

## Statement of Work Center for the Application of Prevention Technologies (CAPT)

### I. Background

#### A. Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Substance Abuse Prevention (CSAP)

The Substance Abuse and Mental Health Services Administration (SAMHSA) envisions “a life in the community for everyone” and has as its mission “building resiliency and facilitating recovery.” SAMHSA strives to achieve its mission through programs supported by three goals: accountability, capacity, and effectiveness. The goal of accountability is to measure performance of the programs, policies, and practices supported through grants, contracts, and programs. SAMHSA’s capacity goal supports the development of delivery systems, in terms of the knowledge and skills of personnel and resource capabilities needed to deliver evidence-based programs. The National Registry of Evidence-based Programs and Practices (NREPP) is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field. [For more information, see [www.nrepp.samhsa.gov/about.htm](http://www.nrepp.samhsa.gov/about.htm).] SAMHSA’s Health Information Network (SHIN) connects the behavioral health workforce and the general public with the latest information on the prevention and treatment of mental and substance use disorders, responding to 45,000 inquiries, filling approximately 19,000 publication orders and hosting over 1 million web site visits each month. And, efforts on behalf of SAMHSA’s effectiveness goal improve the quality and outcomes of services that are delivered. To measure these three goals, SAMHSA has created the National Outcome Measures (NOMs), which is a performance-based, outcome-driven measurement system for the programs funded by SAMHSA and its respective components. [Note: For more information, see [www.samhsa.gov/strategicplan/plan\\_outline](http://www.samhsa.gov/strategicplan/plan_outline)]

The Center for Substance Abuse Prevention (CSAP) within SAMHSA helps States to provide resources and assistance to communities so that communities, in turn, can prevent and reduce substance abuse and related problems. SAMHSA/CSAP provides training and technical assistance to strengthen the State prevention systems that serve local communities. SAMHSA/CSAP works with States to identify programs, policies, and practices that are known to be effective in preventing and reducing substance abuse and related problems.

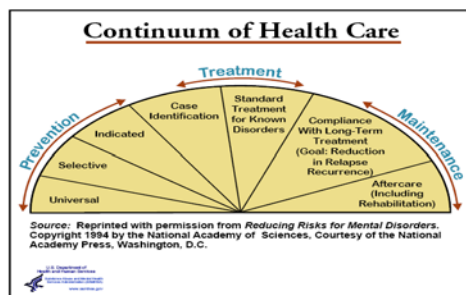
Over the past several years the prevention field has moved toward greater accountability. This evolution includes greater reliance on data to inform and guide program management and decision-making, higher expectations for documented performance from federally funded programs and greater availability of performance data for Congress and the public. Data collection and reporting are critical to the documentation of success.

#### B. SAMHSA’s Strategic Prevention Framework. To help Americans lead healthier and longer lives, CSAP promotes a structured, community-based approach to substance abuse prevention utilizing a strategic planning process



-- SAMHSA's Strategic Prevention Framework (SPF). The SPF approach articulates a five step planning process to guide the work of States and communities \* in their prevention activities.

The SPF is solidly grounded in public health, using a population-based model known as the "continuum of health care." A continuum of health care implies that there is interrelatedness among prevention, treatment, and maintenance.



Within the continuum of care model, prevention is further segmented to describe interventions appropriate for general populations, specific populations, or designated individuals. These interventions are classified as *universal*, *selective*, and *indicated*, according to the populations they address. (Mrazek & Haggerty, 1994).

Diffusion of the SPF into States and communities is integral to building resiliency and facilitating recovery in an attempt to reduce the incidence and prevalence of substance abuse and its accompanying sequelae such as substance use dependence, co-occurring disorders and other deleterious behaviors associated with use and abuse of alcohol, tobacco and other drugs.

### C. CSAP's Efforts with the SPF

The SPF approach to prevention supports the President's vision of a Healthier U.S. in States, tribes, Territories, and communities and is easily synchronized with Healthy People 2010. In addition, the SPF is one of the SAMHSA "matrix" priority areas. The Matrix is a conceptual description of SAMHSA priorities and cross-cutting management principles. [For additional information on SAMHSA's matrix and accompanying action plans, see [www.samhsa.gov](http://www.samhsa.gov).]

The SPF implements a systematic process—each step of which is informed by data and analysis-- known to promote protective factors, reduce risk-taking behaviors, build assets and resiliency, and prevent problem behaviors across the life span. The Framework supports the delivery of effective programs, policies, and practices to prevent substance use disorders and related problems and consequences and to promote mental health. The SPF approach can be embraced by various agencies and levels of government that share common goals. The five steps of the SPF are to:

- (1) Assess population needs, resources, and readiness to address the problems and gaps in service delivery. Substance abuse problems are assessed accurately through the collection and analysis of epidemiological data. These data should include the magnitude of the problem to be addressed, where the problem is the greatest, risk and protective factors associated with the problem, community assets, and resources, gaps in services and capacity, and readiness to act.
- (2) Mobilize and/or build capacity to address needs. Engagement of key stakeholders is crucial to plan and implement successful prevention activities that will be sustained over time. Key tasks include, but are not limited to, convening leaders and stakeholders,

integrating preventive activities within all appropriate venues, building state and local coalitions, and training key stakeholders to help sustain the activities and outcomes achieved over time.

- (3) Develop a comprehensive strategic plan. The strategic plan not only articulates a vision for the prevention activities, but also organizes multiple prevention efforts in culturally appropriate ways. The evidenced-based policies, practices and programs (or a process for selection) that will be implemented within the broader service system are described within the plan. So too, the strategic plan identifies key milestones and outcomes against which to gauge performance, thereby allowing for system improvement and accountability of all parties involved.
- (4) Implement evidenced-based substance abuse prevention programs, practices, and policies. Stakeholders, albeit States or communities, select programs, policies and practices with documented effectiveness and grounding in basic and applied research. Supported by training and technical assistance, culturally competent adaptations can be implemented without sacrificing the programmatic core components.
- (5) Monitor process, evaluate effectiveness, sustain effective programs, and improve or replace those that fail. Ongoing monitoring and evaluation are essential to determine if the expected outcomes are achieved, the programs are effective, and the delivery of services is of the highest quality.

Cultural Competence and Sustainability are the necessary principles throughout the Framework. Without them, the SPF will not succeed.

Effective approaches for expanding receipt of services and improving service quality must consider the profound impact of issues of vulnerability or “differentness.” The following are some of the compelling reasons to address cultural competency and eliminate health disparities.

- To respond to current and projected demographic changes in the US.
- To eliminate disparities vis-à-vis age, race, ethnicity, gender, sexual orientation, disability, linguistics, or other variables that might affect access to and quality of prevention services.
- To improve the effectiveness of programs, quality of services, and positive prevention outcomes for targeted populations.
- To meet DHHS, SAMHSA and CSAP requirements.
- To add to the body of knowledge, awareness, and expertise involved in the design, implementation, and delivery of prevention programs, policies, and practices.

Sustainability is “the process of ensuring an adaptive prevention system and a sustainable innovation that can be integrated into ongoing operations to benefit diverse stakeholders.” (Johnson, K et al., 2004).

Currently, SAMHSA/CSAP has funded 34 States, five Tribes/Federally recognized tribal organizations, and three Jurisdictions to adopt and implement the SFP for delivering and sustaining effective substance abuse prevention and mental health promotion programs in those entities and the communities comprising those entities. [This group of grantees is known as SPF-SIG grantees.] These grantees must leverage and coordinate all prevention-related sources of funding, including the 20 percent prevention Substance Abuse Block Grant set-aside and other resources. In addition to the funding of the SPF-SIGs and the attempt to infuse the SPF process into the SAPT Block Grant, most recently funded CSAP discretionary grants either require or strongly recommend utilizing the SPF process in accomplishing the goals and objectives of the different discretionary grantees.

In addition, CSAP has fiscally supported the establishment of State Epidemiological Work Groups (SEWs) in 65 States, Jurisdictions, and Tribal entities to assess substance abuse prevention needs. The SEWs are located in states having SPF-SIGs as well as states not having that additional source of grant funding.

C. National Outcome Measures (NOMs)

SAMHSA's National Outcome Measures (NOMs) are a set of domains and measures that SAMHSA uses to measure whether the Agency's vision is being achieved. In addition, completion of the NOMs satisfies SAMHSA's Federal reporting requirements including reducing burden and redundancy for grantees.

**PREVENTION NATIONAL OUTCOME MEASURES (NOMs)**

<b>OUTCOME</b>	<b>PREVENTION</b>
	<b>Substance Abuse</b>
<b>Abstinence from Drug/ Alcohol Abuse</b>	<a href="#"><u>30 day Use</u></a>
	<a href="#"><u>Age of First Use</u></a>
	<a href="#"><u>Perception of Disapproval/Attitude</u></a>
	Perceived Risk/Harm of Use
<b>Decreased Mental Illness Symptomatology/Functioning</b>	NOT APPLICABLE
<b>Increased/Retained Employment or Return to/Stay in School</b>	Perception of Workplace Policy/ Workplace AOD Use/ ATOD Related suspensions and expulsions/Attendance and Enrollment.
<b>Decreased Criminal Justice Involvement</b>	Alcohol-Related Car Crashes and Injuries/Alcohol and Drug Related Crime
<b>Increased Stability in Housing</b>	NOT APPLICABLE
<b>Increased Access to Services (Service Capacity)</b>	Number of persons served by age, gender, race and ethnicity
<b>Increased Retention in treatment – substance abuse</b>	Total number of evidence-based programs and strategies/Percentage youth seeing, reading, watching, or listening to a prevention message

<b>Reduced utilization of psychiatric inpatient beds – mental health</b>	NOT APPLICABLE
<b><u>Increased Social Supports/Social Connectedness</u></b> <sup>2/</sup>	Family Communication Around Drug Use
<b><u>Client Perception of Care</u></b> <sup>1/</sup>	NOT APPLICABLE
<b><u>Cost Effectiveness (Average Cost)</u></b> <sup>1/</sup>	Services provided within cost bands
<b><u>Use of Evidence-Based Practices</u></b> <sup>1/</sup>	Total number of evidence-based programs and strategies

The use and reporting of NOMS and epidemiological data represent a significant change in the way State prevention agencies “think” and operate and this change continues to require technical assistance support to develop the knowledge and skills of the prevention workforce and requisite organizational capacities. In particular, training and technical assistance (T/TA) must contribute to building States’ epidemiological capacity to collect, analyze, and interpret epidemiological data relevant to substance abuse prevention.

## II. **Specifics Requirements of the Contract**

### A. Purpose of the Contract

The purpose of the Center for the Application of Prevention Technologies (CAPT) contract is to provide training and technical assistance (T/TA) to build the capacity of CSAP’s grantees -- States, Jurisdictions, Federally-recognized Tribes and tribal entities and the multiple communities comprising these entities -- and develop the skills/knowledge/ expertise of the prevention workforce to support successful implementation of SAMHSA’s Strategic Prevention Framework (SPF) and accountability systems for performance measurement and management. Under the direction and guidance of SAMHSA/CSAP, the Government Project Officer and/or Alternate Government Project Officer and/or Designated Task Lead, the Contractor shall work to expand the capacity of the substance abuse prevention field by providing state-of-the-science technical assistance and training to States and communities supported under SAMHSA’s Substance Abuse Prevention and Treatment (SAPT) Block Grant Program, and to CSAP’s Programs of Regional and National Significance (PRNS) currently including, but not limited to: the 42 Strategic Prevention Framework State Incentive Grant (SPF SIG) Program grantees; approximately 150 Minority/AIDS/HIV Prevention Initiative grantees; approximately 12 Methamphetamine Prevention Initiative grantees; and, the 23 State Epidemiological Work Groups supported by SAMHSA in non-SPF SIG States. The number of Grantees may change from year to year. To accomplish this, the Contractor shall provide CSAP with timely and effective training and technical assistance that increases the transfer and application of substance abuse prevention knowledge and skills to States, communities and CSAP’s PRNS grantees.

The proposed contract structure shall balance Core capacity at the national level -- to provide centralized direction and monitoring, including periodic feedback and evaluative review of established benchmarks, coordination, and analytic capabilities -- with service delivery capacity in each of the five designated Regions of the National Prevention Network (NPN). Regionally-based Expert Teams shall consist of staff, associates, and consultants who are established in their respective regional contexts and are familiar to and have existing professional relationships with

those States, Jurisdictions, and Tribes/tribal organizations and other relevant entities within the prevention field. Structured around a strong central Core comprised of staff with defined areas of expertise, the CAPT—a coordinated T/TA system—shall support Regionally-based Expert Teams located within the five established regions of the National Prevention Network (NPN).

The CAPT contract shall fuse centralized coordination and analytic capabilities with Regionally-based Expert Teams, each under the management of a Regional Coordinator. Subject matter experts residing within the national Core of the CAPT shall supplement the expertise represented in the Regional Expert Teams on particular complex topics/issues, and may also be deployed for specific regional events, to assure higher quality and greater uniformity of service provision throughout the country. Regionally-based Expert Teams in each of the five established National Prevention Network (NPN) Regions shall consist of experts and associates who are located in the region and who collectively demonstrate the diversity of expertise, knowledge, and skill sets required to assess and respond effectively and in a timely manner to the T/TA needs of States and communities and PRNS grantees in their respective regions.

#### B. Goals of the Proposed Contract

The goal of CAPT is to provide training and technical assistance (T/TA) to build organizational capacity and workforce capabilities to implement the SPF effectively and to implement and utilize the Prevention NOMs to determine the accountability for the delivery of effective preventive interventions.

To this end, the Contractor shall provide timely and effective T/TA services that increase the transfer and application of substance abuse knowledge and prevention skills to States, communities and CSAP's discretionary or PRNS grantees. The SPF promotes data-driven decision making including the selection and implementation of evidence-based programs and practice. Emphasizing the two overarching principles of the SPF—sustainability and cultural competency—further enables the diffusion of learning to occur at the community level where most substance abuse problems are manifested.

In summary, the CAPT is expected to:

- Enhance the capacity of CSAP grantees to assess substance abuse prevention needs and demonstrate accountability for the provision of effective substance abuse prevention programs, practices, and policies.
- Provide specialized training and technical assistance for the identification, selection, and implementation and evaluation of effective evidence-based substance abuse prevention programs, and practices, so that they can be applied successfully within the diverse contexts of life occurring in States, jurisdictions, tribal organizations, CSAP PRNS grantees and to the communities comprising these entities.
- Evaluate and assess the delivery and **impact** of T/TA services on the achievements and progress of CSAP's grantees -- States, communities, and CSAP's discretionary grantees - -in reaching benchmarks on SPF implementation and NOMS accountability measures

implementation, and in relation to targeted improvements in State prevention systems and workforce capabilities.

C. Objectives of the proposed contract

The objectives of the CAPT are to:

- Support successful implementation of all five steps of the SPF and two cross-cutting principles (cultural competency and sustainability) and assure that training and technical assistance will effectively meet client needs and yield positive results/impacts, i.e., be instrumental to client achievements.
- Convene learning communities and assist States and communities to develop technical capacities and competencies to identify, select, and implement evidence-based programs, practices, and policies.
- Assure coordination of efforts, consistency of communications, and uniform quality of service provision across all five NPN Regions.
- Collaborate with other identified SAMHSA/CSAP technical assistance and data contractors as determined by the GPO and CSAP to leverage capacity, share information, and minimize unnecessary duplication of effort.
- Translate scientific knowledge into practical tools and products for use by substance abuse practitioners at multiple levels in the substance abuse prevention system.
- Promote the development of the substance abuse prevention workforce by fostering the acquisition of skills, competencies, and knowledge required to implement the SPF successfully at State and community levels.
- Provide face-to-face selected large-scale trainings or technical assistance events (e.g. through summer institutes, learning communities, service to science academies, Regional workshops) or off-site T/TA utilizing technological tools that may be requested by CSAP management staff and NPN representatives, and as directed and approved by the GPO.
- Provide T/TA services to CSAP grantee sub-recipient communities by working under the leadership of, and with the key stakeholders in State prevention systems that are responsible and accountable for working directly with these communities.
- Provide evaluation technical assistance to enhance the evaluation capacity of innovative, field-generated programs to demonstrate and document more credible evidence of effectiveness.

- Evaluate and report on CAPT performance measures to meet all Federal data requirements and to assess the impact of those services **on clients' achievement of program objectives**, including establishing and reporting on benchmarks.

D. Special Needs and Issues

The incoming CAPT Contractor shall work with the outgoing five regional contractors for the Centers for the Application of Prevention Technologies (CAPTs), the contractors responsible for the design and implementation of the State epidemiologic workgroups, the CAPT Logistics and Website Support and Service to Science contractor, and other contractors identified by the Government Project Officer (GPO) to transition smoothly the service philosophy, procedures and the on-going and pending scheduled technical assistance activities and training events. CSAP will provide copies, references, and links to all relevant documents, websites, data bases, epidemiologic profiles, and other information needed to facilitate and assure a smooth transition. The incoming Contractor shall:

- develop initial calendars so as to prevent interruptions of services provided by the current contractors;
- collaborate with all relevant outgoing contractors to ensure that already identified training and technical assistance event and outcome databases are preserved for continuing use;
- expand the accessibility to CAPT services and enhance service capacity by collaborating with SAMHSA's other technical assistance and dissemination contracts as determined by the GPO; and
- acquaint themselves with the existing products of the current CAPTs and other relevant contractors developed for their service region (i.e., "Regional Products") including those under development and prepare a report to SAMHSA/CSAP regarding the usability of each product.

**III. General Requirements**

SAMHSA/DMS-IT (Division of Management Systems-Information Technology) GUIDELINES: The Contractor shall use software that meets SAMHSA Guidelines. Specifically, the system must be PC compatible, operate in a Windows environment, and use Microsoft Office Suit (Word; Excel; PowerPoint; and Access), PowerBuilder, or other software consistent with SAMHSA/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 deviance from the SAMHSA standards should be negotiated with DMS-IT prior to contract award.

**IT Proposed Resources:** The Offeror must submit, in addition to the IT Total Estimate Worksheets, a budget and a narrative for each of the IT resources proposed and an IT Technical Approach for accomplishing the tasks described in the SOW.

**IT Plan:** The Contractor shall prepare an IT Plan that will include 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 will be submitted as a deliverable to the Government Project Officer (GPO) and the Division of Management Systems-Information Technology Team (DMS-IT) [through the GPO] for review and approval.

**IT Security Plan:** In compliance with OMB Circular A-130, “Management of Federal Information Resources,” the Contractor shall prepare an IT Security Plan that will include 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 will be submitted as a deliverable to the Government Project Office (GPO) and the Division of Management Systems- Information Technology Team (DMS-IT) [through the GPO] for review and approval.

**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/task orders or modifications to existing contracts/task orders involving Internet/Web sites will require Programmatic and Concept Clearance from the Office of Communications and IT Clearance from the Division of Management Systems-Information Technology Team (DMS-IT). The SAMHSA Web site is the only authorized web site. No new web sites will 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 will 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.

**Internet Site Migration Plan:** The Contractor shall plan for, facilitate, and expedite the migration of all production (as opposed to development) websites from the Contractor's website to the SAMHSA Website. The Contractor shall prepare a Plan that will include the Design, Development, Implementation, Maintenance, and Migration from the Vendor's website to the SAMHSA server. The Internet Site Migration Plan should include functional, technical, operational, and other requirements. It should also include major milestones and implementation dates of the project, including the migration phase. The draft and final IT Plan will be submitted as a deliverable to the Government Project Officer (GPO) and the Division of Management Systems-Information Technology Team (DMS-IT) [through the GPO] for review and approval.

**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 PO 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.

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

**SAMHSA'S Web Site Privacy Policy:** Each page of the Website, including the front or home page, must include a link to SAMHSA's Website Privacy Policy (Please see [www.samhsa.gov/about/content/privacy.htm](http://www.samhsa.gov/about/content/privacy.htm)). DHHS and SAMHSA policy does not allow for persistent cookies on any SAMHSA or SAMHSA funded web sites. In addition, any forms on the site, which will ask users to enter personal information, must first be approved through SAMHSA channels.

**Coordination with SAMHSA's 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 government project officer, SHIN will work with the CAPT contractor and GPO in fulfilling the requirements delineated in Tasks 5 and 6 and related sub tasks within Tasks 1, 3 and 9. Therefore, when developing a staffing plan and budget for this project, services, and associated staff hours provided through the SHIN contract should not be included in the Offeror's budget.

**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:

- Field Analysis: identifying what the field needs, what's already available to meet these needs, and potential partners
- Goal: how meeting these needs will support SAMHSA's mission
- Objectives: ways in which particular communications and marketing activities will achieve this goal
- Target Audiences: specific target audiences that need to be reached to achieve these objectives
- Program, Product or Service: what will be delivered to these target audiences in order to reach the identified objectives
- Formatting: how messages about these deliverables will be formatted to reach the identified objectives
- 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
- Dissemination: implementation of this creative mix to reach identified objectives
- 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. [For additional information about SHIN, see attached Framework and Template from SAMHSA's Office of Communications.]

#### IV. **Statement of Work**

##### A. **General Requirements**

1. The Contractor is responsible for other tasks not specifically outlined that are necessary to accomplish the goals and objectives of the contract and provide the deliverables outlined in the SOW.
2. The Contractor, the GPO and other parties will collaboratively determine a process for product development and clearance. The Contractor shall only develop tools approved by SAMHSA/CSAP. Additionally, the Contractor shall endorse and disseminate only those products that have been approved by SAMHSA/CSAP and approved through the SAMHSA clearance process as required. National products, excluding materials developed for individual T/TA events, will require clearance through SAMHSA and DHHS

communication channels if 50 or more copies of it are to be distributed outside of DHHS or if it will be posted on a public website and made available to the public. The GPO must approve these products.

3. The Contractor shall serve sub-recipient communities of the SAPT Block Grant States only by working with and through key stakeholders in the State prevention systems and by enhancing States' capacity for working directly with their communities. At the request of States and to engage the active participation of State staff or local TA providers, the CAPT Regional Expert Teams shall demonstrate or model skill sets and apply knowledge to work effectively with local groups and community organizations.
4. The Contractor shall partner with CSAP's State-level Grantees to work with their communities and local service providers directly, provided the State-level Grantee takes leadership in providing the assistance. All T/TA shall be conducted in the most cost effective manner, while retaining efficient and timely customer service. Thus, a "Training of Trainers" (TOT) approach to develop the capacity of staff and technical assistance associates within State prevention systems shall be used when appropriate.
5. The Contractor shall develop work plans (Please see 1.1, pages 14-15.) to guide service delivery for review and approval by the GPO or designee prior to carrying out the work. Additionally, all requests for **T/TA events** (i.e., those that require travel and/or face-to-face meetings) shall be submitted by the Contractor through the CSAP T/TA Request Tracking System for joint approval by the Government Project Officer, i.e. the CAPT Contract Project Officer, and the appropriate Program Grant Project Officer. Within 10 days of completing the request form describing the T/TA services requested by or on behalf of a CSAP Grantee, the CSAP Grant Project Officer and CAPT Contract Project Officer shall jointly approve or disapprove the request for services. [Note: The T/TA request tracker is a password protected CSAP-designed system to track the approval of all TA contractor requests for T/TA events. The system is maintained by another SAMHSA/CSAP contractor with whom the Contractor shall collaborate.]
6. The Contractor shall discuss acquisition issues of laptop computers and/or other technological devices with the GPO, alternate GPO, task leads, Senior Program CSAP/SAMHSA managers and leadership, and/or other GPO designees. This subject may arise given a number of possible scenarios that relate to the accountability, capacity, and effectiveness of delivering T//TA services to meet assessed needs of an array of different targeted groups of grantees.
7. Given the relatedness of SAMHSA's matrix areas, especially the prevention of suicide, the Contractor shall work with the GPO and his/her designee to

8. The Contractor shall promptly notify GPO of any omissions or deficiencies.

**B. Specific Requirements**

This project is a two-phased endeavor. (Please see table below where the tasks are delineated according to the two phases.) While Phase I spans the first contract year, the first three months of Phase I are directed to planning, developing, and organizing the CAPT Core capacity and functions and Regional structure that reflects the unique features of each region. After receiving approval from the GPO and his/her designees to proceed, the contractor shall begin to implement those services. Phase II is enhanced implementation of service delivery and accountability so as to meet the goals and objectives of the contract.

Phase I covers Contract Year One only and includes Tasks 1 through 9, and possibly the Options Task. [See Task 12, Options Task.]. Phase I requires project start-up in Task 1 and initial implementation of Tasks 2 through 9. Task 10 begins in Contract Year 2. Phase II covers Contract Years Two through Five and includes Tasks 2 through 10, and possibly the Options task [See Task 12, Options Task]. Task 11 is Transition and Closing at end of Contract (see pages 36-37) and occurs in Contract Year 5.

The Offeror shall read Task 10 (Implement SAMHSA/CSAP’s Service to Science Initiative, pages 33-36), that begins in Contract Year 2. The breadth and magnitude of the Task necessitate additional staff changes that shall be reflective of the figures provided on page 14 to accomplish this Task.

**Contract Task Implementation by Contract Year**

**Phase I**

**Phase II**

Task	Base Year	Option I	Option II	Option III	Option IV
		Contract yr 2	Contract yr 3	Contract yr 4	Contract yr 5
<b>1</b>	X				
<b>2</b>	X	X	X	X	X
<b>3</b>	X	X	X	X	X
<b>4</b>	X	X	X	X	X
<b>5</b>	X	X	X	X	X
<b>6</b>	X	X	X	X	X
<b>7</b>	X	X	X	X	X
<b>8</b>	X	X	X	X	X
<b>9</b>	X	X	X	X	X
<b>10</b>		X	X	X	X

11					X
12	Options Task	Options Task	Options Task	Options Task	Options Task

The Contractor shall fulfill the objectives of this contract by performing the tasks listed below.

**Task 1. Conduct Planning for Project Start-up and Development**

Task Description:

The Contractor shall build on the previous work of CSAP T/TA contractors to support the implementation, adoption, and diffusion of the Strategic Prevention Framework within a regional context. Of special note is the training and technical assistance (T/TA) associated with the use of epidemiology, data-driven decision-making, outcomes-based prevention and the selection and implementation of a broad array of evidence-based programs and practices.

[Note: CSAP shall provide to the Contractor the final report on the epidemiological TA provided and all relevant documents such as individual state (and community when available) epidemiological profiles, an epidemiology guidance document utilized by the states, and information about relevant web sites, e.g. State Epidemiological Data System (SEDS). SEDS is a data system of state and sub-state data on substance related consequences and consumption available from national sources. [For more information, see [www.epidcc.samhsa.gov](http://www.epidcc.samhsa.gov).]

- 1.1. The Contractor shall develop a Start-Up and Transition Work Plan and subsequent annual Work Plans that detail the organizational structure, functions and staffing by task of the Core and Regional Teams, staffing roles and responsibilities, timelines for completion of start-up and transition tasks identified the Contractor and by CSAP. The Start-Up Plan shall explain how organizational culture and individual staff and associates will embody the necessary diversity to successfully identify and use culturally and linguistically-appropriate services to meet the goals and objectives of the contract. The Contractor shall submit subsequent annual work plans. (See 9.2.b., pages 32-33.)

The Contractor shall submit to GPO for approval an outline for the Start-Up and Transition Work Plan within three weeks of EDOC and submit a completed Start-Up Work Plan within six weeks of EDOC for approval of GPO. The Contractor shall build into the Start-Up Plan all the activities required to sustain and complete the on-going and scheduled training, technical assistance commitments, and other planned work to minimize disruption or discontinuity in service provision. The Contractor shall determine and clarify the service connections/interface with those of the outgoing contractors during the Start-Up phase. The Contractor shall portray a necessary increase in staffing in Contract Years 2 through 5, primarily as a result of the addition of Task 10 [Please see pages 33-36.]

- 1.1.a. The purpose of this task is to develop and implement an electronic contract and data management system to provide both tracking of the activities and analysis of the results of this procurement. Project evaluation outcomes shall be tracked in collaboration with CSAP's Data Information Technology Infrastructure Contract.

Data and information related to this contract effort shall be collected, organized, and managed to develop a knowledge base for project management, analysis, and reporting to the Government on the progress of this effort.

The Contractor shall use off-the-shelf software to the extent possible to develop and implement such a system. All automated functions shall be compatible with SAMHSA's computer software and hardware [ref. to SAMHSA/DMS-IT Guidelines].

The Contractor shall efficiently plan, collect data, organize the database, and manage the automated contract management system, and shall use this information to track and monitor project activities, and to prepare reports.

Development of the system will begin immediately upon contract implementation to facilitate immediate and ongoing management of project data [subsequent to the Government approval of the IT Plan and the IT Security Plan].

Any changes to the SAMHSA/DMS-IT approved IT Plan and/or IT Security Plan shall be resubmitted to the Government for review and approval.

The size, scope, and complexity of the automated contract management system shall be commensurate with the size, scope, and complexity of the project and the information to be collected, managed, and reported.

[Note to Offeror: Please see page 30 describing the SAMHSA/CSAP Data Information Technology and Infrastructure Contract (DITIC) and the Data Analytic Coordination and Consolidation Center (DACCC) to understand how programmatic evaluation and performance monitoring shall occur in collaboration with these already established centralized data systems that maintain critical functions such as cleaning and analyzing data with input and interpretation from SAMHSA/CSAP staff and other designated parties, such as the CAPT contract awardee.]

- 1.1.b. The Contractor shall plan a CAPT Core staffed in Phase I, Year One, which shall include, but are not limited to the following key personnel: Project Director, Associate Director, Chief of Training/Technical Assistance, Chief of Data and Evaluation, Epidemiologist, Technology Transfer Specialist; and other personnel including the IT Specialist, Writer/Editor, and Administrative support. **In Phase II, the Contractor shall increase the staffing for T/TA and Evaluation on Service to Science.** [Please see Task 10, pages 33-36.]

- 1.1.c. The Contractor shall develop and implement five distinct Regional Expert Teams, one per established NPN geographic region, and shall select key personnel,

consultants, and associates to effectively plan, deliver, and guide achievement of CAPT goals within a Regional context. During Phase One, Contract Year One, the Contractor shall staff each Regional Expert Team which shall include the following key staff including: Regional Coordinator and Associate Coordinator, Evaluator/data specialist(s); Epidemiologist; T/TA Specialist(s); and other personnel including the IT support and Administrative support staff. **In Phase II, the Contractor shall increase the staffing of the Region for T/TA and Evaluation on Service to Science.** [Please see Task 10, pages 33-36.]

- 1.1.d. The Contractor is required to receive the **written prior approval** of the GPO to any replacement of, or substantial reduction in effort of the key project staff identified. The GPO must approve in writing the selection of the identified key staff, if the individuals being nominated for the positions had not been named in the approved application, or if a replacement is needed should the incumbent step down or be unable to execute the responsibilities of the position. A résumé or curriculum vitae for the individual(s) being nominated must be included with the request.
- 1.1.e. The Contractor shall describe how key staff, in both the Core and on all Regional Expert Teams, are competent in: brokering and negotiating among disparate entities; collaborating and communicating with an array of different individuals and organizations; providing efficient and timely customer service; and having knowledge and understanding of areas such as:
- understanding the Strategic Prevention Framework (SPF) and implementation benchmarks and challenges;
  - public health approach, especially epidemiology and biostatistics;
  - behavioral health;
  - evidence-based programs, policies and strategies to prevent the incidence and prevalence of substance abuse and other sequelae associated with such abuse;
  - knowledge dissemination and diffusion; technical assistance and training, especially related to substance abuse prevention;
  - cultural competency and eliminating health disparities;
  - knowledge of risk and protective factors and other frameworks to guide selection of evidence-based intervention programs and practices;
  - principles and application of evaluation design and methodology;
  - data analyses; and
  - statutes, regulations, and other policies affecting primary prevention.

[Note: The Offeror shall append to the proposal, résumés, curriculum vitas, and biographical sketches of all key personnel by Core and by Region; personnel charts by task, and any other structural or organizational diagrams, time-lines or the like. In addition, the Offeror shall certify that - *for a minimum of one year prior to the date of the proposal* – members of the Regional



Expert Team (staff and associates) have resided within the Region and provided the types of training and technical assistance services proposed. Finally, the Offeror shall append to the proposal a listing of relevant publications by proposed staff, recent examples of training and TA, and topical areas of expertise or specialization, for example, epidemiology, evidenced-based practice, suicide prevention, and sustainability.]

- 1.2 The Contractor shall coordinate with the contractors of the expiring five regional CAPT contractors to assure an orderly transition of the CAPT services and other on-going work during the time between award of this contract and expiration of the five CAPT contracts scheduled to end on 9/30/2008. The Contractor shall, at the discretion of the Government Project Officer (GPO), participate in five (5) or more transition meetings and/or conference calls with the previous contractors to effect a smooth transition and to receive detailed information on the operation of the CAPTs and its in-progress and scheduled work. The Contractor shall arrange for the personnel of the new contractor to receive training from the senior personnel of the outgoing CAPT contractors in all CAPT operation and maintenance functions during the three-month Start-Up timeframe and prior to the expiration of the outgoing CAPT contractors.

(There exists the possibility that some of the expiring CAPT contracts will request an extension of time at no additional cost to the Government to continue service provision and close out activities for up to three months beyond this planned contract expiration date.)

- 1.3 The Contractor shall ensure receipt from the outgoing regional CAPTs and/or the GPO complete documentation and any and all government furnished property, hardware, software, materials and data necessary to support continuation of the CAPTs' full services, capabilities and outstanding technical and related work inherited from the previous contractors. The Contractor shall ensure receipt from the outgoing contractors (both CAPT contractors and the contractor for epidemiologic technical assistance) a **listing** of all products and reports developed under these contracts, including Regional and National products developed under the prior CAPT cooperative agreements and contracts, and an **electronic copy** of those materials. (If materials are not available in the electronic format, a hard copy is to be provided.) The Contractor shall categorize prior CAPT developed products and prepare a cross-CAPT inventory of CAPT products to facilitate review of existing materials (including power point presentations) and to inform the development of new ones. This inventory shall include CAPT materials currently available through the SAMHSA Health Information Network (SHIN), and recommendations for materials that could benefit by being part of the SHIN warehouse and/or electronic inventories. The Contractor shall provide this work within three months EDOC for review and approval of the GPO.
- 1.4. The Contractor shall plan and convene a Contract Kick-Off Meeting with the GPO and CSAP Staff in the Washington, DC area within six weeks of EDOC. For budget planning purposes, the Contractor shall travel all key personnel from the Core and the Regional Teams to a 2.5 day Kick-off Meeting and cover the associated travel and lodging expenses. [The offeror should note that this sub-task is cross-referenced with Task 4 and

is considered one of the three required face-to-face SAMHSA/CSAP meetings in Year 1, delineated in sub-task 4.1.a., page 22.] Also, in attendance at this meeting, will be the GPOs, his/her designees, SAMHSA Office of Communications Staff, and/or contractors associated with the Strategic Prevention Framework Advancement and Support (SPFAS), the Data Information Technology and Infrastructure Contract (DITIC), the Data Analysis, Coordination and Collaboration Center (DACCC) and SAMHSA's Health Information Network (SHIN), thereby beginning the continuous process of evaluating and monitoring the delivery of services and the necessary input of data explained more fully in Task 9 --Evaluation, Performance Measurement, and Reporting of CAPT Services. (See pages 29-33.)

- 1.5. The Contractor shall review existing epidemiological documentation on the status of SPF work in each State (and community when available) comprising the five regions.
  - 1.5.a. With the assistance of the GPO, the Contractor shall ensure receipt from the outgoing epidemiological TA contractor the complete documentation and products developed to support CSAP-funded State epidemiologic work groups.
  - 1.5.b. At the request of the GPO, the Contractor shall arrange a briefing with CSAP and the outgoing epidemiological TA contractor within three months of EDOC.
- 1.6. The Contractor shall work with the identified SAMHSA/CSAP contractors to create a seamless transition of the current national CAPT Web site and documentation during this Start-Up period. The Contractor shall work with the outgoing CAPTs to assure a smooth transition from regional CAPTs to the new topical areas on the CAPT Web site. [See Task 6, pages 26-28.]

**Task 2. Assess the Training and Technical Assistance (T/TA) Needs of SAMHSA/CSAP Grantees and Develop Annual T/TA Plans**

Task Description:

Determining the nature and magnitude of the training and technical assistance (T/TA) needs is an iterative and ongoing process and is critical for determining the most appropriate distribution of resources, thereby enhancing efficient customer service. The Contractor shall **assess** the T/TA needs of States and communities supported under SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block Grant Program, other grantees comprising Programs of Regional and National Significance (PRNS) and State Epidemiologic Workgroups (SEWs) to implement the SPF and SAMHSA/CSAP priority foci including epidemiology, NOMs, and the selection and implementation of evidence-based programs and practices. The Contractor shall work in concert with the GPO, CSAP State Project Officers (SPOs) and NPN Regional Leaders, and other contractors identified by the GPO, to **develop** annual Regional T/TA Plans, including communication plans based on the Strategic Communications Framework Template, for these SAMHSA/CSAP clients reflecting SPF and other SAMHSA/CSAP priority foci.

- 2.1. Assess and report annually the T/TA needs of SPF-SIG Grantees, other PRNS grantees, and State Epidemiologic Workgroups (SEWs) to support SPF and the CSAP priority foci including epidemiology, NOMs, and the selection and implementation of evidence-based programs. In determining T/TA needs for SPF-SIG states, the Contractor shall collaborate with the CSAP's Strategic Prevention Framework Advancement and Support (SPFAS) contractor when that contractor is conducting a SAPT Block Grant systems review.
  - 2.1.a. The Contractor shall contact and outreach directly to prevention officials in each State and Jurisdiction when identifying T/TA needs for SAMHSA/CSAP grantees. The Contractor shall submit annually a summary matrix assessment of the T/TA needs of grantees and link planned T/TA to assessed needs related to clients' achievement of national program objectives and benchmarks. The Contractor shall coordinate and review the annual Needs Assessment Matrix and Annual Regional Plans prior to submitting to CSAP for review and approval within four months EDOC and within two months in subsequent Contract Years.
  - 2.1.b. The Contractor shall collaborate with the GPO or Task Lead and CSAP program staff in developing and implementing a brief electronic query of Minority HIV/AIDS Initiative Grantees and Methamphetamine Prevention Grantees to assess needs for T/TA and shall provide a brief summary report (under 10 pages) to CSAP as a basis for planning annual Regional T/TA Workshops. (See cross-reference in Meeting Task 4, page 24.)
- 2.2. The five Regional T/TA Plans, including communication plans based on the Strategic Communications Framework Template developed by the Contractor shall focus primarily on State identified needs, but must take into account the needs of other intended audiences. Partnering with State staff to work with sub-recipient communities and local service providers is allowable provided the State takes leadership in providing assistance. The Contractor shall coordinate and review the five Regional T/TA Plans prior to submitting to the GPO for review and approval.
  - 2.2.a. The Contractor shall submit all T/TA event requests to the CSAP T/TA Request Tracking System. (See #5 in General Requirements' section, page 12 for additional information.)

**Task 3. Provide training and technical assistance (T/TA) to SAMHSA/CSAP Grantees**

Task Description:

After assessing the needs, the Contractor prepares to provide or deliver T/TA to the targeted populations in the most culturally appropriate and linguistically competent manner. The groups comprising targeted populations include States and communities supported under SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block Grant Program, other grantees comprising Programs of Regional and National Significance (PRNS) and State Epidemiologic

Workgroups (SEWs). Although the nature of the T/TA provided derives from the needs assessment, the breadth of topical areas involves all aspects of the SPF and SAMHSA/CSAP priority foci including epidemiology, NOMs, and the selection and implementation of evidence-based programs and practices.

In addition, T/TA delivered on a continuous basis is critical to maintaining the most competent transdisciplinary substance abuse prevention workforce. There are multiple educational methodologies to develop the necessary knowledge and skills for people who deliver preventive interventions either on a full-time basis or as part of their overall occupation such as individuals working within the schools, places of worship, health care facilities, and so forth. Multiple training methodologies exist including classroom instruction, workshops, web-based courses, participatory learning and action approaches, brainstorming, buzz sessions, and group discussions. When appropriate, the “training of trainers” (TOT) approach should be utilized so as to increase with a greater magnitude the adoption and diffusion of learning as those receiving instruction subsequently pass that on to other groups of individuals, especially at the community or local level.

- 3.1. The Contractor shall provide the necessary training and technical assistance (T/TA) to meet the needs identified during the assessment. [Please see Task 2, pages 18-19.] The contractor shall include plans, including communication plans based on the Strategic Communications Framework Template, for T/TA in the annual work plan submission or revisions to the work plan. Although a determination of the exact total number of hours for T/TA is not possible until the needs are assessed, For your information approximately 31,000 hours of T/TA were delivered in the past year by the five previous CAPT contractors. [That figure excludes travel and is not inclusive of the epidemiologic T/TA.] In addition, about twenty (20) percent of T/TA shall be provided on the site of the client.
- 3.2. The Contractor shall be responsible for selecting or developing all T/TA materials based on communications plans developed using the Strategic Communications Framework Template. Some formal workshops may be associated with a larger conference or institute, thereby necessitating collaboration among other partners. Some T/TA activities may be less didactic but may instead involve consultative/role-modeling by the contractor (e.g., educating about strategic planning through the trainer's modeling of an actual collaborative planning process).

T/TA topics shall include, but are not limited, to: CSAP’s priority areas including epidemiology, performance measurement through NOMs or other measurement systems to be identified, and the selection and implementation of evidence-based programs; content required to implement all steps and principles of the Strategic Prevention Framework (SPF); Communities that Care (CTC) or similar programs as directed by the Government Project Officer; and Substance Abuse Prevention programmatic content, e.g., participant recruitment and retention, epidemiology, and needs assessment.

- 3.3. The Contractor shall utilize CSAP’s internal T/TA Tracking System for approval of events by both a programmatic or grant project officer as well as the GPO. The format of

the training shall fit the local contexts of the trainees while maintaining fidelity of the science to service messages.

- 3.4. The Contractor shall record all services provided, the hours of provision, number of participants, and data on client satisfaction in alignment with Government Performance and Results Act (GPRA) required measures for client satisfaction and CAPT Event data collection forms. And, the Contractor shall collect data on the impact of T/TA services on clients' progress and achievements relative to SPF benchmarks and NOMs implementation. (For further elaboration, see Task 9, pages 29-33.)

[Note: Attached to the proposal are the current OMB-approved CAPT Event Data Collection Forms that need revision. The GPO, alternate GPO, task leads, Senior Program CSAP/SAMHSA managers and leadership, and other GPO designees will be working with the awardee to make any changes to the measures and obtain necessary clearances once the contract has been awarded.]

- 3.4.a. The Contractor shall prepare "Event Summary Evaluations" for all T/TA events, regardless of whether the services delivered are for a single grantee or multiple grantees and deliver the evaluation summary report to the GPO within one month after the event.
- 3.5. The Contractor shall provide presentations on the T/TA efforts and progress of the SPF SIG grantees on implementing the SPF; develop presentations for CSAP, and/or provide analytic support to CSAP on T/TA and progress of the SPF SIGs.
- 3.6. The Contractor shall collaborate with the GPO or Task Lead and CSAP program staff to plan and design five annual Regional T/TA Workshops, or an equivalent alternate format, for SAMHSA/CSAP's approximately 150 Minority AIDS Initiative (MAI)/HIV Grantees. In addition, the Contractor shall convene one annual T/TA meeting of the approximately twelve (12) Methamphetamine Prevention Initiative Grantees. [Note: These meetings are cross-referenced in Task 4.3, page 24.]
- 3.6.a. The Contractor shall collaborate with the outgoing CAPT Support contractor to transition electronic list serve files for CSAP's MAI/HIV and Methamphetamine Prevention Grantees and establish, maintain, and update the national and regional (by Cohort) list serve mechanisms that support CSAP communication with the grantees.
- 3.6.b. The Contractor shall develop the agenda, content, and informational materials for the Regional Workshops and submit them in advance for review and approval of the GPO or Task Lead and Program Branch Chief or designated program staff. The Contractor shall, to the extent possible, develop a single set of core products and core content to minimize unnecessary duplication of development effort across the Regional teams. These materials shall be included in the SHIN inventory as appropriate, based on communications plans developed using the Strategic Communications Framework Template. Electronic 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.

- 3.6.c. The Contractor shall collaborate with a separate logistics support contractor and CSAP staff to conduct the Regional T/TA Workshops (one per Region annually) for the MAI/HIV and Methamphetamine Prevention Grantees.

[Note: For budget planning purposes, the Contractor shall cover travel and lodging expenses of approximately four (4) staff and two (2) associates/consultants to conduct and facilitate the Regional Workshops of 2.5 days duration each.]

**Task 4. Attend and/or Convene Required Meetings**

Task Description:

In some instances, meetings necessitate attendance by core and/or regional staff. In other instances, the core and/or regional staff convene the meeting at the direction of the GPO, alternate GPO, task leads, Senior Program CSAP/SAMHSA managers and leadership, and other GPO designees

[Note: For planning purposes, the Contractor should note that when **attending** meetings, the travel costs associated with such meetings relate to the number of staff participating, whereas **convening** meetings involves additional logistical costs for the meeting space, and in some cases, the travel costs of invited participants with the exception of Federal staff. Meetings will be held throughout the United States and will generally last two days plus travel time. To conserve travel/meeting resources, the Contractor may opt to convene one or more of the required meetings and workshops via other technological resources such as video conferencing, webinars, and podcasts.]

- 4.1. The Contractor shall budget for the following annual meetings:

- 4.1.a. Three (3) face-to-face CSAP meetings with GPO, alternate GPO, task leads, Senior Program CSAP/SAMHSA managers and leadership, and other GPO designees, one of which is convened during the National Prevention Network Annual Research Conference.

[Note: For budgeting purposes, these meetings involve three (3) Senior staff persons from the core staff and three (3) from each Regional Expert Team, thereby totaling 18 individuals. See Task 1.4, pages 17-18, describing the kick-off meeting as the first of the two face-to-face meetings for Year One during the planning and implementation activities of Phase 1.]

- 4.1.b. Approximately five (5) collaborative meetings or workshops with designated SAMHSA/CSAP grantees, contractors and/or designated SAMHSA customers,

e.g., Prevention Fellowship Program; Native American Center for Excellence (NACE); Border County Initiative; Faith-based Initiative; Minority Institutions of Higher Education]; and

[Note: For budgeting purposes, these meetings involve one (1) Senior Staff person from the core staff and one (1) from each region, thereby totaling 6 individuals. See Task 7, page 28-29, describing collaboration with SAMHSA/CSAP contractors, as a cross-reference.]

4.1.c. SAMHSA/CSAP Community Prevention Day.

[Note: For budgeting purposes, these meetings involve one (1) Senior Staff person from the core staff and two (2) from each region, thereby totaling 11 individuals. SAMHSA/CSAP Community Prevention day occurs in Washington, DC, typically the day before the beginning of the annual meeting of CADCA (Community Anti-drug Coalitions of America.)]

4.1.d. The Contractor shall also budget for:

Three (3) Regional Technical Expert Panel (RTEP) meetings annually to include three (3) representatives from each State, Jurisdiction, and/or tribal entity, i.e. the Single State Addiction (SSA) representative, the NPN representative, and, the SPF SIG Coordinator or another individual designated by the GPO and his/her designee. CSAP shall be represented at the RTEP meetings through the GPO, Senior Program CSAP/SAMHSA leaders, and/or other GPO designees.

[Note: For budgeting purposes, one RTEP meeting is a face-to-face meeting, usually rotating throughout States comprising each region, thereby providing SAMHSA/CSAP customers – i.e., States – the opportunity to host the meeting and showcase preventive efforts occurring within that State and communities or affording collaborative opportunities that deal with ubiquitous SPF principles, such as workforce development, cultural competency and eliminating health disparities and sustainability. The other two RTEP meetings may be convened via teleconference, webinars, or, in concert with other scheduled meetings. These meetings involve one (1) Senior Staff person from the core staff and one (1) from each region, thereby totaling 6 individuals.]

4.2. The CAPT Project Director and Associate Director shall convene regularly scheduled project management meetings (every two weeks, approximately two hours in length) with the GPO, Alternate GPO, and key CSAP staff and Task Leads; and shall include each Regional SAPT Coordinator and Associate Coordinator in these meetings. Meetings may be convened via teleconference. The GPO may convene additional meetings or conference calls as needed on specific topics. The Contractor shall prepare brief meeting notes summarizing decisions and action items within two days after each project management meeting.

- 4.2a. The Contractor shall specify the mechanism(s) for continuous on-going communications among Core staff and Regional staff.
- 4.3. The Contractor shall collaborate with the GPO or Task Lead and CSAP program staff to plan, develop content, and lead five annual Regional T/TA Workshops for CSAP's approximately 150 Minority AIDS Initiative (MAI)/HIV Grantees. In addition, the Contractor shall convene one T/TA meeting of the approximately twelve (12) Methamphetamine Prevention Initiative Grantees.]

[Note: The Offeror can find the needed budgetary information as to these meetings in Task 3.6.c., page 22.]

**Task 5. Develop Communications Products**

Task Description:

Within three months of EDOC [See Task 1.3 on page 16 of the SOW.], the contractor has prepared an inventory of previous training and technical assistance (T/TA) materials to support the implementation, adoption and diffusion of the SPF delivered under the prior CAPT cooperative agreements and contracts as well as the relevant work of other CSAP contractors especially those associated with the use of epidemiology, data-driven decision-making, outcomes-based prevention, enhancement of the prevention work force, and implementation of a broad array of evidence-based practices. Additional products are to be anticipated, based on communications plans developed using the Strategic Communications Framework Template in order to increase and enhance the transfer and application of substance abuse knowledge and prevention skills to prevention providers working in States, communities and CSAP's discretionary or PRNS grantee programs.

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.

Products being developed under this contract for potential dissemination by SAMHSA must be developed and/or reviewed by a senior writer/editor who has been identified among the key personnel for this project. That individual must be able to provide the necessary expertise for



appropriate and accurate content and editorial review needed to achieve a high standard of excellence in content, syntax, grammar, and style, including attention to the match between target audience and content level.

Products developed under this contract for potential dissemination by SAMHSA should (i) reflect consistent use of a consistent style manual (preferably GPO, although other manuals may be selected and used with reason), (ii) adhere to common standards of grammar and usage, and (iii) include correct form and content in use of logos, content and look of cover, title.

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

SAMHSA's Office of Communications (OC) has developed six policy manuals to guide the dissemination of all SAMHSA programs and services. These manuals outline how SAMHSA communicates with its constituencies. Three policy guides are relevant for this task – HHS/SAMHSA Clearance Manual; SAMHSA Identity Guide; and SAMHSA Style Guide. Adherence to the information within these manuals is tantamount. [At the kick-off meeting with the GPO [See Task 1.4 pages 7-18.], copies of these documents will be provided. If the offeror wants the documents in advance, please contact SAMHSA's Office of Communications (telephone number 240-276-2130).

- 5.1. 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 to support the implementation of the SPF and CSAP priority foci including epidemiology, NOMs, and the selection and implementation of evidence-based programs and practices. The Contractor shall also be responsible for completing the publication clearance forms (including the initial request for concept clearance to develop the product) if deemed necessary by the GPO.
  - 5.1.a. The Contractor shall provide the GPO a listing of the appropriate topics for the communications products and the accompanying array of multiple media, based on communications plans developed using the Strategic Communications Framework Template, designed to meet the learning needs of the targeted populations. Topics might include: Steps and Principles of the Strategic Prevention Framework (SPF); epidemiologic assessments; monitoring and surveillance; Prevention NOMS; and selection and implementation of evidenced-based practices.
  - 5.1.b. Through discussions with the GPO and relevant SAMHSA staff, the Contractor shall identify the appropriate topics to be explored and the target audience.
  - 5.1.c. During Contract Years 2 through 4, the Contractor shall develop annually approximately three (3) communications products, consistent with

communications plans developed using the Strategic Communications Framework Template, for use by prevention providers at multiple service delivery levels.

- 5.1d. During Contract Year 5, the Contractor shall develop the evaluative report of the utility and customer satisfaction of the communications' products. (For purposes of cross-reference, please see 9.2.c., page 33, in Reporting section of Task 9.)
- 5.2 Upon receipt of final content clearance approval from DHHS, the Contractor shall assist the GPO, and/or other designated CSAP staff as directed, in expediting the printing of all publications. GPO requests to the Contractor for this requirement may include, but are not limited to: preparation of printing specifications; completion of the Printing and Visual Services form (HHS-26) with all necessary information; review of book blues and color match prints from printers to ensure they meet Government Printing Office printing requirements; and coordination of the dissemination of printed products with SAMHSA's Health Information Network (SHIN) and/or recipients of the T/TA services.
- 5.3 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 6. Modify and Maintain a CAPT Web site**

**Task Description:**

The CAPT Web site is a national website that will encompass all national and regional events, as well as providing the platform most conducive to customer service and efficiency of fiscal and human resources. The primary users of the Web site are all SAMHSA/CSAP grantees eligible to receive the T/TA gleaned from the needs assessment, described previously, as well as other information critical to not only accomplishing the goals and objectives of the contract but also all other relevant information that might potentially explain national and regional findings. This mechanism is critical for SAMHSA/CSAP's priority areas as well as possibly having an early warning alert system through use of SAMHSA/CSAP's epidemiologic workgroups.

[Note: SAMHSA's Office of Communications (OC) has developed six 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](http://www.usa.gov/webcontent/reqs_bestpractices.shtml)) is required.]

- 6.1. The Contractor shall work with the GPO, his/her designees, and identified SAMHSA/CSAP contractors to transition the existing National CAPTUS Web site and all relevant documentation and procedures to the new CAPT contract. [For further information as to the content of the current website, go to

<http://captus.samhsa.gov/home.cfm>.] The contractor shall assess the current Web site, address platform changes, evaluate source code for compliance against HHS, Federal and SAMHSA's standards, and plan new functionality to better serve the needs of the contract. This evaluation shall include an assessment for integration into the SAMHSA Web site look and feel, information architecture, and hosting environment, an assessment for proper content and ordering links with the SHIN Web site(s), an assessment of site usage patterns utilizing server logs, an assessment of site content management processes and policies, and an assessment for accessibility under Section 508 of the Rehabilitation Act. The Contractor shall build on and modify the current CAPT website development effort to contain the costs for developing the CAPT Web site.

- 6.2. The Contractor shall collaborate with SAMHSA/CSAP and its other contractors to modify and maintain the National CAPT Web site. The CAPT Web site will coordinate the core resources for CAPT use (e.g., national CAPT tools and other products for training and technical assistance).

The Technology Transfer Specialist, a member of the Core's key personnel staff, shall chair the CAPT Web site Workgroup. Other members of the Work group shall include the GPO for the CAPT contract, relevant web site Contractor staff, and others deemed appropriate by SAMHSA/CSAP. The CAPT Web site Workgroup will advise the GPO and his/her designees as to the important functions and options for server services, including providing CAPT clients with an integrated national view (e.g., a CAPT calendar of training and TA, a comprehensive presentation of tools, the SEDS data base) [See prior discussion of this topic on page 14.], and links to all SAMHSA programs, e.g., Communities that Care (CTC) [See <http://preventionplatform.samhsa.gov>.], Preventing and Reducing Underage Drinking [See [www.samhsa.gov/underagedrinking/index.aspx](http://www.samhsa.gov/underagedrinking/index.aspx).], National Suicide Prevention programs [See [www.suicidepreventionlifeline.org/](http://www.suicidepreventionlifeline.org/).], National Outcome Measures (NOMs) [See prior information listed on pages 1, 4-5.], the National Registry of Evidence-based Programs and Practices (NREPP). [See [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov).]

All information to be uploaded on the CAPT website can be done only with the approval of the GPO, his/her designees and/or other SAMHSA/CAPT Senior officials.

- 6.3. The Contractor shall monitor on a yearly basis the utility of the information by performing usability testing with appropriate user audiences from the States, Jurisdictions, Tribes and tribal entities, and their respective customers for determining if the information available on the CAPT Web site is findable, accessible, usable, useful, adequate, up-to-date, helpful, and informative.
- 6.4. Given the above Web site task, the Contractor shall submit to the GPO a written report not to exceed 20 pages determining the effectiveness and usability of the current National CAPT Web site and recommended enhancements. The due date of that report and discussion of subsequent reports specific to the Web site will be negotiated with GPO. [Note: CAPT's annual evaluation report, as explained in Task 9.2.b., page 32, contains a yearly website report.]

- 6.5. The Contractor shall notify the States, Jurisdictions, Tribes/tribal entities, their respective communities, national and regional prevention organizations, and others suggested by the GPO, alternate GPO, task leads, Senior Program CSAP/SAMHSA managers and leadership, and other GPO designees of the CAPT Web site. Promotion of the Web site and content of the site shall consistent with communications plans developed using the Strategic Communications Framework Template and in coordination with the SAMHSA Health Information Network (SHIN).
- 6.6. After initial coordination of website maintenance, the Contractor shall include description of activities and developments related to the CAPT Web site in progress reports. (See section on required reports.)

**Task 7. Collaborate with SAMHSA/CSAP Contractors**

Task Description:

The Contractor shall collaborate and partner with identified SAMHSA/CSAP contractors as directed by the GPO and in consultation with CSAP management staff, to develop or adapt SAMHSA/CSAP briefing materials and training/technical assistance products and tools (e.g., Evaluation Basics, Fidelity and Adaptation Guidelines) to support high quality and successful implementation of effective prevention programs/practices in diverse local contexts and across a wide range of venues.

A recent example of successful cross-contractor partnership involved the Regional CAPTs and CSAP's Strategic Prevention Framework Advancement and Support (SPFAS) contract to convene Regional Workshops on NOMs Implementation in three Regions in the fall of 2007. In addition to continuing and enhancing collaborations with the SPFAS contractor, the Data Information Technology and Infrastructure Contract (DITIC), and the Data Analysis, Coordination and Collaboration Center (DACCC) [Note: See Task 9 for description of DITIC and DACCC.], the Contractor shall work with the GPO and identified CSAP staff to develop collaborations, focused on specific national objectives, with identified current CSAP contractors including, but not limited to: CSAP's Service to Science Support Contract, the Native American Center for Excellence (NACE), CSAP's Prevention Fellows Program, and other SAMHSA efforts, especially those involving the Addiction Technology Transfer Centers (ATTCs) funded by SAMHSA's Center for Substance Abuse Treatment (CSAT), SAMHSA's Campus Suicide efforts directed by the Center for Mental Health Services (CMHS) and particular SAMHSA cross-Center efforts that emphasize efficient integrated delivery systems to encompass the continuum of health care from a public health perspective. [See figure on page 2.]

- 7.1. At the request of the GPO, the Contractor shall prepare an annual brief "forecasting" report, of approximately ten (10) pages, outlining potential opportunities for collaboration with other SAMHSA and CSAP contractors, especially those that address CSAP priority areas including using epidemiologic data to profile State needs and guide decision making; State NOMs implementation and performance measurement; selection and implementation of evidenced-based practices; and enhancing the evaluation capacity of

innovative prevention programs (Service to Science). [See Task 10 for a detailed description of Service to Science.]

- 7.2. At the request of the GPO, the contractor shall participate yearly in approximately five (5) meetings and discussions with identified SAMHSA/CSAP contractors to exchange information, leverage services, and form service partnerships, and to minimize potential duplication of effort. [This task is cross-referenced with Task 4.1.b., pages 22-23.]

**Task 8. Respond to CSAP “Quick Turnaround Requests” for information, presentations, briefings, brief reports.**

Task Description:

The Contractor shall be responsible for coordinating with CSAP and any other groups and/or individuals designated by the GPO to prepare special quick turnaround briefings, descriptive service provision updates, geographic information system (GIS) presentations, power point presentations, and other informational products requested by the GPO that relate to the work performed under this contract.

- 8.1. At the request of the GPO, the Contractor shall respond to CSAP “quick turnaround requests.” The Contractor shall prepare annually approximately 25 quick turnaround requests.

**Task 9. Evaluation, Performance Measurement, and Reporting of CAPT Services**

Task Description:

The Contractor shall be responsible for its obligations under the Government Performance and Results Act (GPRA) and any other relevant Federal data requirements. [For more GPRA information, see <http://www.whitehouse.gov/omb/mgmt-gpra/gplaw2m.html>.] GPRA mandates accountability and performance-based management by Federal agencies, focusing on results or outcomes in assessing the effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. The following are the current T/TA common outcomes.

- Immediate outcome (collected immediately after T/TA or training)

Overall, how satisfied were you with the T/TA you received? A) VERY SATISFIED, B) SOMEWHAT SATISFIED, C) SOMEWHAT DISSATISFIED, D) VERY DISSATISFIED

- Intermediate outcome (collected several weeks or months after T/TA)

To what extent has the T/TA you have received improved your capacity to provide effective prevention services? A) A GREAT DEAL, B) SOMEWHAT, C) NOT VERY MUCH, D) NOT AT ALL, E) NOT APPLICABLE

- Long term outcome (6 months or more)

To what extent have the T/TA recommendations you received most recently been fully implemented? A) FULLY, B) PARTIALLY, C) NOT YET BEGUN

[Note: The numbers of the outcomes can be reported by age, race, ethnicity, gender, and location.]

The Offeror, and subsequent Contractor, need to re-visit the adequacy of these GPRA measures, with the GPO, SAMHSA/ CSAP data officials and other designees. This process needs to begin in earnest at the initial Kick-off meeting. (Please see Task 1.4, page 18.)

The Contractor is also responsible for maintaining a continuous evaluative component including process, capacity, and outcome evaluation as well as determining whether the goals and objectives of this contract are being achieved and/or adjustments that might need to be made, upon discussion with the GPO and his/her designee. In order to achieve these different types of evaluation and performance monitoring, collaboration with the two SAMHSA/CSAP data contractors needs to begin immediately.

SAMHSA/CSAP has established the Data Information Technology and Infrastructure Contract (DITIC) and the Data Analytic Coordination and Consolidation Center (DACCC) as the centralized CSAP data center. The contractor responsible for DITIC develops, maintains, and improves the information technology (IT) systems support for CSAP. Once grantees and contractors send data to the DITIC, the data are warehoused there and a copy is sent to the DACCC for cleaning, analyses, and reporting. DACCC is SAMHSA/CSAP's data quality assurance mechanism, and develops helpful products based on those analyses that target different audiences, promote the use of reliable and valid instruments including the use of common data definitions and measures such as but not limited to National Outcome Measures (NOMs), GPRA and PART requirements. The CAPT contractor is often responsible for ensuring that the information produced by the CSAP and the DACCC is communicated effectively and consistently to all target populations, utilizing, when appropriate, all collaborative entities.

9.1. Evaluate the performance of CAPT training and technical assistance (T/TA) services and complete evaluation and performance management reports

9.1.a. The Contractor shall create a CAPT evaluation team composed of a minimum of two (2) staff from the Core and evaluators from each of the Regional Expert Teams to design improvements in outcome evaluation measures in order to meet GPRA requirements and federal expectations for performance accountability. To assure the development of a complete package of instruments that meet SAMHSA and OMB expectations, the Contractor shall coordinate with the DITIC and DACCC contractors, their respective GPO, and with CSAP management staff on this task. The Contractor shall prepare a performance measurement plan for review and approval by GPO and CSAP management staff within two months of contract start up.

- 9.1.b. The Contractor shall prepare the OMB packages and justifications required by OMB and HHS/SAMHSA to obtain OMB approval for all data collection tools needed to measure performance including evaluation of the impact or effectiveness of CAPT services/activities on Grantee achievement of national program goals and objectives. The Contractor shall develop data collection tools and forms to evaluate and report CAPT performance including quantification of client satisfaction and impact on client capacity/ability to achieve national program objectives and goals. The Contractor shall complete the development of the OMB package with revised data collection tools within four months of contract start-up.
- 9.1.c. The Contractor shall conduct annual evaluation of CAPT performance as to quantity, types of T/TA services, costs of services, delineation of topics for which services are requested and/or delivered, quality of services and impact on client progress and client achievement of program goals and objectives, client satisfaction, efficiency of service delivery, differences among regions, and any other variables requested by the GPO.
- 9.1.d. The Contractor shall prepare “Event Summary Evaluations” for all T/TA events, regardless of whether the services delivered are for a single grantee or multiple grantees and deliver the evaluation to the GPO within one month after the event. [This task is cross-referenced with Task 3.4.a., page 21.]
- [Note: The offeror should review the current CAPT Event Data Collection Forms that are included within the package. The GPO, alternate GPO, task leads, Senior Program CSAP/SAMHSA managers and leadership, and other GPO designees will be working with the awardee to make any revisions or changes to the measures. The Contractor will then work with the GPO and his/her designees in obtaining all necessary clearances.]
- 9.1.e. The Contractor shall conduct appropriate follow-up data collection activities on CAPT T/TA services at appropriate intervals, e.g. 3, 6, 12 months, agreed upon with SAMHSA/CSAP and as required to meet OMB reporting requirements and those of other relevant Federal systems.
- 9.1.f. At the request of the GPO, the Contractor shall supply other data (e.g., HP 2010) on the project’s performance. The request may also include core data for any cross-site evaluations that are determined post-award by SAMHSA/CSAP with the awardee and other specified representatives.

## 9.2. Reporting Requirements

- 9.2.a. The Contractor shall briefly summarize its activities and submit to the GPO a **monthly activity report with an accompanying financial report or invoice** detailing the activity under each task in the contract. The Contractor shall include in the monthly report a summary of all CAPT services and activities by State and

Task within each Region, and summarized or aggregated to the National level. The report shall include communication products and material performance, utilizing metrics and performance data available from the SAMHSA Health Information Network (SHIN) and Web site usage patterns utilizing server logs. The Contractor shall prepare and deliver corresponding monthly financial reports that accurately detail the current and cumulative actual expenditures, obligations and planned expenditures, and balances by task and also provide summed totals for the contract as required by the terms and conditions of the contract. The Contractor shall include in the monthly reports separate Task and financial accounting for any supplemental funding received to support Option Tasks (See Task 12). Additional formatting requirements shall be determined post award in collaboration with the GPO and Contracting Officer of the Division of Contracts Management.

- 9.2.b. The CAPT with its evaluators shall prepare and deliver an **annual evaluation report** documenting, at a minimum, the following items:
- GPRA measures, other Federal data requirements and associated characteristics;
  - Impact of CAPT services on grantee achievements and quantifiable progress toward programmatic objectives;
  - Other outcome effects or impacts of CAPT services;
  - Summary and highlights of CAPT accomplishments;
  - Communication products and material performance, utilizing metrics and performance data available from the SAMHSA Health Information Network (SHIN);
  - Web site report; [See Task 6.] and
  - Accomplishments linked to CAPT collaborations with SAMHSA's contractors including, but not limited to, those identified in Task 7.

The narrative of the annual evaluation report shall be approximately 75 pages. The Contractor shall provide first a draft annual report and then deliver the final annual report including the GPO's requested enhancements, within a time frame established by the GPO and SAMHSA/CSAP data coordinators at the Kick-off meeting. [Please see Task 1.4, pages 17-18.]. The Contractor shall work with the GPO and his/her designees to develop an outline for the annual evaluation report and the necessary parameters for completing that report such as, but not limited to, the specific CAPT individuals involved in the data analysis and preparation of the report and how that data can interface with the other data produced by SAMHSA/CSAP's DACCC.

The annual evaluation report for the final contract year shall include accomplishments and highlights for the last contract year and describe progress and lessons learned across the span of the contract.



- 9.2.c. The Contractor shall prepare and deliver technical documents on topics of priority to CSAP such as epidemiologic reports and evaluation special reports. Report topics shall be determined by the GPO, alternate GPO, task leads, Senior Program CSAP/SAMHSA managers and leadership, and other GPO designees. The Contractor shall anticipate approximately 10 documents per year, each of about 20 pages in length.

**Task 10. Implement SAMHSA/CSAP’s Service to Science Initiative: Provide Customized Consultative Evaluation Technical Assistance, Regional Academies, and Mini-Subcontracts to Enhance the Evaluation Capacity of Innovative Field-Generated Prevention Programs.**

Task Description

Service to Science, an **intensive** evaluation technical assistance effort unique to SAMHSA/CSAP, helps substance abuse prevention program developers and evaluators improve the design and rigor of their program’s evaluation, the credibility of its evidence of effectiveness, and its likelihood to achieve formal recognition and sustainability. The goals of Service to Science are to help innovative field-grown prevention interventions develop and document stronger evidence of effectiveness and, in so doing, over time increase the diversity and number of evidence-based interventions available to local implementers to address unique local needs and cultural contexts, particularly those of underserved populations. The guiding principle of Service to Science is to “meet programs where they are” and assist them in strengthening their evaluation capabilities to move forward or advance along a continuum of documented evidence of effectiveness.

- 10.1. The Contractor shall create a Service to Science team consisting of at least one (1) Lead Service to Science Evaluator from the Core and one (1) Regional lead evaluator from each Regional Expert Team to collaborate with the GPO and designated Task Lead to solicit annual program nominations from State prevention officials (usually NPNs) and assess the readiness of nominated programs to participate in Service to Science. [Cross-reference with Task 1.1., page 14.]
- 10.1.a. The Contractor shall develop outreach and nomination procedures and readiness assessment protocols to yield approximately ten (10) to 15 programs from each Region. The Contractor shall solicit nominations and conduct the initial program assessments within the first three months of the contract year beginning in Contract Year two.
- 10.1.b. Additionally, the Contractor shall collaborate with SAMHSA/CSAP’s Native America CAPT for Excellence (NACE) to secure nominations of approximately five (5) innovative programs for Native American populations annually. The Contractor shall solicit nominations and conduct the initial program assessments within the first three months of the contract year beginning in Contract Year two.
- 10.2. The Contractor shall collaborate with the GPO and Task Lead to design and convene Regional Service to Science Academies and provide individualized technical assistance (TA) to Service to Science program participants in each of the five Regions.

- 10.2.a. The Contractor shall identify core content and develop core materials for Regional Academies. Core content includes but is not limited to knowledge of SAMHSA’s National Registry of Evidence–Based Programs and Practices (NREPP) rating criteria and procedures, program logic model development, evaluation design and methodology, data collection and measurement, data analysis and reporting, and overcoming obstacles to evaluate results.
- 10.2.b. The Contractor shall plan and convene Regional Academies (alternative formats may be considered for approval of the GPO or Task Lead) of approximately 2.5 days duration and cover the travel and lodging expenses for up to three (3) representatives per program, and provide individualized follow-up consultative technical assistance of approximately 20 to 30 hours per program. The Contractor shall conduct Regional Academies within eight (8) months of the contract year beginning in Contract Year two. The Contractor shall provide the customized follow-up technical assistance to participating programs by the end of each contract year, beginning in Contract Year two.
- 10.3. The Contractor shall collaborate with the GPO and Task Lead to design an annual process to solicit and review proposals from Service to Science participants for the competitive selection and award of “mini-subcontracts” to further enhance program evaluation capacity.
  - 10.3.a. The Contractor shall develop a process to request proposals from Service to Science program participants, and develop a timeline for soliciting and reviewing proposals to award approximately 25 mini-subcontracts of one year duration, in the amount of up to \$30,000 each to enhance the evaluation capacity of the innovative program.
  - 10.3.b. The Contractor shall award mini-subcontracts for evaluation capacity enhancements and develop letters to all applicants notifying them of the outcome. The Contractor shall copy the nominating State prevention officials on the notification letters.
  - 10.3.c. The Contractor shall monitor implementation progress through quarterly administrative reports and follow-up calls. The Contractor shall neither request nor receive evaluation data collected by participating programs.
  - 10.3.d. The Contractor shall develop letters notifying the State nominating officials of program completion of the one year mini-subcontract and participation in Service to Science and include a brief progress statement or report (under two pages) approved in advance by the Service to Science participant. The purpose of the letter is to “close the loop” with the State nominating officials and highlight program accomplishments and progress. The Contractor shall maintain a list of all Service to Science participating programs and develop an annual matrix of the characteristics of participating programs.

- 10.3.e. The Contractor shall provide approximately (10 hours) of individualized consultative follow-up technical assistance post award to each program selected for a mini-subcontract. The solicitation, review, and award of mini-subcontracts shall be conducted after the completion of Regional Academies and follow-up TA and prior to the start-up of the next Service to Science cycle.
- 10.4. The Contractor shall collaborate with the GPO and Task Lead to plan and design power point and oral presentations and papers or reports on Service to Science for SAMHSA, the annual NPN Annual Research Conference and other appropriate conference venues. The Contractor shall prepare approximately three (3) power point presentations annually and one (1) summary narrative report of accomplishments of about 20 pages, excluding tables, charts, etc.
- 10.4.a. The Contractor shall cover the travel and lodging expenses of members of the Service to Science evaluation team (from the Core and Regional expert Teams) and the Project Director and Evaluator from approximately three (3) selected Service to Science programs to attend two (2) conference/showcase events per year. The Contractor shall cover the NPN Research Conference registration fees for Service to Science program participants invited to showcase their achievements.
- 10.5. The Contractor shall collaborate with the GPO and Task Lead to design and conduct ongoing evaluation of the Service to Science Initiative to capture the impacts of the Initiative, including cost-effectiveness, of the evaluation technical assistance component and the financial supports (mini-subcontract awards). The Contractor shall identify the impact domains and develop tools for collecting impact data. Impact domains may include: program design and logic model, evaluation design and methodology, improved results, quality or strength of evidence, social marketing of evaluation results and program sustainability. The Contractor shall prepare approximately two (2) Service to Science evaluation summary reports each year.

**Task 11. Transition and Closing at End of Contract**

**Task Description:**

Just as there are tasks associated with the beginning of a contract, so, too, certain tasks need to occur at the end of the contract or in the final Contract Year.

- 11.1. The Contractor shall provide, no later than the eighth month of the final performance period, three (3) copies of plans for transfer of the project to the Government or, at the direction of the GPO, to a new contractor (as applicable).

- 11.1.a. The Contractor shall develop a Contract Transition and Close-Out Work Plan due to the GPO three months or 90 calendar days prior to the expiration of the contract.
- 11.1.b. The Contractor shall initiate transition activities sixty (60) calendar days prior to the expiration of the contract.

These activities include: continued full service to the customers of CAPT; at the GPO's discretion, participating in a minimum of five (5) meetings and/or conference calls with the new contractor to effect a smooth transition and to provide detailed information on the operation of the CAPT; providing a complete inventory listing of products to the GPO; providing the inventory listing and products developed by or under the CAPT contract to the new contractor at the request of the GPO; providing all documentation and all hardware, software, materials and data produced or acquired with contract funds, or under the Contractor's control. Government Furnished Property or Materials shall be turned over to SAMHSA or the new contractor in good condition and, during a three week transition period, the contractor's senior personnel shall train the new personnel (contractor or government) in all CAPT operation and maintenance functions; and performing appropriate close-out of all outstanding technical and related work.

Note: 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), data analytic programs the results produced under the auspices of this project will be the 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.

**Task 12. Implement Option Tasks**

## Task Description:

SAMHSA/CSAP and other Federal agencies may be interested in funding the CAPT contract to provide training and technical assistance for special projects and client groups. If applicable, special projects will be proposed by the GPO to the contracting officer (CO) for approval. Initially, a special project description, identifying the specific need for a proposed special project shall be furnished to the Contractor by the contracts office as well as a request for a cost and technical proposal.

All special project modifications are subject to the terms and conditions of the contract. In the event of a conflict between a special project and the contract, the Contract shall control.

For the past five years, a formal collaboration through an Interagency Agreement (IAA) has existed between the USED (U.S. Department of Education) and the U.S. Department of Health and Human Services (DHHS)/Substance Abuse and Mental Health Administration (SAMHSA)/Center for Substance Abuse Prevention (CSAP) to support training and technical assistance to USED. The IAA delineates a general understanding of roles and responsibilities between USED and SAMHSA/CSAP to provide training and technical assistance to USED's Grants to Reduce Alcohol Program (GRAAP).

Working in collaboration with USED, CSAP has provided state-of-the-art technical assistance and training and consultative services designed to enable Local Education Authorities (LEAs) to develop and implement innovative and effective programs to reduce alcohol abuse among secondary school students. The purpose of these services is to assist USED LEAs in achieving successful outcomes by providing state-of-the-art training and technical assistance to support evidence-based program implementations. Through this technical assistance, USED with SAMHSA/CSAP works to increase knowledge and skills of the LEA grantees in the areas of evidence-based prevention practices, implementation of programs/strategies with fidelity, and formative and summative evaluation necessary to carry out the intent of the grant program.

In accordance with the IAA, SAMHSA/CSAP uses these funds to provide training and technical assistance activities on specific topics related to the Strategic Prevention Framework (SPF) and the underage alcohol initiatives of each LEA grantee project team.

If the IAA continues and funding is available, then the contractor shall receive all previous reports relating to GRAAP activities as well as a delineation of the specific tasks.

**IV. CONTRACT EXTENTION OPTIONS****OPTION 1: Extension of the Requirement for One – Twelve Month Period**

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

be those identified in the Statement of Work and as noted in the Delivery Schedule. (**Option 1 is Contract Year Two**).

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

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

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

Under this option the contract will be continued for a period of one additional year, upon exercising of the option by modification of the contract. Tasks to be performed will continue to be those identified in the Statement of Work and as noted in the Delivery Schedule. (**Option 3 is Contract Year Four**).

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

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

**References in SOW**

Johnson, K et al. Building capacity and sustainable prevention innovations: A sustainability planning model. Evaluation and program planning. 27, 2004, pages 135-149

Mrazek, PJ & Haggerty, RJ (eds.), Reducing Risks for Mental Disorders, Institute of Medicine, Washington, DC: National Academy of Sciences, 1994, page 21.

## Schedule of Deliverables

<b>TASK</b>	<b>QUANTITY</b>	<b>DELIVERY</b>
<b>Task 1. Plan and Implement Start-Up</b>		
1.1 Develop a Start-up and Transition Work Plan		
Draft	1	3 weeks EDOC
Final	1	6 weeks EDOC
1.2 Draft and finalize IT plan & IT security plan		
Draft	1	3 weeks EDOC
Final	1	6 weeks EDOC
1.3 Provide list and cross-CAPT inventory of Regional and National Products.	1	3 months EDOC
1.5 Review Epi documentation for each state comprising a region.	1 review of 65 states and territories	3 months EDOC
1.5b Briefing with Epi Contractor	1	3 months EDOC
<b>Task 2. Develop Annual T/TA Plans, Regional T/TA Plans for States and SPF Grantees other PRNS Grantees and SEWs</b>		
2.1 Assess the needs of states for T/TA.	1 x 65 States and Territories	4 months EDOC and annually thereafter.
2.1a Provide outreach to prevention officials	65 states and territories	Ongoing during phase II.
2.1b Develop and implement electronic query of Minority HIV/AIDS grantees and Meth. Prevention grantees to assess T/TA needs.	1 MAI assessment report x 5 regions; 1 assessment report for Meth grantees	4 to 12 months EDOC; annually thereafter
2.2a Submit T/TA event requests to the CSAP T/TA Tracking System.	Ongoing	TBD
<b>Task 3. T/TA for SAMHSA/CSAP Grantees and Substance Abuse Prevention Workforce</b>		
3.2 Select T/TA materials and method of delivery.	TBD	TBD
3.4 Record all services provided; collect data on client satisfaction and service impacts	TBD	4-12 months EDOC and ongoing thereafter
3.4a Prepare Summary Evaluations for T/TA events.	TBD	TBD
3.5 Provide presentations on T/TA efforts for SPF-SIG grantees.	TBD	Ongoing
3.6a Maintain and update electronic list servs for CSAP's MAI/HIV and Methamphetamine Prevention Grantees.	1 national and 5 regional MAI List servs; 1 national Meth Listserv; Update/Error reports TBD	4-12 months EDOC; annually thereafter  TBD
3.6b Develop the agenda, content, and T/TA	1 set x 5 Regions	1 month prior to

<b>TASK</b>	<b>QUANTITY</b>	<b>DELIVERY</b>
materials for Regional Workshops submit for review		delivery; annually
Task 4. Attend/Convene Required Meetings		
4.1 Budget for annual meetings	Ongoing	TBD
4.1a Budget for senior staff and key staff from each Regional Expert Team and Core to attend annual meetings	3 Face-to-Face meetings	TBD annually
4.1b Attend collaborative workshops	5 workshops	TBD annually
4.1c Attend CSAP's Prevention Day	1	TBD annually
4.1d Budget for Regional Technical Expert Meetings annually.	3 Meetings per region	TBD annually
4.2 Ongoing twice monthly conference calls and summary notes	2 calls x 2 hours each monthly; 24 sets of summary meeting notes	TBD and Ongoing
4.3 Plan, develop content, and lead T/TA workshops for HIV/AIDs and Methamphetamine grantees	Annually, 5 Regional T/TA workshops for MAI grantees; 1 T/TA workshop for Meth grantees	TBD annually
Task 5. Develop Communications Products		
5.1 Develop communications products on SPF and CSAP priority foci	TBD	Ongoing
5.1a Provide listing of topics for the communication products	1 List	4 months EDOC
5.1c Develop annual communication products.	Approximately 3 products annually	TBD; Years 2 - 5
5.1d Develop evaluation report of utility and customer satisfaction with communication products.	1 Report	Year 5
5.2 Prepare required forms forms	Ongoing	TBD
5.3 Develop marketing and dissemination plans in coordination with SHIN	TBD	TBD; annually
Task 6. Modify and Maintain a CAPT Web site		
6.1 Assess and transition current CAPTUS Web site	1 assessment 1 transition	6 months EDOC 6 – 12 months EDOC
6.2 Modify and maintain CAPT Web site	1 modification maintenance	8 months EDOC Ongoing
6.4 Prepare written report on current CAPTUS website and recommendations for enhancements.	1 Report	TBD
6.5 Notify States and other clients of changes in the	1 Notice	TBD



<b>TASK</b>	<b>QUANTITY</b>	<b>DELIVERY</b>
CAPT Web site		
6.6 Summarize activities and developments of the CAPT Web site in CAPT progress reports.	1 summary in each progress report	Annually
Task 7. Collaborate with CSAP and SAMHSA/CSAP Contractors		
7.1 Prepare annual “brief forecasting report”	1 Report	12 months EDOC
7.2 Participate in meetings with other SAMHSA/CSAP contractors	5 meetings	TBD
Task 8. Respond to Quick Turnaround Requests-Presentations, Briefings, and Brief Reports		
8.1 Respond to quick turnaround requests for presentations, briefings, and brief reports.	25 Quick turnaround requests	Annually
Task 9, Evaluation, Performance Management, and Reporting re: CAPT Services		
9.1 Evaluate performance of CAPT T/TA services and complete the evaluation and performance management reports.	Ongoing	Annually
9.1a Develop performance measurement plan.	1 Measurement Plan	3 Months EDOC
9.1b Develop data collection tools and prepare OMB packages for data collection tools.	TBD	4 Months EDOC
9.1d Prepare event summary evaluations for T/TA events.	1 summary per event TBD	Ongoing
9.2a Prepare monthly activity reports with accompanying invoice detailing activity under each task of the project.	12 Monthly Invoices; 12 Monthly activity Reports	End of Every Month Annually
9.2b Prepare an Annual Evaluation Report	1 Annual report	3 Months before end CY; Annually
9.2c Prepare technical documents, evaluation summaries/ reports on special projects.	Approximately 10 documents per year	TBD/Annually
Task 10. Implement CSAP’s Service to Science Initiative		
10.1 Solicit nominations from state prevention officials assess the program’s readiness to participate in Service to Science Initiative.	10 – 15 program nominations per Region per year	TBD-Phase II
10.1a Develop outreach and nomination procedures and program assessment protocols.	TBD	2 months EDOC Year 2; Annually thereafter.
10.1b Collaborate with CSAP’s Native American Center for Excellence to secure nominations of innovative programs for Native American populations.	Approximately 5 nominations per year	2 months EDOC Year 2; Annually thereafter

<b>TASK</b>	<b>QUANTITY</b>	<b>DELIVERY</b>
10.2 Plan and convene Regional Service to Science Academies	Approx. 5 Regional Service Academies of 2.5 days each per year	TBD/ Annually
10.2a Identify core content and develop core materials for Regional Academies	TBD	Ongoing
10.2b Provide customized follow-up TA to participating programs	20 – 30 hours TA per program	10 months EDOC Year 2; Annually thereafter
10.3 Design a process for the competitive selection of “mini-sub-contracts” to enhance program evaluation capacity.	1 Process	4 months EDOC Year 2; Annually thereafter
10.3a Implement competitive request for proposals from S/S programs to enhance evaluation capacity; award mini-subcontracts of 1 year, of about \$30,000 each,	Approximately 25 mini-subcontracts awarded per year	Year 2 award date TBD; Annual awards thereafter
10.3b Prepare letters to notify all program applicants of outcome for selection of mini-subcontract..	Approximately 50 letters per year	TBD Year 2; Annually thereafter
10.3c Monitor mini-subcontract implementation progress through quarterly administrative reports and follow-up calls.	Approximately 25 reports x 4 quarters per year; and approximately 25 calls per year	TBD Year 2; Annually thereafter
10.3d Prepare “close the loop” letters to State officials	Approximately 25 letters per year	TBD Year 2; Annually thereafter
10.3e Provide individualized consultative follow-up technical assistance to each program selected for a mini-contract.	Approximately 10 hours x approx. 25 programs	TBD Year 2; Annually thereafter
10.4 Develop Powerpoint presentations and papers/reports on CSAP’s Service to Science Initiative.	Approximately 3 PowerPoint Presentations and 1 Report per year	TBD Year 2 and Annually thereafter.
10.5 Conduct ongoing evaluation of the Service to Science Initiative and develop summary evaluation reports.	2 Evaluation Summary Reports per year	TBD Year 2 and Annually thereafter
Task 11. Transition at the End of Contract		
11.1 Develop Plans for transfer of CAPT project.	1 Plan	4 months prior to contract expiration
11.1a Develop Contract Transition and Closeout Work plan covering all transition activities.	1 Work Plan	3 months prior to contract expiration
11.1b Develop inventory listing of all products developed under contract and provide to Government all documentation, data, materials, software, furnished property, etc. .	TBD	60 calendar days prior to contract expiration