

## **STATEMENT OF WORK**

**Project Title: “ Program and Administrative Support for DPTSSP and OPPB ”**

### **A. Background Information**

The Division of Prevention, Traumatic Stress, and Special Programs (DPTSSP), in the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Center for Mental Health Services (CMHS), performs numerous critical functions to support the mission of SAMHSA as it relates to meeting the mental health needs of all Americans. The Division supports the SAMHSA strategic plan, vision, and mission. The overall vision of SAMHSA is to ensure a life in the community for everyone impacted by mental and behavioral disorders, including substance abuse. The accompanying mission of SAMHSA is to build resilience and facilitate recovery for these persons. The Division’s portfolio complements SAMHSA’s initiatives including its focus on accountability, capacity and effectiveness (ACE). The Division supports accountability by seeking to establish systems to ensure program performance; capacity by building, maintaining, and enhancing the infrastructure that provides and supports mental health services, including preventive services; and effectiveness by ensuring that all communities and providers deliver evidence-based services.

The Division administered Federal funding of nearly \$260 million in FY 2007 and over \$323 million in FY 2006. The Division’s funding supports a diverse portfolio of discretionary programs. Many of our Government Project Officers (GPOs) maintain a project caseload of over 20. The monitoring duties are intensive enough that they are often left with little time to conduct cross-program analysis. DPTSSP oversees the CMHS youth violence prevention initiatives; youth suicide prevention initiatives, projects related to the prevention of mental and behavioral disorders, and the promotion of mental health; child trauma initiatives; disaster mental health initiatives; and a range of activities on both national and international levels. These activities are related to providing mental health services to special populations, such as women, children, and youth in the juvenile justice system; refugees; and persons living in rural areas, and to providing culturally competent programming to ensure access for cultural and ethnic minority groups to needed treatment services. The Division also is engaged in projects related to the faith community’s involvement in providing mental health services. In collaboration with the Federal Emergency Management Agency (FEMA), DPTSSP plans, develops, and directs comprehensive national efforts to provide emergency mental health services to victims of major natural and man-made disasters. Recent key Division initiatives address the mental health consequences of pandemic influenza. DPTSSP is committed to maintaining the highest levels of cultural competence in every activity it undertakes.

The Division is comprised of the Office of the Director, Prevention Initiatives and Priority Program Development Branch (PIPPDB), and the Emergency Mental Health and Traumatic Stress Services Branch (EMHTSSB).

The SAMHSA Office of Policy, Planning and Budget (OPPB) has overall responsibility for coordinating policy and planning efforts across the Agency and preparing the annual budget submission. Following a disaster or terrorism event, SAMHSA is the lead agency in coordinating the mental health and substance abuse response. This coordination requires the agency to mobilize and manage its internal resources rapidly and efficiently to best aid the impacted areas.

In addition, SAMHSA may coordinate the assets (including personnel) of other agencies or organizations, provide technical expertise, resources and materials, and provide financial support to the impacted area. Because the response requires action from the entire agency, these activities are coordinated by an Emergency Coordinator who reports to the Administrator through the agency's Office of Policy, Planning, and Budget.

Program areas to be supported by this contract include:

### ***Youth Violence Prevention***

#### **The Safe Schools/Healthy Students (SS/HS)**

This Initiative is the principal grant program supported by the youth violence prevention resources of this request for contract.

SS/HS is a landmark effort supported by an unprecedented collaboration among the Departments of Education, Health and Human Services, and Justice. The goals of SS/HS are to 1) help students develop the skills and emotional resilience necessary to promote positive mental health, engage in pro-social behavior, and prevent violence behavior and drug use; 2) ensure that all students learn in a safe, disciplined, and drug-free environment; and 3) develop an infrastructure that will institutionalize and sustain integrated services.

Local Education Agencies (LEA) serve as the primary applicants for the SS/HS grants, but the LEAs are required to establish formal partnerships with the local mental health systems, the local law enforcement agency, and the local juvenile justice agency. Other partners often include public and private social services agencies, businesses, civic organizations, the faith community, families and youth. As a result of these partnerships, comprehensive plans are developed, implemented, evaluated, and sustained with the goals of promoting the healthy development of children and youth, fostering their resilience in the face of adversity, and preventing violence. The Safe Schools/Healthy Students (SS/HS) Initiative is a unique Federal grant-making program designed to prevent violence and substance abuse among our Nation's youth, schools, and communities.

Since 1999, more than 240 urban, rural, suburban, and tribal school districts, in collaboration with local mental health and juvenile justice providers, have received grants of \$1 to \$3 million each using a single application process. In fiscal year 2006, more than \$31 million in grants have been awarded to 19 new school districts in 14 States. We anticipate 22 new sites in fiscal year 2007, and that as each previously funded cohort come to a natural conclusion, a new cohort will replace it with a similar number of grantees.

#### **Bullying Prevention – “15+ Take Time to Listen, Take Time to Talk”**

The “15+ Take Time to Listen, Take Time to Talk” Emmy award winning social marketing campaign aimed at getting parents to take 15 minutes a day to talk to their child about bullying was launched in 2003 by the Center for Mental Health Services. The campaign included public service announcements (PSAs), discussion cards for parent to use with the child, and booklet materials for distribution to schools, families, and other stakeholders. Campaign materials are available on the SAMHSA website at [www.samhsa.gov](http://www.samhsa.gov).

### ***Suicide Prevention***

Reports by the Institute of Medicine and the World Health Organization reveal the magnitude and impact of suicide, citing it as the cause of death for more than 30,000 Americans and more than 1 million persons worldwide each year. These reports, as well as the President's New Freedom Commission on Mental Health report and the U.S. Department of Health and Human Services' National Strategy for Suicide Prevention, call for intensified efforts to reduce the loss of life and suffering related to suicide.

PIPPDB supports an array of initiatives designed to improve public and professional awareness of suicide as a preventable public health problem and to enhance the ability of systems that promote prevention, intervention,

and recovery. Its suicide prevention initiatives have grown significantly over the past few years, from a budget of \$6 million that supported two programs in 2001, to its current budget of \$32 million, which supports seven major programs. Each program in the PIPPDB portfolio advances the National Strategy for Suicide Prevention.

SAMHSA's National Suicide Prevention Lifeline routes calls from anywhere in the United States to a network of certified local crisis centers that can link callers to local emergency, mental health, and social services resources. The Linking Adolescents at Risk to Mental Health Services grant program funds eight sites to evaluate voluntary school-based programs that focus on identifying and referring high school youth who are at risk for suicide or suicide attempts.

As a result of continued congressional authorization through the Garrett Lee Smith Memorial Act, this year the Branch was able to substantially increase the number of grantees funded under two major programs: the State/Tribal Youth Suicide Prevention program, which now has a total of 36 grantees (29 States and 7 Tribes/tribal organizations), and the Campus Suicide Prevention program, which more than doubled its grantees to a total of 55. GLSMA also allowed the Branch to increase funding to the Suicide Prevention Resource Center, expanding its technical assistance capabilities, and to the GLS cross-site evaluation contract.

PIPPDB also awarded an innovative new 2-year contract targeting children, youth, and their families living on tribal reservations and in Alaska Native villages. Native Aspirations will provide proactive mental health assistance to decrease the risk factors that contribute to school violence and suicide and to increase the protective factors that are linked to the healthy and safe development of Native American/Alaska Native children and their families.

The specific suicide prevention grantee programs to be served by this task order include the following:

#### **The State and Tribal/Youth Suicide Prevention Program (STYSP)**

This program builds upon the foundation of prior suicide prevention efforts to support States and Tribes in developing and implementing youth suicide prevention and early intervention strategies that are grounded in public-private partnerships. The target population for this program is young people age 10 to 24. Grantees are funded to do the following:

- Develop and implement statewide or tribal youth suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child- and youth-supporting organizations;
- Support public and private nonprofit organizations actively involved in the development and continuation of state or tribal youth suicide prevention and early intervention strategies;
- Provide grants to institutions of higher education to coordinate or implement suicide prevention and early intervention strategies; and
- Collect and analyze data on provided services that can be used to monitor service effectiveness and to advance research, technical assistance, and policy development.

#### **Campus Suicide Prevention Grantee Program (CSPG)**

The CSPG program provides funding to support institutions of higher education to prevent suicide and suicide attempts, and to enhance services for students with mental health problems such as depression and substance abuse that put them at risk for school failure and suicidal behavior. Because the problem of suicide in college and university settings demands a multifaceted, coordinated response that does not rely solely on campus counselors or community mental health centers, grantees are charged with implementing one or more of the following comprehensive activities:

- Train students and campus personnel as "gatekeepers" to engage students who are in crisis or are at-risk and to facilitate appropriate referrals;
- Create a network to link the educational institution with health care providers from the broader community who can treat mental and behavioral problems;
- Conduct educational seminars that provide information on: suicide prevention; risk factors such as

depression and substance abuse; the promotion of help-seeking behavior; and efforts to reduce the stigma of seeking care;

- Create a local hotline or promote the National Suicide Prevention Lifeline (1-800-273-TALK); and
- Prepare educational materials for students and their families to increase awareness of potential mental and behavioral health issues for students.

### **National Suicide Prevention Lifeline**

As a part of its Suicide Prevention Initiative, SAMHSA funds Lifeline, a national, 24-hour, toll-free suicide prevention service that is available to persons in crisis. Individuals seeking help can dial **1-800-273-TALK (8255)**, and they will be routed to the closest possible provider of mental health and suicide prevention services. The network is comprised of crisis centers that span across the country creating a nationwide coverage area. A specific line for the Spanish-speaking community [1-888-628-9454] is also available.

SAMHSA may acquire additional phone numbers that would be linked into the network. Currently, there are 120 Crisis Centers in the network. It is possible that a modest number of additional Centers may be added to the network, yet the Government does not expect that number to reach 150 over the duration of this Task Order.

### **B. Objective**

The objective of this contract is to provide program and administrative support to the Division of Prevention, Traumatic Stress and Special Programs. This support includes activities such as program development and analysis, literature reviews and report writing and data entry and analysis. This contract is designed to provide the Government with flexibility in meeting fluctuating program requirements.

### **C. General Requirements**

- C.1. Independently, and not as an agency of the Government, the Contractor shall furnish all necessary labor, materials, supplies, equipment, and services (except as otherwise specified herein) as needed to perform the work set forth below.
- C.2. The Government Project Officer (GPO) will monitor all work under this contract. He/she will be the primary point of contact for the Contractor with regard to the content of the activities that take place under this project. The GPO has authority for decisions related to the requirements and tasks and works in conjunction with the SAMHSA Contracting Officer, who has ultimate responsibility for overseeing contract compliance.
- C.3. SAMHSA/Division of Management Systems–Information Technology Team (DMS-IT) Guidelines: The Contractor will 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/DMS-IT standards. The Contractor will 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 DMS-IT prior to contract award.
- C.4. During the course of this project, the Contractor will be required to send and receive electronic mails and attachments via the Internet. The Contractor shall have virus detection software in place that scans all incoming and outgoing electronic correspondence.
- C.5. Telecommunication Services: The Contractor will be assisted by the GPO in using the appropriate Federal procedures for creation of the 800 line and use of the NETWORKX SERVICE service. SAMHSA's Division of Operational Support (DOS) will coordinate the installation of the NETWORKX SERVICE Service to the Contractor site.

C.6. **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, must 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/task orders or modifications to existing contracts/task orders involving Internet/Web sites will require Programmatic and Concept Clearance from the Office of Communications (OC) 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. Productions versions must reside on the SAMHSA/DMS-IT server.

C.7. **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 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 (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.

C.8. **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.

C.9. Any publication (hard-copy or web-only) or audio-visual product (CD, DVD, PSA, etc.) produced under this contract shall require both concept and content clearance from SAMHSA's Office of Communications (OC) and the Office of the Assistant Secretary for Public Affairs (OASPA), HHS. The GPO will be responsible for ensuring that all such products are produced and cleared in accordance with the HHS/SAMHSA Clearance Manual: Communications Planning and Clearance Process Guidelines. The GPO will further ensure that as publications and products are being planned, the Clearinghouse is further notified proactively. Finally, dissemination of all materials must be coordinated through SAMHSA's Clearinghouse as outlined in the SAMHSA Health Information (SHIN) User's Guide.

**D. Specific Requirements**

**Task 1: Plan of Performance**

The contractor shall update, as necessary, the Plan of Performance submitted with its proposal, to include the SOW, goals, objectives, Work Plan, tasks, activities and timeline.

Task 1.1 Within 1 week of the Effective Date of Contract (EDOC), the Contactor shall meet with the GPO and other CMHS program staff for this contract and discuss the components to be addressed in the Work Plan. This meeting shall take place at SAMHSA, 1 Choke Cherry Road, Rockville, MD.

Task 1.2 The contractor shall submit a detailed draft work plan to the GPO within 2 weeks of the initial discussion that includes activities, dates, and persons responsible for completing all Tasks under this SOW. The GPO will consult with other CMHS program staff in the review and feedback on this and all items covered in the SOW.

Task 1.3 Within 2 weeks of receiving feedback from the GPO, the Contractor shall submit a final work plan which incorporates the revisions/suggestions put forth by the GPO.

For any Option Years that the Government may exercise, this Task will apply. The same timeframes that are presented above will be consistently applied to the start of each Option Year.

Task 1.4 Within 60 days of the EDOC, the contractor shall provide an IT Plan and IT Security Plan, as required under Task 4 below.

**Task 2. Transition of Services**

Task 2.1 Within 14 days of the EDOC, the Contractor shall develop a draft plan addressing the coordination of an orderly transition of services, activities, and materials from the incumbent communications provider. The plan should include:

- Identification of staff who will coordinate transition and be point of contact for the incumbent provider;
- Schedule of meetings and conference calls with incumbent staff to discuss grantee information;
- Strategy for identifying materials to be transferred from the incumbent provider;
- Timeline for the transfer of material (including grantee records, manuals, and other training tools, exhibit materials, correspondence files, shelf supplies for publication and materials used to respond to inquires, and audio and video materials developed or acquired as part of providing technical assistance to grantees);
- Procedures for electronic transfer of all data related to grantees.

Task 2.2 Within 7 days following the GPO approval of the plan, the contractor shall meet with the incumbent provider to:

- Receive detailed information regarding the operation of, and lessons learned by the incumbent provider;
- Receive and extensive orientation from the incumbent senior personnel and staff regarding general information about specific grantees, the status of service delivery for all grantees, specific and general grantee communications needs, and communications and Knowledge

- Application and Transfer problems experienced by grantee sites;
- Begin the transfer of materials.

Task 2.3 Within 4 weeks of the EDOC, the contractor shall receive from the previous contractor grantee records, manuals, and other training tools, exhibit materials, correspondence files, shelf supplies for publication and materials used to respond to inquires, and audio and video materials developed or acquired as part of providing technical assistance to grantees.

(Note: This task will not be applicable in the event that the Contractor is the same entity as the incumbent communications provider)

### **Task 3. Turnover at the End of the Contract**

Task 3.1 Within 32 weeks of the final performance period, the contractor shall provide, 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) days prior to the expiration of this contract.

Task 3.2 At the Contracting Officer's discretion, the contractor shall participate in five (5) or more meetings with the new contractor to effect a smooth transition and to provide detailed information on the operation of this contract.

Task 3.3 The contractor shall provide 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. 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.

### **Task 4. IT Plan and IT Security Plan**

Task 4.1 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 [through the GPO] for review and approval.

Task 4.2 In compliance with OMB Circular A-130, "Management of Federal Information Resources," the Contractor shall prepare an IT Security Plan that includes a control process to ensure that appropriate management, operational and technical safeguards are incorporated into all SAMHSA IT Applications. The Contractor shall use the guidance provided in the documentation standards of the National Institute of Standards and Technology; NIST Special Publication 800-18 Rev. 1 "Guide for Developing Security Plans for Information Technology Systems," when developing the IT Security Plan.

In addition, the Contractor shall comply with the IT Application(s) security requirements needed for the contract as set forth in the Statement of Work. 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 [through the GPO] for review and approval.

**Task 5. On-Site Project Director**

The contractor shall provide a manager/supervisor to work on-site at SAMHSA to carry out the following tasks:

- a. Work with the GPO to clarify staffing needs and qualifications for each position;
- b. Develop job announcements, screen candidates and refer qualified candidates to the TOO for approval;
- c. Coordinate with the GPO and DPTSSP and OPPB supervisors to clarify assignments made to contract staff;
- d. Provide ongoing supervision and mentoring of on-site support staff;
- e. Provide quality control and review of products submitted to the GPO;
- f. Work with the GPO to resolve performance concerns;
- g. Meet with the GPO monthly to assess status of operations and resolve problems, if necessary;
- h. Participate in ongoing training opportunities offered by the contractor to enhance supervisory/management skills or other skills beneficial to the project; and
- i. Hold regular team meetings with on-site staff.

The on-site project director shall be located within the DPTSSP office space. This is a key position and shall require approval of the GPO prior to finalizing the project director position.

**Task 6. Child Trauma Program Support**

This program manages and monitors the National Child Traumatic Stress Initiative (NCTSI). The overall aim of the NCTSI is to improve the quality, effectiveness, provision and availability of therapeutic services delivered to all children and adolescents who experience traumatic events.

NCTSI requires the support of two (2) contract personnel for the multiple program activities that are already in progress and those that were put in place in 2002 in this national effort, which doubled the size of the sites under this initiative. Due to the complexity of these activities, the successful completion of the tasks below shall require on-site support of up to three (3) individuals. The contractor shall be required to access program hard copy files, shared electronic files, attend meetings as called by the Government on short notices, and be available to the Branch Chief and GPOs to gather information and assist in preparing responses to frequent tight deadlines.

For this task, the contractor shall:

- a. Within 5 days after the EDOC, the Contractor shall meet with the GPO in Rockville, Maryland to discuss the requirements of this task and gain additional information on the persons to be selected for this function, and to develop a timeline for bringing them on-site.
- b. Review and provide written recommendations to the National Child Traumatic Stress staff on the data gathering and data coordination processes that will be undertaken within the NCTSI.
- c. Assist in developing and modifying data collection and use protocols within the child trauma initiative in the service of ensuring the above.
- d. Using data available through literature, professional organizations, at CMHS, and other sources of information, identify key issues for mental health professionals related to the integration and coordination of mental health services in planning and responding to trauma.

- e. Review current CMHS and SAMHSA activities related to this area, and interview relevant project officers. Develop recommendations about how these activities or others could better address issues concerning social workers and other professional mental health providers as noted above. Provide written recommendations to the GPO.
- f. Prepare draft content papers, white papers, briefings and speeches that will incorporate social work views and principles as relevant to addressing children's trauma, as needed.

**Task 7. Youth Violence Prevention Program Support**

Currently, a large part of the Prevention Initiatives and Priority Program Development Branch portfolio is devoted to the management of SAMHSA's *Safe Schools Healthy Students (SS/HS)*. This initiative, which is a collaborative effort among the U.S. Departments of Justice, Education, and Health and Human Services, uses the Branch's expertise in developing and managing programs that foster the healthy development of children and prevent youth violence and other behavioral problems. Complementing the SS/HS initiative are several developmental programs designed to assist pre-school aged children and college students.

Due to the complexity of these activities, the successful completion of the tasks below shall require on-site contract support by two (2) individuals. The contractor shall be required to access program hard copy files, shared electronic files, attend meetings as called by the Government on short notice, and be available to the Branch Chief and GPOs to gather information and assist in preparing responses to frequent tight deadlines.

For this task, the contractor shall:

- a. Within 5 days after the EDOC, meet with the GPO in Rockville, Maryland to discuss the requirements of this task and gain additional information on the persons to be selected for this function, and to develop a timeline for bringing them on-site.
- b. Assist the GPO's of the Youth Violence Prevention grant program and the SS/HS program by identifying, researching, and analyzing literature that would be relevant to the programs. Investigate and document details of relevant news events occurring in youth violence prevention and school-based violence prevention.
- c. Assist in developing and modifying data collection and use protocols within YVP in service of ensuring the above.
- d. Using data available through literature, professional organizations, at CMHS, and other sources of information, identify key issues for mental health professionals related to the integration and coordination of mental health services in responding to youth violence incidents. Review current CMHS and SAMHSA activities related to this area. Provide written recommendations to the GPO.
- e. Review SS/HS and YVPGP performance/progress reports and final reports and select data from the reports for analysis of program effectiveness.
- f. Prepare draft content papers, white papers, briefings and speeches for Branch Chief, Division Director and GPOs, as needed.

**Task 8. Suicide Prevention**

PIPPDB supports an array of initiatives designed to improve public and professional awareness of suicide as a preventable public health problem and to enhance the ability of systems that promote prevention, intervention, and recovery. Its suicide prevention initiatives have grown significantly over the past few years, from a budget of \$6 million that supported two programs in 2001, to its current budget of \$32 million, which supports seven major programs. Each program in the PIPPDB portfolio advances the National Strategy for Suicide Prevention.

SAMHSA's National Suicide Prevention Lifeline routes calls from anywhere in the United States to a network of certified local crisis centers that can link callers to local emergency, mental health, and social services resources. The Linking Adolescents at Risk to Mental Health Services grant program funds eight sites to evaluate voluntary school-based programs that focus on identifying and referring high school youth who are at risk for suicide or suicide attempts.

As a result of continued congressional authorization through the Garrett Lee Smith Memorial Act, this year the Branch will substantially increase the number of grantees funded under two major programs: the State/Tribal Youth Suicide Prevention program, which now has a total of 36 grantees (29 States and 7 Tribes/tribal organizations), and the Campus Suicide Prevention program, which more than doubled its grantees to a total of 55. GLSMA also allowed the Branch to increase funding to the Suicide Prevention Resource Center, expanding its technical assistance capabilities, and to the GLS cross-site evaluation contract.

PIPPDB also awarded an innovative new 2-year contract targeting children, youth, and their families living on tribal reservations and in Alaska Native villages. Native Aspirations will provide proactive mental health assistance to decrease the risk factors that contribute to school violence and suicide and to increase the protective factors that are linked to the healthy and safe development of Native American/Alaska Native children and their families.

Due to the complexity of these activities, the successful completion of the tasks below shall require on-site contract support by two (2) individuals. The contractor shall be required to access program hard copy files, shared electronic files, attend meetings as called by the Government on short notice, and be available to the Branch Chief and GPOs to gather information and assist in preparing responses to frequent tight deadlines.

For this task, the contractor shall:

- a. Within 5 days after the EDOC, the Contractor shall meet with the GPO in Rockville, Maryland to discuss the requirements of this task and gain additional information on the persons to be selected for this function, and to develop a timeline for bringing them on-site.
- b. Assist the GPOs of the Youth Violence Prevention grant program and the SS/HS program by identifying, researching, and analyzing literature that would be relevant to the programs. Investigate and document details of relevant news events occurring in youth violence prevention and school-based violence prevention.
- c. Assist in developing and modifying data collection and use protocols within YVP in service of ensuring the above.
- d. Using data available through literature, professional organizations, at CMHS, and other sources of information, identify key issues for mental health professionals related to the integration and coordination of mental health services in responding to youth violence incidents. Review current CMHS and SAMHSA activities related to this area. Provide written recommendations to the GPO.
- e. Review SS/HS and YVPGP performance/progress reports and final reports, and select data from the reports for analysis of program effectiveness.
- f. Prepare draft content papers, white papers, briefings and speeches for Branch Chief, Division Director and GPOs, as needed.

#### **Task 9. Emergency and Disaster Preparedness and Response**

Following a disaster or terrorism event, SAMHSA is the lead agency in coordinating the mental health and substance abuse response. This coordination requires the agency to mobilize and

manage its internal resources rapidly and efficiently to best aid the impacted areas. In addition, SAMHSA may coordinate the assets (including personnel) of other agencies or organizations, provide technical expertise, resources and materials, and provide financial support to the impacted area.

The unprecedented September 11, 2001 terrorist incidents and the 2005 Gulf Coast Hurricanes in the United States, and the psychological, social, and economic sequelae to those incidents have highlighted the need for a strong coordinated national technical assistance effort to help community-based service providers across the country in addressing the psychosocial needs engendered through such large scale trauma.

In the preceding 5 years, the Nation's system for preparedness has evolved in regards to standardization and coordination of response efforts. Homeland Security Presidential Directives and legislation such as the Pandemic All Hazards and Preparedness Act of 2006 (PAHPA) have mandated the adoption of the National Incident Management System (NIMS) in all efforts related to disasters, including preparedness, response, recovery and mitigation efforts. The Department of Health and Human Services have taken increasing leadership roles in regards to public health and Pandemic Influenza contingency planning. Assistance is needed to help SAMHSA prepare for, respond to and recover from disasters and terrorist events and develop a infrastructure for behavioral health service needs consistent with evolving healthcare and preparedness systems and requirements.

Due to the complexity of these activities, the successful completion of the tasks below shall require on-site contract support by two (2) individuals (one individual shall be located in DPTSSP and one individual shall report to the SAMHSA Emergency Coordinator in OPPB). The contractor shall be required to access program hard copy files, shared electronic files, attend meetings as called by the Government on short notice, and be available to the Branch Chief and GPOs to gather information and assist in preparing responses to frequent tight deadlines.

For this task, the contractor shall:

- a. Within 5 days after the EDOC, meet with the GPO in Rockville, Maryland to discuss the requirements of this task and gain additional information on the persons to be selected for this function, and to develop a timeline for bringing them on-site.
- b. Assist the GPOs of the Youth Violence Prevention grant program and the SS/HS program by identifying, researching, and analyzing literature that would be relevant to the programs.
- c. Investigate and document details of relevant news events occurring in youth violence prevention and school-based violence prevention.
- d. Assist in developing and modifying data collection and use protocols within YVP in service of ensuring the above.
- e. Using data available through literature, professional organizations, at CMHS, and other sources of information, identify key issues for mental health professionals related to the integration and coordination of mental health services in responding to youth violence incidents. Review current CMHS and SAMHSA activities related to this area. Provide written recommendations to the GPO.
- f. Review SS/HS and YVPGP performance/progress reports and final reports, and select data from the reports for analysis of program effectiveness.
- g. Prepare draft content papers, white papers, briefings and speeches for Branch Chief, Division Director and GPOs, as needed.

**Task 10. Prepare Reports**

1. Monthly Activity Reports & Invoices

The Contractor shall prepare and submit two (2) copies of letter-type activity reports, one (1) each for the Contracting Officer and the GPO. The report should provide an overall statement regarding the activities of the contract, including: (1) detail activities completed during the month; (2) address problems encountered and how they were (or will be) resolved; (3) address planned activities for the upcoming reporting period; and (4) include statements that the contract will (or will not) be completed within the budgeted amount. The monthly activity report should be accompanied by an invoice to be reviewed and approved by the GPO and Contracting Officer.

2. Draft Final Report:

30 days prior to the contract expiration date, the Contractor shall submit two (2) copies of a draft final report to the GPO for review and approval. This report shall summarize the results of the activities conducted during the performance of the contract including problems encountered and their solutions. The GPO shall review the Report and provide recommended revisions to the Contractor within two (2) weeks following its receipt. The Contractor shall incorporate any comments or suggestions provided by the GPO into the final report.

3. Final Report:

The Contractor shall submit two (2) copies of the final report to the GPO and one (1) copy to the Contracting Officer on or before the contract expiration date.