IT Security Plan: In compliance with SAMHSA POLICY DIRM 02-01--Establishment of the SAMHSA Automated Information Security Program (AISP), the Contractor shall prepare an IT Security Plan that includes a control process to ensure that appropriate administrative, physical and technical safeguards are incorporated to all new IT applications and significant modifications. The Contractor shall comply with the IT application(s) security requirements needed for the project, as set forth in the SOW and applicable portions of the DHHS Automated Information Systems Security Program (AISSP) Handbook. The Contractor further agrees to include this provision in any subcontract awarded pursuant to the prime contract. The draft and final IT Security Plan shall be submitted as a deliverable to the GPO and the DMS-IT for review and approval.
- f. ADHERENCE to SAMHSA INTERNET/WEB POLICY: The Contractor shall follow all SAMHSA Internet/Web Site Policy. Any development and production of Internet/Web applications, including Intranets and Extranets, shall comply with SAMHSA policy and procedures. These policies and procedures cover web sites, web page linkages, and web development; and agency programmatic, concept, and technical clearances. All new contracts or modifications to existing contracts involving Internet/Web sites will require Programmatic and Concept Clearance from SAMHSA's Office of Communications, and IT Clearance from the DMS-IT. The SAMHSA Web Site is the only authorized web site. No new web sites shall be created without prior written approval of the project officer, in collaboration with appropriate agency website officials. Any new web sites created by the Contractor shall become part of the SAMHSA Web Site. Applications development may be accomplished on the Contractor's server. Production versions must reside on the SAMHSA/DMS-IT server.
- g. SECTION 508 COMPLIANCE: Section 508 of the Rehabilitation Act, requires agencies and their contractors to buy Electronic and Information Technology (EIT) that is accessible to people with disabilities.

On June 25, 2001, accessibility requirements for Federal Electronic and Information Technology 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 (Ref. to the Section 508 Federal Acquisition Regulations (FAR) Final Rule published on April, 2001 in the Federal Register).

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.

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.

The contractor shall provide goods and/or services that meet the applicable provisions of the Access Board's standards as identified by the agency. Alternatively, the contractor 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.

- h. SAMHSA'S WEBSITE PRIVACY POLICY: Each page of the Website, including the front or home page, must include a link to SAMHSA's Website Privacy Policy (found at <http://www.samhsa.gov/about/content/privacy.htm>). 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.
- i. Coordination with SAMHSA Health Information Network (SHIN): Use of, and close collaboration with, SAMHSA's Health Information Network (SHIN) is a requirement of this contract. SHIN provides warehouse, distribution, contact center, web-site, and marketing support for SAMHSA products and services. By agreement with the SHIN GPO, SHIN will work with the contractor and GPO in fulfilling the requirements delineated in appropriate tasks and related sub-tasks. Therefore, the contractor's staffing plan and budget for this contract, should not include services and associated staff hours provided through the SHIN contract. The SHIN User's Guide will be provided at time of contract award COMMUNICATIONS FRAMEWORK: Strategic Communications Framework: The Strategic Communications Framework is the platform for aligning public health practice with science-based communications and marketing approaches at SAMHSA. Its core is a Template for creating communications and marketing plans to advance program goals. The Template includes the key elements in communications planning and execution:
 - i. Field Analysis - identifying what the field needs, what's already available to meet these needs, and potential partners
 - ii. Goal - how meeting these needs will support SAMHSA's mission
 - iii. Objectives - ways in which particular communications and marketing activities will achieve this goal
 - iv. Target Audiences - specific target audiences that need to be reached to achieve these objectives
 - v. Program, Product or Service - what will be delivered to these target

- audiences in order to reach the identified objectives
- vi. Formatting - how messages about these deliverables will be formatted to reach the identified objectives
- vii. Creative Mix of Tactics and Message Products -Advertising, Promotion, Events, Public Relations and Personal Communications approaches that will be combined with electronic or print message products to help achieve the identified objectives, timed against a projected Life Cycle
- viii. Dissemination - implementation of this creative mix to reach identified objectives
- ix. Evaluation and Quality Improvement - data gathering needed to improve task performance, and justify public investment in activities supporting SAMHSA's mission

The Template and the whole Framework are “works in progress,” and are subject to re-shaping based on input provided, plus ongoing review of scientific evidence and practice in communications and marketing. Use of the Framework and the Template are a requirement as part of the development of communications products and services developed through this contract. The Template will be provided at time of contract award.

- j. CONCEPT AND CONTENT CLEARANCES: The contractor shall not expend funds on the development of any specific communications product until the SAMHSA Office of Communications has issued a concept clearance or other commensurate approval for the product. For this purpose, a communications product is defined as an item of printed or electronic audiovisual information carrying the Department's name as the publisher or in which the Department has a proprietary interest, whether written or published in the Department or outside, regardless of how it is financed. A publication or audiovisual product requires clearance through SAMHSA and DHHS communications channels if 50 or more copies of it are to be distributed outside of DHHS, or if it will be posted on a Website available outside of DHHS. This applies to communications products distributed to Congress, other Federal, State, and local branches of government, contractors, grantees, and intermediaries. It includes products printed or duplicated by contractors or by desktop means. Communications products include, but are not limited to: curricula, on-line trainings, booklets, brochures/ pamphlets, reports, newsletters, electronic/web, videos and audiotapes.
- k. COMMUNICATIONS POLICIES: SAMHSA's Office of Communications has developed six (6) policy manuals to guide the dissemination of all SAMHSA programs and services. These manuals outline how SAMHSA communicates with its constituencies. One policy guide is titled “Web Policy Manual”; adherence to those policies is tantamount. In addition, adherence and compliance with standards from the Health and Human Services Web Communications & New Media Division (<http://www.hhs.gov/web/>) and additional Federal government requirements (http://www.usa.gov/webcontent/reqs_bestpractices.shtml) is required.
- l. TRANSFORMATION ACCOUNTIBILITY (TRAC): In response to the Office of Management and Budget's (OMB) requirement for increased accountability of Federal funding, SAMHSA's Center for Mental Health Services (CMHS) is in the process of implementing a web-based data reporting and collection system called Transformation Accountability (TRAC). TRAC is a data portal that will be used across Center activities. TRAC collects data related to the Government Performance and Results Act (GPRA), as well as any other information necessary to the management and monitoring of CMHS programs. All technical assistance contracts, including this one, will be required to provide data for TRAC. This data includes information about the TA activities undertaken by the Contractor and potential data on outcome/results. TRAC enables CMHS to have a centralized record of technical assistance activities for ensuring efficiency across the Center and for reporting to OMB and the Congress. CMHS is currently developing the data collection tools.

D. Specific Requirements

Work Plan. The Contractor shall, as necessary, update the Plan of Performance that was submitted in its proposal, The Plan of Performance hereinafter referred to as the Work Plan, must include the following:

- a. A plan to identify and involve the participation of national recognized leaders/organizations of the children's mental health field who have expertise in systems of care.
- b. A plan for engaging a diverse array of community youth and adult community stakeholders in project tasks.
- c. Procedures for the logistical arrangements for all the activities, including timely reimbursements (no later than (NLT) four (4) weeks of receipt of supporting documentation of honoraria, travel expenses for the consultants). Travel and per diem for consultants shall be reimbursed at prevailing Government rates. The contractor shall seek the lowest rates possible, consistent with the travel objectives.

The Contractor shall perform the following tasks:

Part I – The following tasks shall be performed in Years 1-5 of the Contract:

Task 1: Management, Work Plan and Reports

- 1.1 By NLT five (5) days after the contract effective date (CED), the Contractor shall meet with the GPO to review and make modifications/revisions to the plan of performance (work plan) provided with the proposal. After the initial meeting with the GPO, the Contractor shall revise the work plan as necessary and provide a final plan incorporating the GPO recommendations, by NLT three (3) weeks after the meeting. Any changes to the plan after acceptance by the GPO shall be made only if such changes are requested by the GPO.
- 1.2 The contractor shall submit monthly budget and status reports on the progress of all tasks.
- 1.3 At the end of each contract year, the contractor shall submit a final report on all activities conducted during that contract year.

Task 2: Coordination of Community Visits

The Request for (Grant) Applications (RFA) mandates Federal monitoring site visits to System of Care communities in the second and fourth year of the grant cycle. The GPO ensures accountability by monitoring that grantees are in compliance with the GFA. 25 site visits are anticipated for FY 2009. To facilitate this, the contractor shall provide site visit coordinators who shall organize and manage site visits for the GPO, evaluate the progress of grantees toward meeting the goals established, identify future technical assistance needs, and develop an extensive report identifying the strengths and challenges exhibited by the grantee. Recommendations of the site visit team shall be provided to help improve the programmatic, technical assistance and evaluation components of the grant. The site visit reports must provide critical feedback to grantee communities, as they will be used to plan corrective action. The reports are also used to plan future technical assistance efforts, both by the Technical Assistance Partnership and by the GPO. The contractor shall provide expert supervision of these consultants and critically review the site visit reports.

In order to provide expert consultation and monitoring, the contractor shall provide up to two (2) consultants to accompany the site visit team on each visit. Consultants may be experts in the following fields: family representation, juvenile justice, child welfare, systems development, or other fields approved by the GPO.

The contractor shall also:

- 2.1 Enter into agreements with consultants designated by the GPO as experts to conduct site visits to system of care communities. Site visits are typically three and one half days. Coordinators are required to budget for planning time as well as for writing a comprehensive site visit report.
- 2.2 Ensure that consultants provide planning and coordination of logistics for site visits, according to the site visit protocol provided by the GPO.
- 2.3 Ensure that consultants observe and participate in site visits in preparation for writing the site visit report and the accompanying letter.
- 2.4 A site visit report and a transmittal letter shall be written according to the protocol provided. A first draft shall be provided to the GPO by NLT 14 days after completion of the site visit.
- 2.5 The consultant shall incorporate the comments of the GPO and produce a complete, final version of the site visit report for approval of the GPO by NLT 15 days after receiving the GPO's comments.
- 2.6 Consultants shall receive compensation for the entire site visit according to the following fee schedule:
 - 50 percent upon completion of the site visit, and
 - 50 percent upon the GPO's receipt and approval of the final site visit report.

If the draft report is not received according to the timeline above, the contractor shall deduct a percentage of the fee of the site visit coordinator, as per discussions with the GPO. If the report is not acceptable, the Contractor shall arrange for professional editing of the report. The costs for the editing shall be deducted from the payment due to the consultant.

Task 3: *Field Support to Branch*

The contractor shall support the use of consultants to represent the CAFB at meetings, conferences or activities relating to Branch interests. Given the small staff at the CAFB, it shall be necessary, at times, to hire consultants who are experts in the Comprehensive Community Mental Health Services for Children and Their Families Program to represent the Branch at meetings, conferences or other activities. At meetings, consultants shall serve two (2) purposes: (a) convey the philosophy and policies of the Branch to audiences of said activities, and (b) brief the Branch of the results of these meetings or activities. Consultants also provide much needed support by organizing and facilitating meetings, conference calls, writing reports, and conducting other Branch activities.

The Contractor shall:

- 3.1 Upon request of the GPO, provide Consultants to represent the CAFB at meetings, conferences or activities relating to Branch interests.

For proposal purposes, offerors should assume 125 consultant days per year, at \$450/day.

- The Consultant shall coordinate with the GPO for information on the role the Consultant is expected to play. The Consultant shall represent solely the interests of the CAFB during such activities, and shall not use the opportunity for the advancement of personal interests.
- At the request of the GPO, the Consultant shall organize and facilitate conference calls with interested parties, as designated by the Branch Chief. The Consultant shall be

responsible for notifying the participants for each call, distributing an agenda, and facilitating the conference call.

- At the request of the GPO, Consultants shall represent the CAFB in initiatives related to the Council for Coordination and Collaboration to help provide assistance to grant communities.
- The Consultant shall provide the GPO and the Designated Task Leader a summary of the work done for each event.

- 3.2 As directed by the GPO, the Contractor shall identify and engage consultants with special expertise to develop products for the CAFB to disseminate to the field of children's mental health. Examples of products include the development of a culture card, or an extension of the work being done as part of the National Wraparound Initiative. The Contractor shall obtain OMB clearance and/or publication clearance, as required (see General Requirements).

For proposal purposes, offerors should assume that six (6) products will require 60 days of consultant time, at \$450 per day.

These materials shall be included in the SHIN inventory as appropriate, based on communications plans developed using the Strategic Communications Framework Template. Electronic materials, including artifacts from training activities (e.g., Web cast archives, audio and video files, etc.) shall also be included in the SHIN inventory as appropriate, based on communications plans developed using the Strategic Communications Framework Template.

The contractor shall utilize the services provided by SAMHSA's Health Information Network to warehouse, distribute, and promote products and services developed under this contract and shall not expend funds that would duplicate the services provided by SAMHSA's Health Information Network.

The Contractor, as directed by the GPO, shall be responsible for developing communications products, consistent with communications plans developed using the Strategic Communications Framework Template.

The Contractor shall ensure the smooth marketing and dissemination of material developed under this and other entities, consistent with communications plans developed using the Strategic Communications Framework Template and in coordination with the SAMHSA Health Information Network (SHIN) as, approved by the GPO.

Task 4: Provide Specialized Technical Assistance and Coordination to Tribal Communities

The Technical Assistance Partnership provides technical assistance to grantees in the Comprehensive Community Mental Health Services for Children and their Families Program. However, grantees that are Tribes or Tribal Organizations have specialized needs that must be met through a provided that specializes in Native American culture.

The Contractor shall enter into an agreement with a provider of technical assistance to American Indian grantee communities to ensure the technical assistance provided by the Technical Assistance Provider meets the needs of tribal communities. Coordination between the two (2) technical assistance providers is essential to effective service delivery.

It is also essential that knowledge and skills related to the cultural identify of Native Americans are supported by CMHS and the TA Partnership, and that the activities and functions of the TA Partnership are communicated effectively to tribal grantees.

The contractor shall be responsible for developing a protocol to facilitate this collaboration. Work under this task shall include ensuring that the provider of Native American specialized technical assistance will

participate in management-level meetings, special initiatives, and routine and special events related to the grant program. It may be necessary to produce and/or review materials, coordinate scheduling and events, and inform and coordinate with additional partners.

The contractor shall:

- 4.1 Facilitate specialized Tribal participation in monthly teleconferences of the Executive Committee for the Child Mental Health Initiative and the Council for Collaboration and Coordination
For proposal purposes, assume 24 conference calls of 1.5 hours each per year.
- 4.2 Facilitate American Indian participation in planning for the development of all special initiatives of the grant program, including Leadership Academies, Policy Academies, Site visits, Management Retreats.
For proposal purposes, assume 2 days per month will be spent on this task.
- 4.3 Coordinate tribal participation in two conferences to be identified by the GPO.
For proposal purposes, assume a total of 1 day will be spent on coordinating tribal participation for each conference;
- 4.4 Arrange for American Indian representation as faculty for two (2) conferences of three (3) days each, with associated travel as necessary; and,
- 4.5 Submit monthly status reports on the progress of activities conducted.

Task 5: Cultural Competence Consultation

The contractor shall provide technical assistance consultation and training to project officers and to 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, and disabled persons. Addressing disparities in mental health treatment is one of the main goals of the New Freedom Initiative. In response, CAFB intends to further the work in this area by increasing attention to cultural competence, both within the CAFB and its partners, and throughout the system-of-care communities.

The contractor shall:

- 5.1 Develop a work plan for developing strategies to increase cultural competence among CAFB staff, partners, and throughout the system-of-care community.
- 5.2 Provide a consultant to serve in 0.5 FTE capacity, as a resource to the Branch Chief on issues related to cultural and linguistic competence
- 5.3 In order to ensure optimal cultural competence when working with sites, the Contractor shall work with the Branch Chief to review the cultural competence needs within the Branch and among system-of-care communities. The Contractor shall review cultural competence data from a variety of sources, particularly from the National Evaluation.
- 5.4 Assist the CAFB with strategic planning in the area of cultural competence.
- 5.5 Oversee the technical assistance provided to system-of-care communities through other technical assistance providers to ensure quality assurance in these efforts.
- 5.6 As requested, document best practices, as identified among system-of-care communities, so that they can be shared broadly, utilizing the SAMHSA Health Information Network (SHIN) as appropriate (see General Requirements, Task 3.2)

- 5.7 Write monthly progress reports detailing all activities toward the tasks outlined in this SOW.

Task 6: *Minority Workforce Expansion*

The contractor shall expand the diversity and cultural and linguistic competence of the CAFB by providing internships to diverse graduate students interested in the field of children's mental health. Up to three (3) interns at the pre- or post-doctoral level shall expand the small staff of the Branch.

Throughout system of care communities, it has been difficult to recruit professional staff with the knowledge of system of care values and principles. This is especially true for minorities. Therefore, this task shall support workforce development strategies that will benefit communities throughout the country.

The contractor shall:

- 6.1 From sources provided by the GPO, recruit two (2) graduate students that have expertise with specialized tasks related to children's mental health, including social marketing and mental health promotion. These students should be screened to ensure they have capability in policy development, evaluation and data analysis.
- 6.2 Oversee the management of these pre- and post-doctoral students.

For proposal purposes, assume that two (2) , half-time minority interns will be recruited.

Task 7: *Assist and Support the Development of a National Youth Organization*

The contractor shall:

- 7.1 Identify an Executive Director for the national youth organization.
- 7.2 Identify an Administrative Assistant for the Executive Director of the national youth organization.
- 7.3 Supervise the Executive Director to conduct the following activities:
- 7.3.1 Assure that the vision and mission statements are paramount in all business transactions.
 - 7.3.2 Efficiently manage organizational contracts,
 - 7.3.3 Develop and maintain community networks crucial to the operation and function of the organization and develop services as needed.
 - 7.3.4 Collaborate with the CAFB to decide on allocation of funds in the honoraria pool to Youth Move members. The CAFB must approve all expenditure of these funds.
 - 7.3.5 Collaborate with the CAFB to identify and support participation of up to 12 organization members in training institutes by paying for their registration and providing honoraria (for proposal purposes, assume \$160 per day for 4.5 days).
- 7.4 Continue to develop and engage effectively with the Board of Directors of the youth organization. Submit a monthly report to the Board of Directors outlining activities conducted during the previous month, problems encountered, proposed solutions to problems encountered, anticipated activities for next month, and an accounting of the budget. Assist in the development and implementation of a business plan.

Task 8: *Transfer of Activities*

8.1 Startup at Beginning of Contract

The Contractor shall coordinate an orderly transition of the project from the previous contractor during the time between award of this contract and expiration of the previous contract, for which the final option period is scheduled to end on **September 29, 2008**. 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 communication and dissemination activities.
- (b) 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 Government Project Officer 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.

8.2 Turnover at End of Contract

The Contractor shall provide, by no later than four (4) weeks prior to the expiration of the contract, three (3) copies of plans for transfer of the project to either the government or a new contractor (as applicable). If necessary, the Contractor shall initiate transition activities sixty (60) calendar days prior to the expiration of the Contract. These activities include:

- a. Continued full service to the members of system-of-care communities in *CMHI Program*
- b. At the Contracting Officer's discretion, participating in five (5) or more meetings with the new contractor to effect a smooth transition and to receive detailed information on the operation of the TA Partnership;
- c. Providing complete documentation and all hardware, software, materials and data produced or acquired with contract funds, or under the contractor's control as Government Furnished Property or Materials, and turn them over to SAMHSA or the new contractor in good condition; and, during a three (3)-week transition period, assure that the Contractor's senior personnel train the new personnel (contractor or government) in all system operation and maintenance functions; and
- d. Performing appropriate close-out of all outstanding technical and related work.

Unless the underlying data used in the selected study analysis are leased or proprietary, analytic files (where source files are reduced in volume and tailored to specific analyses), or data analytic programs, then the results produced under the auspices of this project shall be property of the federal government. If State data are used, the federal government shall collaborate with the participating States in planning, carrying out and disseminating the results of such analyses.

All information and materials, including data developed under this contract, are the property of the government and shall be delivered as part of the turnover at the end of the Contract. No information developed under this contract shall be released by the Contractor without the written permission of the government.

Part II – The following tasks shall be performed in Years 2-5 of this contract

Task 9: Review of Plan of Performance/Work Plan

- 9.1** NLT 53 weeks after the Contract effective date (CED), the Contractor shall meet with the Designated Government Task Leader (DGTL), GPO, and other relevant CMHS staff to review the Plan of Performance submitted with the Contractor’s proposal for award. Discussion shall include, but not be limited to, the purpose of the project and expected outcomes. The meeting shall also provide opportunities for reviewing and receiving comments for revision to the Plan, hereinafter referred to as the Work Plan, to ensure consistency between the objectives of the TA Center and the goals of the *Comprehensive Community Mental Health Services for Children and their Families Program (CMHI)*, considering the TA and program priorities at the time of contract award.
- 9.2** NLT one (1) week after the initial meeting, the Contractor shall revise and submit a final Work Plan that incorporates suggestions and comments received at the meeting and/or conveyed in writing by the DGTL and GPO. The DGTL, GPO, and other relevant CMHS staff, will review the revised Work Plan; upon acceptance of the DGTL and GPO, the Work Plan shall serve as the guide for work requirements to be performed. The Work Plan shall be modified or updated, as necessary, as a result of a subsequent assessment of the project progress and/or continuing or newly identified needs. Changes in the Work Plan shall be made at the request of the DGTL and GPO when issues relating to the *CMHI Program* communities or other events necessitate a change in the priorities of the program. At a minimum, the DGTL, GPO, other relevant CMHS staff and the Contractor shall meet quarterly to review the Work Plan and incorporate changes for the next quarter, as needed, to ensure its continued consistency with the priorities and requirements of the Program. When required, the revised Work Plan shall be submitted to the DGTL for review and approval prior to implementation, but no less than two (2) weeks prior to the beginning of each quarter.
- 9.3** NLT 100 weeks after the CED, the Contractor shall submit to the DGTL a draft revised Work Plan for Year 3 of the Contract (Year 2 of Part II of the SOW). The purpose of the revised Plan, which is the updated Plan of the prior year’s work, is to ensure that it is responsive to the information needs of the Program during Year 3 of the Contract (Year 2 of Part II of the SOW). NLT two (2) weeks after DGTL review of the Year 3 Plan, the Contractor shall revise the Plan and incorporate the DGTL’s comments. The final revised Work Plan shall be submitted to the DGTL for review and approval prior to implementation.
- 9.4** NLT 152 weeks after the CED, the Contractor shall submit to the DGTL a draft revised Work Plan for Year 4 of the Contract. The purpose of the revised Plan, which is the updated Plan of the previous two (2) years’ work under Part II., is to ensure that it is responsive to the information needs of the system-of-care communities during Year 4 of the contract (Year 3 of Part II of the SOW). NLT two (2) weeks after DGTL review of the Year 4 Plan, the Contractor shall revise this Plan and incorporate the DGTL’s comments. The final revised Work Plan shall be submitted to the DGTL for review and approval prior to implementation.
- 9.5** NLT 204 weeks after the CED, the Contractor shall submit to the DGTL a draft revised Work Plan for Year 5 of the Contract (Year 4 of Part II of the SOW). The purpose of the revised Plan, which is the updated Plan of the previous three (3) years’ work under Part II., is to ensure that it is responsive to the information needs of the system-of-care communities during Year 5 of the Contract. NLT two (2) weeks after DGTL review of the Year 5 plan, the Contractor shall revise this Plan and incorporate the DGTL’s comments. The final revised Work Plan shall be submitted to the DGTL for review and approval prior to implementation.

The Work Plans for Years 3 through 5 of the contract shall only be accomplished if the corresponding contract options are exercised.

Task 10: *Establish a Technical Assistance (TA) Center*

NLT 64 weeks after the CED, the Contractor shall establish a TA Center that serves as the core of operations for the TA needs of communities funded under the CMHI. TA shall be provided through bi-annual meetings, site visits, or through web-based or other types of learning opportunities.

The TA may be provided through one (1) core center which would be the primary place of contact for all of the systems-of-care communities. Alternatives to that organizational structure may include regional TA providers/centers that would provide assistance to clusters of communities with similar characteristics. Clusters may be also organized around shared demographic and geographic characteristics. The TA Center shall carry out centralized project administration, coordination and communication activities in coordination with the SAMHSA Health Information Network (SHIN) 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 and cultural and linguistic competence into the organizational structure and governance of the TA Center.

10.1 Structure and Governance

The Contractor shall prepare a Structure and Governance Plan that includes strategies for implementing the following components:

Identify an Executive Staff Committee to carry out leadership and administrative responsibilities to ensure the design and delivery of high-quality TA that responds to the needs and priorities of the funded CMHI system-of-care communities and reflects the values and goals of the *CMHI Program*, and the CAFB, CMHS. The Contractor shall describe staffing patterns and roles of the Executive Staff Committee, including how it will develop and implement the following:

- a. 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 DGTL 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.

10.2 Infrastructure

The Contractor shall prepare a plan for 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 and their families. The infrastructure shall include, at a minimum, the following elements:

- a. If the Contractor chooses to organize the TA provided by clusters, according to characteristics of system-of-care communities, then definitions of community clusters shall be provided. The Contractor shall describe the development and operation of system-of-care community clusters, including a discussion of selection criteria, coordinating mechanisms for the activities of system-of-care community clusters and multi-site TA activities. If the Contractor does not include system-of-care community clusters, but instead chooses a centralized approach, 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 site while ensuring that the DGTL and GPO are kept apprised of important issues.
- c. The Contractor shall describe a system for operationalizing family-driven and youth-guided care, as well as cultural and linguistic competence 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 implementing TA and will incorporate 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, TA centers and the SHIN.

10.3 Description of Operations

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, ensuring 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 community-driven planning and implementation of TA Plans.
- b. Implementation of a formal communications plan, consistent with the SAMHSA Communications Framework to share information with all parties involved in the process of delivering TA, including a method to keep the DGTL 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 staff development to TA Center staff and any subcontractors (i.e., system-of-care community TA brokers, special content experts and consultants) responsible for implementing TA. The plan for staff development 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 *CMHI 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 System (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 MIS able to centrally generate TA contracts 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 11: TA for System-of-Care Communities

11.1 Standards and Protocols

NLT 60 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 communities' TA plans. 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 a local 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 utilizing the knowledge gained by current and former system-of-care communities.
- f. A system for providing content-specific TA in critical areas, including but not limited to: clinical interventions, education, juvenile justice, child welfare, family-driven and youth-guided care, substance abuse and co-occurring disorders, and primary care.
- g. A system to ensure that all TA provided to sites is culturally and linguistically competent.

11.2 Strategic Planning for Sites and System-of-Care Communities

NLT 64 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. The Contractor shall describe, in detail, methods for integrating system-of-care community objectives using data from the National Evaluation as well as local data to inform strategic planning processes.

11.3 Cross-Site TA

NLT 64 weeks after the CED, the Contractor shall implement a plan for cross-site TA activities that:

- a. Assists system-of-care communities by planning meetings, workshops and other cross-site TA activities.
- b. Features learning opportunities on issues that are of concern to a number of system-of-care communities
- c. 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 in coordination with the SHIN 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.

- d. 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 12 webinars in the first year of this effort (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 in the participation.

11.4 Collaboration with Program Partners

NLT 60 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, as per NFI Goal 1, and the National Evaluation, which is assessing program outcomes across sites to ensure efforts that are mutually supportive and provide system-of-care communities with clear, consistent focus and direction. 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, and with the SHIN.

- a. The Contractor shall describe, in detail, steps to integrate program partners into the strategic planning process for the TA Center. The plan should include the following elements:
 1. Communication systems for sharing information regarding central and community TA activities.
 2. Mechanisms to coordinate and integrate TA from program partners, NLT sites and system-of-care community clusters.
- b. The Contractor shall be an active participant in the Council for Coordination and Collaboration (CCC), 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 CCC meets approximately three (2) times per year and has monthly conference calls. When possible, meetings are scheduled during other major conferences or events.

11.5 Development of a Consultant Clearinghouse

NLT 62 weeks after the CED, the Contractor shall establish and maintain a Consultant Clearinghouse to provide system-of-care communities access to a broad range of TA expertise. The Contractor shall conduct continuous recruitment activities to ensure the availability of adequate and varied consultant resources for system-of-care communities. The Contractor shall discuss, in detail, methods for developing a Consultant Clearinghouse that includes:

- a. Identifying, recruiting and preparing an ethnically diverse and culturally and linguistically competent group of skilled TA consultants that includes family members. Many of these will likely come from graduated system-of-care communities of the *CMHI Program* and/or be identified by system-of-care communities themselves.

- b. Matching sites with appropriate consultants and development of protocols for the various TA strategies.
- c. Evaluating consultants' performance and providing feedback.
- d. Providing up-to-date lists and information on approved TA Consultants to each system-of-care community through the Internet.

11.6 TA Providers/Brokers

NLT 64 weeks after the CED, the Contractor shall initiate TA Providers/Brokers for system-of-care communities that shall include:

Individuals designated to be part of the support team for each system-of-care community, along with the DGTL, content experts, and other TA partners for each site. These TA Brokers shall serve as liaisons between the TA Center and the system-of-care community, while keeping the DGTL 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 or internet, as deemed necessary. Additional site visits shall be supported, if deemed necessary by the DGTL.

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

- a. Selection criteria,
- b. Selection process,
- c. Attendance and provision of TA at system-of-care community meetings,
- d. Ongoing staff development and supervision,
- e. Criteria and process for matching Brokers with specific system-of-care communities, ensuring cultural and linguistic competence, And,
- f. A performance evaluation plan.

TA brokers 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 grantee community TA plans; and,
- c. Coordinating joint TA activities on shared priority issues between groups of system-of-care communities

11.7 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 utilizing 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.

11.8 Collaboration with Child-Serving Agencies and Resources

The Contractor shall 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; 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.

An interagency team consisting of subject matter experts shall be established 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 Family Members of children with serious emotional disturbance. This team shall be responsible for participating in strategic planning activities for the TA Center, identifying resources and delivering TA to sites. Subject matter experts shall attend bi-annual system-of-care community meetings.

The Contractor shall describe, in detail, methods for selecting these content experts, including:

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

Task12: Development of TA Materials

NLT 64 weeks after the CED, the Contractor shall implement strategies for information development and distribution that provide for:

12.1 Communication mechanisms among sites, across system-of-care communities and the TA Center that involve multi-media and technological strategies for disseminating information, including:

1. Assisting all sites to establish and maintain Internet access.
2. 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, in coordination with the SAMHSA Health Information Network (SHIN).
3. Implementing distance learning capability that enables interactive video and teleconferencing among all system-of-care communities.

Topical meetings should address particular areas of interest to cross-audiences from system-of-care communities. Topics shall be developed in collaboration with the DGTL. Content areas may include, but are not limited to, the following:

- Policy
- Clinical Effectiveness
- Sustainability
- Infrastructure and Collaboration
- Cultural and Linguistic Competence
- Child Welfare
- Juvenile Justice
- Education
- Substance Abuse
- Primary Health Care
- Financing Strategies and maximizing resources
- Sustainability
- Family-driven care
- Youth-guided care
- Transition to Adulthood
- Early Childhood

The Contractor shall provide all logistical and administrative support, including locating hotels, obtaining meeting spaces, developing agendas, identifying and securing expert consultants, developing and distributing invitations/meeting materials, and coordinating responses and contacts subsequent to the meeting. All meeting agendas should include the perspectives of families and youth and relevant cultural issues. The Contractor shall pay travel and honoraria for up to eight (8) speakers. The Contractor shall partner and coordinate with the CAFB logistics contractor, as required.

TASK 14: Preparation of Reports

The Contractor shall prepare and submit the reports summarized below.

14.1 Planned Activities

The Contractor shall submit two (2) copies of each month's schedule of planned activities to the DGTL by the 25th day of the preceding month for review and comments.

14.2 Monthly Progress Reports

The Contractor shall submit one (2) copies each of a letter-type monthly progress report to the DGTL and the Contracting Officer by the tenth (10th) workday of each month for the previous month. This report should include 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 amount.

14.3 Draft Final Report

Four (4) weeks prior to the contract expiration date, the Contractor shall submit to the DGTL for review and comments, two (2) copies of a Draft Final Report that summarizes the results of activities conducted

during the performance of the contract, including problems encountered and their solutions. The Contractor shall incorporate any comments or suggestions received from the DGTL into the Final Report.

14.4 Final Report

The Contractor shall submit three (3) copies of a Final Report to the DGTL, as approved above, and one (1) copy to the Contracting Officer by the contract expiration date.

TASK 15: *OMB Clearance*

As indicated in the above tasks, 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 system-of-care communities. 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 instrument(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, the Contractor shall be required to meet Federal Confidentiality Protection Requirements, under 42 CFR Part 2, and Human Subjects Protection Requirements, under 45 CFR Part 46, with respect to the data collected, analyzed and reported upon.

The Contractor shall produce and submit to the DGTL 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, the Contractor shall coordinate with the DGTL 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.

The Contractor should 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 DGTL 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 DGTL.

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: TRANSFER OF ACTIVITIES

16.1 Startup at Beginning of Contract

The Contractor shall coordinate an orderly transition of the project from the previous contractor during the time between award of this contract and expiration of the previous contract, for which the final option period is scheduled to end on **September 29, 2009**. 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 TA Partnership.
- (b) 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 Government Project Officer 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.

16.2 Turnover at End of Contract

The Contractor shall provide, by no later than four (4) weeks prior to the expiration of the contract, three (3) copies of plans for transfer of the project to either the government or a new contractor (as applicable). If necessary, the Contractor shall initiate transition activities sixty (60) calendar days prior to the expiration of the Contract. These activities include:

- b. Continued full service to the members of system-of-care communities in *CMHI Program*
- b. At the Contracting Officer's discretion, participating in five (5) or more meetings with the new contractor to effect a smooth transition and to receive detailed information on the operation of the TA Partnership;
- e. Providing complete documentation and all hardware, software, materials and data produced or acquired with contract funds, or under the contractor's control as Government Furnished Property or Materials, and turn them over to SAMHSA or the new contractor in good condition; and, during a three (3)-week transition period, assure that the Contractor's senior personnel train the new personnel (contractor or government) in all system operation and maintenance functions; and
- f. Performing appropriate close-out of all outstanding technical and related work.

Unless the underlying data used in the selected study analysis are leased or proprietary, analytic files (where source files are reduced in volume and tailored to specific analyses), or data analytic programs, then the results produced under the auspices of this project shall be property of the federal government. If State data are used, the federal government shall collaborate with the participating States in planning, carrying out and disseminating the results of such analyses.

All information and materials, including data developed under this contract, are the property of the government and shall be delivered as part of the turnover at the end of the Contract. No information developed under this contract shall be released by the Contractor without the written permission of the government.

Schedule of Deliverables.Reporting Requirements

C. General Requirements		
Task	Description	Due Date
IT Plan	Draft IT Plan to GPO and DMS-IT for review	NLT 30 days after the CED
	Final IT Plan for DMS-IT approval	NLT 60 days after the CED
IT Security Plan	Draft IT Security Plan to GPO and DMS-IT for review	NLT 60 days after the CED
	Final IT Security Plan for DMS-IT approval	NLT 90 days after the CED

Part I (Years 1-5):

Reporting Requirements/ Deliverables		
Task	Description	Due Date
Task 1	Management, Work Plan and Reports	
1.1	Final Work Plan	Not Later Than (NLT) 4 weeks of the contract effective date (CED)
1.2	Monthly status reports	NLT than the 15 th day of each month
1.3	Final report	NLT 30 days of the conclusion of each contract year
Task 2	Coordination of Community Visits	
2.1	Consultant agreements	NLT 15 days of request of GPO
2.2	Coordination of site visits	As requested by GPO
2.3	Participation of site visits	As requested by GPO
2.4	Draft site visit report and transmittal letter	NLT 10 days of completion of the site visit
2.5	Final report	NLT 15 days of receiving comments from the GPO
2.6	Compensate consultants per established fee schedule	NLT 30 days of submission of invoices
Task 3	Field Support to Branch	
3.1	Consultants	
	Enter into agreements with consultants as requested by GPO	NLT 14 days of request by GPO
	Work summaries	NLT 14 days of completion of task

Task	Description	Due Date
3.2	Special projects	
	Enter into agreements with consultants as requested by GPO.	NLT 14 days of request by GPO
	Manage consultant and special project to ensure that quality product will be delivered to GPO.	Ongoing
Task 4	Collaboration with Tribal Technical Assistance Provider	
4.1	Tribal participation on conference calls	Two (2) times per month, and as requested by GPO
4.2	Tribal participation in Academies	As requested by GPO
4.3	Tribal participation at two conferences	As requested by GPO
4.4	Presentations at 2 Conferences	As requested by GPO
4.5	Monthly reports	NLT the 15 th day of each month
Task 5	Cultural Competence Consultation	
5.1	Work Plan	NLT 15 days of CED
5.2	On site consultation to CAFB	20 hours per week
5.3	Review data and identify needs	Ongoing
5.4	Strategic planning	Ongoing
5.5	Oversee CLC TA	Ongoing
5.6	Document best practices of SOC communities	A Minimum of six (6) best practices should be identified per year
5.7	Progress reports	Monthly
Task 6	Minority Workforce Expansion	
6.1	Recruit graduate students	NLT 30 days of CED
6.2	Management of interns	Ongoing
Task 7	National Youth Organization	
7.1	Identify executive director	NLT 30 days of CED
7.2	Identify administrative assistant	NLT 30 days of CED
7.3	Supervision	Ongoing
7.4	Reports to Board of Directors	Monthly

Task	Description	Due Date
Task 8	Transfer of Activities	
8.1	Develop a plan to transfer from previous contractor with minimal impact to system-of-care communities	NLT 54 weeks of CED
8.2	Develop a plan to transfer operations to subsequent contractor with minimal impact to system-of-care communities	56 weeks prior to Contract expiration date

Part II (Years 2-5):

Reporting Requirements/ Deliverables		
<u>Task</u>	Description	Due Date
9	Transfer of Activities and Review of Performance Plan	
9.1	Meet with GPO and other relevant persons to discuss the project	NLT 53 weeks of CED
9.2	Submit final Work Plan	NLT 55 weeks of CED
9.3	Submit draft Work Plan for Year 2 of Part II. tasks	NLT 100 weeks of CED
9.4	Submit draft Work Plan for Year 3 of Part II tasks	NLT 152 weeks of CED
9.5	Submit draft Work Plan for Year 4 of Part II tasks	NLT 204 weeks of CED

9	Transfer of Activities and Review of Performance Plan	
Task 10	Establish a Technical Assistance Center	NLT 64 weeks of CED
10.1	Structure and Governance Plan	NLT 64 weeks of CED
10.2	Plan for Infrastructure	NLT 64 weeks of CED
10.3	Description of Operations	NLT 64 weeks of CED
Task 11	<i>Provision of Technical Assistance</i>	
11.1	Implement a process for developing and adopting training and TA standards and protocols	NLT 60 weeks of CED
11.2	Implement a strategic planning process that sets objectives for system-of-care communities	NLT 64 weeks of CED
11.3	Cross-Site TA Plan	NLT 64 weeks of CED
11.4	Process for Collaboration with Program Partners	NLT 60 weeks of CED
11.5	Development of a Consultant Clearinghouse	NLT 62 weeks of CED
11.6	Initiate TA Providers/Brokers	NLT 64 weeks of CED
11.7	Cross-site Learning Opportunities	NLT 64 weeks of CED
11.8	Develop plan to enhance collaboration among child-serving agencies, other TA centers, system-of-care communities and other resources	NLT 64 weeks of CED
Task 12	Development of Technical Assistance Materials	
12.1	Mechanism for communication among system-of-care communities and the TA Center	NLT 64 weeks of CED
12.2	Development of contractor-owned and managed listservs to conduct on-line discussions on various subject areas	NLT 64 weeks of CED
12.3	Process for identifying relevant best practices, including plan for dissemination	NLT 64 weeks of CED
12.4	Resource bank of materials	NLT 64 weeks of CED
Task 13	Coordinate System-Wide and Topical Meetings	
13.1	Develop a plan for meetings to meet the developmental needs of the diverse system-of-care communities	NLT 60 weeks of CED

Task 14	<i>Preparation of Reports</i>	
14.2	Planned Activities Schedule	By the 25 th day of each month
14.3	Monthly Progress Reports	By the 15 th day of following month
14.4	Draft Final Report	4 weeks prior to the contract expiration date
14.5	Final Report	NLT contract expiration date
14.6	Option periods	According to the schedule for the base year
TASK 15	<i>OMB Clearance</i>	
15.1	Incorporated within the Work Plan; demonstrate the knowledge of the OMB Clearance Process	NLT 55 weeks of CED, as part of Work Plan
TASK 16	<i>Transfer of Activities</i>	
16.1	Develop a plan to transfer from previous contractor with minimal impact to system-of-care communities	NLT 54 weeks of CED
16.2	Develop a plan to transfer operations to subsequent contractor with minimal impact to system-of-care communities	56 weeks prior to Contract expiration date