

STATEMENT OF WORK

Title: Coordinated Technical Assistance Project on Emergencies and Disasters

I. Background Information

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

In November 2001, the Substance Abuse and Mental Health Services Administration (SAMHSA) hosted a national summit focusing on mental health and substance abuse needs in the aftermath of the September 11 terrorist attacks. The summit, which was entitled “When Terror Strikes: Addressing the Nation's Mental Health and Substance Abuse Needs,” was held in New York City. The summit was designed to stimulate increased planning and preparedness activities at the State and local government levels focusing on mental health and substance abuse issues in disasters and terrorist events. At this national summit, State mental health and substance abuse representatives were asked to begin refining disaster preparedness plans. They were also asked to provide recommendations to SAMHSA regarding Federal activities. One of the key requests from this meeting was to increase Federal technical assistance for both response activities and preparedness for disaster behavioral health needs in the future.

The summit was a catalyst for a related SAMHSA initiative. In July 2003, SAMHSA awarded 35 emergency capacity expansion grants (SCE) to State mental health and substance agencies in July 2003. The purpose of this targeted capacity expansion program was to enhance State-level capacity for a coordinated response to mental health and substance abuse service needs in the aftermath of large scale emergencies. The SAMHSA State Capacity Expansion (SCE) grant requirement called for State mental health and substance agencies to create a State all hazards disaster behavioral health plan. In FY 2007, SAMHSA completed a thorough evaluation of the State all hazards behavioral health plans developed by the SCE grantees. A key finding from SAMHSA's Evaluation of State Behavioral Health All-Hazards Disaster Plans Review Report was the continuing need for technical assistance on disaster behavioral health planning and the need to provide States with individualized training and technical assistance on issues surrounding continuity of operations (COOP).

In May 2006, SAMHSA hosted another national summit focusing on the behavioral health needs in the aftermath of the 2005 Gulf Coast Hurricanes. SAMHSA's “Spirit of Recovery” meeting brought together teams from 46 States, 7 Territories, and the District of Columbia in New Orleans to assess the progress made on disaster behavioral health plans to help address existing problems and continued needs, particularly around regional collaboration.

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

To face the new challenges raised to national attention in the aftermath of the September 11 terrorist attacks and the 2005 Gulf Coast Hurricanes, along with current concerns with Pandemic Influenza, SAMHSA has initiated several new projects related to emergency and disaster behavioral health services. The central goal of the SAMHSA Approach to Trauma and Mental Health is to assure effective care for individuals, families, and communities that have been exposed to traumatic events. As a cross-cutting principle of all new initiatives, SAMHSA will ensure that all programs and activities provided will take into account the cultural and linguistic needs of diverse racial/ethnic populations served. SAMHSA has identified the following themes behind all major disaster and terrorism initiatives:

- **NIMS Compliance** – SAMHSA will develop training and technical assistance materials that meet National Incident Management Implementation requirements
- **Science to Services** - SAMHSA will collaborate with the National Institutes of Health, the National Center for Post Traumatic Stress Disorder, National Center for Child Traumatic Stress, National Center for Children, the Institute of Medicine, and other organizations to ensure that services implemented are evidence-based and adapted to the needs of diverse racial/ethnic populations;
- **Templates for Response, Recovery and Resiliency** - SAMHSA will develop training and technical materials (such as videos, training curriculum, toolkits, best practices models) based on evidence-based models adapted to meet the needs of diverse populations in order for States to fulfill behavioral health disaster crisis response activities; and
- **Sustaining Planning Capacity through Targeted Technical Assistance** – Based on key findings of SAMHSA’s State Behavioral Health All-Hazards Disaster Plan Review Report, SAMHSA will provide comprehensive, targeted technical assistance to States on preparedness planning, State capacity building and coordinated development of integrated strategies.

SAMHSA will need to continue to provide extensive technical assistance in needs assessment, planning, and development of command and response systems. Guidance materials, decision-support materials, planning conferences, and training events will need to be developed.

In addition, because the nation faces unique new challenges related to the behavioral health consequences of bioterrorist acts and Pandemic Influenza outbreaks, a technical assistance project on Pandemic Influenza Flu is under development. The behavioral health needs in pandemic flu or social isolation events require unique and intensive planning at the Federal, State, and community levels. To address unique needs related to this type of disaster event, SAMHSA plans to implement a major new initiative in this area, focusing on planning and preparedness at Federal, State and community levels. Assistance is needed to help States and communities prepare for, respond and recover from disasters and terrorist events and develop a infrastructure for behavioral health service needs consistent with evolving healthcare and preparedness systems and requirements.

The previous contract focused on start-up activities to establish a technical assistance resource center for disaster mental health, including the development of the resource library and the toll-free line. This contract will continue these previously established resources, but the primary emphasis will be facilitating collaborations/integration in support of disaster behavioral health nationwide.

While SAMHSA has received increased national recognition, visibility and acceptance for this role, it is critically important to continue and refine a visible and coordinated technical assistance effort. The purpose of this contract will be to improve and broaden the range of overall technical assistance and public sector capacity for behavioral health crisis preparedness, response and recovery in a fashion that is NIMS compliant. The increased interest in crisis response services has lead to a proliferation of programs in the

public sector, the non-profit sector, and the for-profit sector, all providing mental health services to people who have experienced stressful or traumatic events. While many of these programs provide helpful services, it is important to develop a training and technical assistance process to help assure that available services build upon the experience, expertise, and principles of over two decades of CMHS crisis counseling services, national planning efforts, as well as other high quality crisis response programs across the country. This will help promote high quality services and will help limit the proliferation of questionable practices with little or no evidence of effectiveness (either experiential consensus or research-based).

To support these needs, the technical assistance efforts in this contract will be administered by the Center for Mental Health Services (CMHS). It will include materials about services provided through a variety of Federal partner agencies. In addition, the technical assistance activities shall emphasize “State-to-State” and “community-to-community” technical assistance approaches to the maximum extent possible.

II. Objectives

The goal of this contract will be to help promote State and local capacity for crisis response across the country. Key objectives include the following:

- A. Analysis: To assist SAMHSA in compilation, analysis, and synthesis of knowledge about the effective organization and delivery of behavioral health crisis services in relation to health care and emergency management systems.
- B. Knowledge Brokering: To assist SAMHSA in the dissemination of information available about the effective organization and delivery of immediate and longer term mental health services in the aftermath of large scale disasters, criminal events, and acts of terrorism.
- C. Consultation: To provide telephone and on-site consultation, including the use of experts when necessary, to State and community disaster behavioral health coordinators on NIMS compliant effective planning and response to major disasters and crisis events.
- D. Coordination: To assist SAMHSA in organizing and facilitating workshops, training events, regional conferences, and meetings addressing NIMS compliant preparedness, response and recovery using a combination of logistical knowledge and programmatic expertise.
- E. Dissemination: To develop a resource dissemination plan in coordination with the new SAMHSA Health Information Network (SHIN) clearinghouse and website.

III. Services to be Performed

A. **General Requirements**

1. Independently, and not as an agency of the Government, the Contractor shall furnish all necessary labor, materials, supplies, equipment, and services (except as otherwise specified herein) as needed to perform the work set forth below.
2. The Government Project Officer (GPO) will monitor all work under this contract. He/she will be the primary point of contact for the Contractor with regard to the content of the activities that take place under this contract. The GPO has authority for decisions related to the requirements and tasks and works in conjunction with the SAMHSA Contracting Officer, who has ultimate responsibility for overseeing contract compliance.

3. SAMHSA/Division of Management Systems–Information Technology Team (DMS-IT) Guidelines: The Contractor shall use software that meets SAMHSA guidelines. Specifically, the system(s) must be PC-compatible, operate in a Windows environment, and use Microsoft Office Suite (Word; Excel; PowerPoint; and Access), 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 deviation from the SAMHSA standard should be negotiated with SAMHSA prior to contract award.
4. The Contractor shall be required to send and receive electronic mails and attachments via the Internet. The Contractor must have virus detection software in place that scans all incoming and outgoing electronic correspondence.
5. Information Technology (IT) Plan: The Contractor shall prepare an IT Plan that includes the Design, Development, Implementation, and Maintenance for all IT Applications. The IT Plan should include functional requirements (e.g., data, workloads, user interface, reliability, security, and maintenance), technical requirements (e.g., hardware, software, and telecommunications) and operational and other requirements. It should also include major IT milestones and implementation dates of the project. The draft and final IT Plan shall be submitted as a deliverable to the Government Project Officer (GPO) and DMS-IT [through the GPO] for review and approval.
6. IT Security Plan: In compliance with OMB Circular A-130, “Management of Federal Information Resources,” the Contractor shall prepare an IT Security Plan that includes a control process to ensure that appropriate management, operational and technical safeguards are incorporated into all SAMHSA IT Applications. The Contractor shall use the guidance provided in the documentation standards of the National Institute of Standards and Technology, NIST Special Publication 800-18 Rev. 1 “Guide for Developing Security Plans for Information Technology Systems,” when developing the IT Security Plan.

In addition, the Contractor shall comply with the IT Application(s) security requirements needed for the contract, as set forth in the Statement of Work. The Contractor further agrees to include this provision in any subcontract awarded pursuant to the prime contract. The draft and final IT Security Plan shall be submitted as a deliverable to the Government Project Office (GPO) and DMS-IT [through the GPO] for review and approval.

7. ADHERENCE to SAMHSA INTERNET/WEB POLICY: The Contractor shall follow all SAMHSA Internet/Web Site Policy. Any development and production of Internet/Web applications, including Intranets and Extranets, shall comply with SAMHSA policy and procedures. These policies and procedures cover web sites, web page linkages, and web development; and agency programmatic, concept, and technical clearances. All new contracts or modifications to existing contracts involving Internet/Web sites will require Programmatic and Concept Clearance from the Office of Communications and IT Clearance from DMS-IT. The SAMHSA Web Site is the only authorized web site. No new web sites shall be created without prior written approval of the GPO, in collaboration with appropriate agency website officials. Any new web sites created by the Contractor shall become part of the SAMHSA Web Site. Applications development may be accomplished on the Contractor's server. Productions versions must reside on the SAMHSA/DMS-IT server.

8. SECTION 508 COMPLIANCE: Section 508 of the Rehabilitation Act requires agencies and their contractors to buy Electronic and Information Technology (EIT) that is accessible to people with disabilities.

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

These standards, as issued by the Board, cover a variety of products, including computer hardware and software, websites, phone systems, fax machines, copiers, and similar technologies. Provisions in the standards spell out what makes these products accessible to people with disabilities, including those with vision, hearing, and mobility impairments. The Board included both technical criteria specific to various types of technologies and performance-based requirements, which focus on a product's functional capabilities.

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

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

9. SAMHSA'S WEBSITE PRIVACY POLICY: Each page of the Website, including the front or home page, must include a link to SAMHSA's Website Privacy Policy (found at <http://www.samhsa.gov/about/content/privacy.htm>). DHHS and SAMHSA policy does not allow for persistent cookies on any SAMHSA or SAMHSA funded websites. In addition, any forms on the site which will ask users to enter personal information must first be approved through SAMHSA channels.
10. Any publication (hard-copy or web-only) or audio-visual product (CD,DVD, PSA, etc.) produced under this contract will require both concept and content clearance from SAMHSA's Office of Communications (OC) and the Office of the Assistant Secretary for Public Affairs (OASPA), HHS. The GPO will be responsible for ensuring that all such products are produced and cleared in accordance with the HHS/SAMHSA Clearance Manual: Communications Planning and Clearance Process Guidelines. The GPO will further ensure that as publications and products are being planned, the Clearinghouse is further notified proactively. In addition, all hard-copy publications developed under this contract require 508-compliant electronic versions in either HTML or tagged, 508-compliant Adobe Acrobat formats. Finally, dissemination of all materials must be coordinated through SAMHSA's Clearinghouse as outlined in the SAMHSA Health Information User's Guide.
11. Collaboration and Cooperation with the SAMHSA Health Information Network (SHIN). The Contractor should be aware that close and continued collaboration and cooperation with the SAMHSA Health Information Network is a requirement of this contract in order to maximize resources and avoid duplication of effort. Under the previous contract, SHIN provided the following services to the Disaster Technical Assistance Center: dissemination and distribution planning through the SAMHSA e-network. By agreement with the SHIN GPO and GPO for this

contract, SHIN will continue to provide these services and in addition will develop promotional and marketing services and exhibit services for meetings and summits. Therefore, when developing a staffing plan and budget for this contract, services and associated staff hours provided through the SHIN contract should not be included in the Contractor's budget.

B. Specific Requirements

The Contractor shall be required to create a coordinated technical assistance project for emergency and disaster all-hazards behavioral health activities utilizing a wide range of technical assistance methodologies.

Other emergency and disaster tasks shall require the Contractor to provide full-time staff positions with technical assistance expertise that is relevant to emergency mental health issues.

The Contractor shall fulfill the objectives of this contract by performing the following tasks:

1. Task I - Establish an Annual Work Plan for Technical Assistance Activities

- a. Within one (1) week after the contract effective date (CED), the Contractor shall meet with the GPO to review the Statement of Work and discuss the goals, objectives, tasks, and the schedule of performance. Should the Contractor be other than the incumbent contractor, this meeting shall include a review of the plan for working with the previous contractor for smooth transition and transfer of previously developed materials and activities. This plan shall be included in the final work plan.
- b. Within 10 days after the CED, the Contractor shall submit a final work plan which incorporates comments and suggestions discussed at the above meeting.
- c. Within four (4) weeks after the CED, the Contractor shall submit a draft work plan for the development and delivery of technical assistance activities of the contract. The plan must contain the following:
 - (1) A specification of the products and activities to be accomplished for the year;
 - (2) A brief description of the intent, benefit to the field or Government, or rationale for each activity or product;
 - (3) A listing and description of capabilities of any proposed consultants or subcontractors, along with a description of the tasks to which they will be assigned;
 - (4) A time line for the efficient scheduling of major milestones and deliverables associated with each activity or product; and
 - (5) A projection of the monthly budget draw-down that ensures smooth deployment of the contract resources for the time period covered by the plan and allows flexible deployment of resources in the event of a large scale crisis.
- d. Within one (1) week of receiving the GPO's comments, the Contractor shall revise the work plan to incorporate comments from the GPO.

2. Task II - Educational and Technical Assistance Resource Collection Information
Dissemination

- a. The Contractor shall continuously update the previously developed comprehensive resource collection of literature in the field of emergency and disaster behavioral health services and prepare a resource dissemination plan in coordination with the SHIN. In addition to research literature published in peer reviewed journals, the resource collection shall include a broad range of “experiential” literature, such as “after action” reports from major disasters, examples of innovative brochures, best practices and models, and public education materials, and videos. The Emergency Mental Health and Traumatic Stress Services Branch (EMHTSSB) in CMHS will provide existing materials from program files and publications that can be supplemented through a literature search and requests to State and local service providers. Available materials shall be catalogued in a descriptive database of resources. The resource collection shall include the following types of information: annotated table of contents, introductions, program descriptions, abstracts, fact sheets, and other materials that meet the following specifications:
- (1) Covers the contemporary period (i.e., current within the past 2 months) and at least 10 years of prior published work.
 - (2) Pertains to the topics of disaster behavioral health that includes disaster mental health planning and preparedness, immediate response activities, and community recovery from large scale disasters and crisis events, disaster behavioral health best practices and models
 - (3) Is searchable by key words and disaster mental health, behavioral health, all-hazards planning concepts.
 - (4) Is adapted to the language(s) spoken by the affected communities.
- b. Based on materials catalogued in the resource collection, the Contractor shall create and maintain annotated bibliographical resources lists on topics of common interest to State and community-level behavioral health coordinators. These bibliographical materials should include brief descriptions of materials and must be available through a variety of media (e.g., web-based, electronic, and paper-based). Potential topic areas may include the following:
- (1) Emergency planning and preparedness resources for State and local mental health agencies, including incident command system structures (ICS) and continuity of operations (COOP)
 - (2) Disaster behavioral health issues for specific populations (e.g., children and youth, families, public safety workers, older adults, first responders, cultural and racial/ethnic groups)
 - (3) Types of services (e.g., early intervention, psycho educational services, risk communication)
 - (4) Planning and response issues with ICS and COOP in bioterrorist events and other public health emergencies such as Pandemic Influenza
 - (5) Disaster behavioral health and mental health services by faith-based organizations and other volunteer groups

(6) Disaster behavioral health service needs in specific types of incidents (e.g., tornadoes, earthquakes, floods, fires, terrorist incidents, school violence), including Pandemic Flu and bioterrorism

(7) Disaster behavioral health best practices and models

The disaster behavioral health information resource materials shall be organized in an electronic series-type format, organized by specific topic available for quick dissemination and is portable, and easy to photocopy.

- c. On a quarterly basis, the Contractor shall develop field communication materials that shall be distributed to a list of State Disaster Mental Health Coordinators, CMHS grantees, and up to 100 other organizations and groups identified through consultation with the GPO. This task shall be performed in coordination with SAMHSA's Office of Communications and shall include coordination with the SHIN. It is expected that the distribution list for field communication materials will not exceed 300 people total. Field communication materials must provide information on upcoming meetings and events and provide information on exemplary program practices in the field of disaster mental health services, and shall be distributed by mail or electronically in consultation with the GPO.

As developed under the previous contract, the Contractor shall continue development and maintenance of disaster mental health content for the quarterly electronic information bulletins and content for web-based discussion board for States to promote knowledge development, resource sharing, and State-to-State information sharing on disaster mental health response and recovery, in coordination with SHIN and SAMHSA e-network distribution and promotional and marketing services.

- d. The Contractor shall assist EMHTSSB staff in CMHS with publication development, document clearance, and coordination of input from relevant stakeholder groups. Also see Part A., General Requirements, Item 10., above.
- e. The Contractor shall use the materials developed in Task II, items a-d, above, to assist CMHS, grantees, service providers, researchers, evaluators, government representatives in maintaining the previously developed website that highlights information for the general public, information on community "All Hazards" planning for behavioral health needs, and information on effective interventions and response approaches. The Contractor shall focus on reviewing, maintaining and updating the content of the previously developed website, which is part of the SAMHSA website - <http://www.mentalhealth.samhsa.gov/dtac>.
- f. The Contractor shall keep records of all requests for materials and report to the EMHTSSB on at least a quarterly basis regarding the most popular materials, as well as any types of materials that were requested but not available. This information shall be used in consultation with the GPO to identify new education and resource materials to be developed by the Contractor.

g. Information Technical (IT) for Contract and Data Management System. The Contractor shall develop and implement an electronic contract and data management system to provide both tracking of the activities and analysis of the results of this contract. Specific tasks include the following:

(1) The Contractor shall construct and maintain a database for all information collected, and implement quality control procedures, including assurance of confidentiality, methods for cleaning the data, clarifying errors in information collecting and programming, appropriate analytical programs, and complete documentation.

(2) 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.

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

(4) 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.

(5) Development of the system shall begin immediately upon contract implementation to facilitate immediate and ongoing management of project data [subsequent to the Government's approval of the IT Plan and the IT Security Plan].

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

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

3. Task III - Telephone Consultation and Technical Assistance

a. The Contractor shall provide free consultation and technical assistance to State and local public mental health providers in the development and implementation of effective and appropriate crisis behavioral health, NIMS-compliant plans, response structures, and services. Consultation shall be provided through a toll-free line, which shall serve as a point of contact for information, materials, and technical assistance from the Contractor. Types of consultation by phone shall include: consultation regarding literature and resources available from the resource collection, discussion of technical assistance and training resources, and assistance in planning, disaster response, and evaluation. At least one (1) Contractor staff person who has disaster behavioral health expertise, is aware of available resources, and is skilled in telephone consultation and NIMS, shall be available to provide consultation during business hours between 8:00 am and 8:00 pm, in order to accommodate Pacific to East cost time zones. Outside of this time frame, consultation may be scheduled in order to allow staff to conduct other projects and activities within the Statement of Work.

b. For up to four (4) weeks per year, the Contractor shall arrange for extended availability upon request in a major national crisis. During times of extended availability, staff must be available for telephone consultation for 12 hours per day. Since the scheduling of extended hours in

emergency situations is ad hoc, the Contractor shall develop a plan for extended hours, with affected staff and extended availability reflected in the contract budget. If no circumstances occur in which extended availability is necessary, budgeted resources from this task may be distributed, with GPO approval, to other tasks to maximize their impact.

- c. The Contractor shall maintain a database record of all technical assistance and consultation calls, as well as maintain contact lists. The Contractor shall track all phases of direct technical assistance services, type of request/topic area, requestor, mode of request (i.e., email; telephone; fax), and various methods for addressing requests (i.e., materials, research, consultation, service deployments).

4. Task IV - Targeted On-Site Technical Assistance

- a. As requested by the GPO, the Contractor shall arrange for on-site technical assistance to selected service providers, administrators, and planners. For emergency and disaster activities, technical assistance shall be provided in up to 17 instances per year, as approved by the GPO. Some specific examples of on-site consultation activities that may be conducted throughout the contract include the following:
 - (1) Planning Assistance: As approved by the GPO, the Contractor shall arrange on-site technical assistance for planning and preparedness activities. The primary goal of this on-site technical assistance will be to help State and community leaders in developing coordinated NIMS-compliant response plans based upon an “All Hazards” approach.
 - (2) Disaster Response Coordination Assistance: As requested by the GPO, the Contractor shall arrange for on-site technical assistance to respond to crisis incidents. This may include guidance to potential applicants regarding available Federal resources and application requirements for Federal funding.
 - (3) Needs Assessment: As requested by the GPO, the Contractor shall provide technical assistance to state entities addressing on-site assessment of community service capacity, training, and technical assistance needs. This may be requested in the immediate aftermath of a crisis incident or as a disaster preparedness effort. The first priority for such assistance shall be placed on assistance to grantees in programs administered by SAMHSA or its Federal partners, but may include other domestic or international service providers in circumstances approved by the GPO.
- b. Requests for technical assistance may be advanced by the GPO or may come to the Contractor from a service provider. In either case, the plan for technical assistance must first be reviewed and approved by the GPO. The responsibilities of the Contractor shall entail the following:
 - (1) Identification of site requiring assistance and the problem or issue to be addressed;
 - (2) Identification of options for efficient completion of the task (e.g., conference call consultation, video conferencing) that may reduce expenses;
 - (3) Nomination of an appropriate culturally competent consultant, a brief task plan, and a projected budget;

- (4) If the task plan is approved, the Contractor shall proceed to an agreement developed with the consultant and site as to the content, amount of time, objectives, or expected outcomes. This agreement must be approved by the GPO prior to provision of the technical assistance;
 - (5) Based on the approved task plan and agreement, the Contractor shall arrange all necessary travel, reimburse consultants for expenses and agreed-upon honoraria, and assure completion of any work plans for site visit reports.
- c. Since the scheduling of on-site technical assistance is ad hoc, the Contractor shall show them as “place holders” in the draft work plan. For budget purposes, the typical event is likely to be a 5-day consultation by an expert that requires preparation (1 day), on-site delivery (3 days), and a short follow-up (1 day). Follow-up activities by consultants shall include development of a brief site visit report outlining any major recommendations or findings. The Contractor shall assume that all consultants will be reimbursed honoraria at their established rate (if less than \$450 per day) or at the not-to-exceed rate of \$450 per day. However, all honoraria must first be approved by the GPO.
- d. The Contractor shall make all travel arrangements for technical assistance visits. The Contractor shall make appropriate arrangements to pay hotel expenses directly whenever feasible. Air/rail fares must be no more than coach class round trip rates for travel within the U.S. Ground transportation between office/home and airport, airport and hotel site and return should be provided by limousine/shuttle, whenever possible. Taxi fares and travel by privately-owned vehicles (including parking) may be utilized when necessary or cost-effective. Rental cars may only be used after case-by-case approval from the GPO. Whenever possible, the Contractor shall purchase/obtain discount travel fares such as super saver, or the least expensive travel available for the trip, including penalty tickets, when approved by the GPO. Also see Section B.3, Provisions Applicable to Direct Costs, of the contract.

Program Area	Est. # of Site Visits per Year	Est. # of Honoraria
A. Emergency and Disaster Technical Assistance Visits	17	1 consultant for 3 days travel + 1 day preparation and 1 day report development = 3 days travel and 5 days honoraria per visit

5. Task V - Events and Workshops

The Contractor shall provide logistical and technical support and arrange a series of meetings and workshops, as approved by the GPO. Unless otherwise specified, meeting space shall be arranged within the Washington, D.C., metropolitan area, taking into consideration the Federal travel regulations and accessibility for people with disabilities. Sites that are convenient to Metro, the airport and limousine service should be considered. The Contractor shall arrange with the meeting site for the conference/meeting rooms and, as required, breaks, microphones, computer(s), audiovisual, transcription service and other support equipment and services. The Contractor shall provide readily available facilities that may accommodate small group meetings ranging in size from five (5) to 25 persons. Meeting room facilities must be equipped with technology capabilities to support multi-medial presentations.

The GPO, or designated staff person, will identify or approve participants for each meeting. The CMHS facilitator of the meeting will furnish this information to the Contractor as the information becomes available. The Contractor shall contact each participant to confirm attendance, and to discuss available travel options within five days of GPO identification. The Contractor shall also arrange meeting and sleeping rooms for the meeting. The Contractor shall make appropriate arrangements to pay hotel expenses directly, whenever feasible. The Contractor shall arrange travel for non-governmental, approved invitees to the meetings. Air/rail fares must be no more than coach class round trip rates for travel within the U.S. Ground transportation between office/home and airport, airport and hotel site and return should be provided by limousine/shuttle, whenever possible. Taxi fares and travel by privately-owned vehicles (including parking) may be utilized when necessary or cost-effective. Rental cars may only be used after case-by-case approval from the GPO. Whenever possible, the Contractor shall purchase/obtain discount travel fares such as super saver, or the least expensive travel available for the trip, including penalty tickets when approved by the GPO. The Contractor shall utilize meeting sites in Federal facilities whenever possible, or secure meeting rooms at a local hotel offering government rates. Meeting rooms shall comply with the Federal travel regulations on accessibility for people with disabilities. Sites that are convenient to Metro, the airport and limousine service should be considered. The Contractor shall arrange with the meeting site conference/meeting rooms and, as required, breaks, microphones, audiovisual, transcription service and other support equipment and services.

Specific types of meetings to be conducted are specified below:

- a. The Contractor shall be responsible for coordinating two (2) planning meetings for the two (2) large regional summits, as described in b. below.
- b. The Contractor shall be responsible for coordinating two (2) large regional summits in disaster behavioral health focusing on NIMS, and emergency mental health and all-hazards behavioral health planning, response and recovery issues during each contract year. The Contractor shall facilitate a series of two (2) regional summits with representatives from State disaster behavioral health coordinators and authorities and community stakeholders, including emergency management when possible. These meetings will encourage integration, collaboration, bring State disaster behavioral health planning to the local level, and foster strategic thinking to enhance current systems' ability to address emergency crisis situations and the new challenges of terrorism and Pandemic Influenza. It is anticipated that these summits will take place in Chicago; San Francisco or Philadelphia; and Dallas.
- c. The Contractor shall be responsible for coordinating three (3) small workshops or training events on emergency and disaster mental health services in each contract year. The 2-day workshop shall include up to 20 participants, 10 of whom may require travel and/or honorarium. In addition, one (1) technical writer shall document proceedings and any recommendations. The Contractor shall be responsible for all travel and logistical arrangements for these workshops. The Contractor shall be responsible for travel and logistical arrangements. The workshop may include up to three (3) expert consultants or trainers. The Contractor shall be responsible for travel and logistical arrangement, and up to three (3) days honoraria for each consultant.

- d. For budgeting purposes, the Contractor shall assume that consultants will be reimbursed honoraria at their established rate (if less than \$450 per day), or at the not-to-exceed rate of \$450 per day. Technical writers shall be reimbursed honoraria at their established rate (if less than \$250 per day), or at the not-to-exceed daily rate of \$250 per day without GPO approval. All honoraria must be approved by the GPO. For budgeting purposes, the Contractor shall assume that participants will be reimbursed honoraria according to the following schedule:

Speakers/Presenters/Facilitators	\$450 per day
Writers	\$250 per day
Technical Assistance Consultants	\$450 per day

- e. The Contractor shall reimburse travel expenses, according to Federal per diem and travel regulations, within 30 days of receipt of a claim from a meeting participant. If a travel claim is not received within two (2) weeks following the close of each meeting, the Contractor shall contact the participant to request submission of a claim. The contractor shall notify the GPO in any case where a claim has not been submitted within three (3) weeks of a meeting. The Contractor shall insure each claim is complete, accurate, and contains appropriate receipts and shall work with participants, as necessary, to resolve any problems in order to process a claim. The Contractor shall notify the GPO within five (5) days of receipt of any claim that is not ready for reimbursement and shall not return any claim without the approval of the GPO.

Per diem should be reimbursed in accordance with Federal policies. Receipts are required for all air/rail travel, limousines, and when authorized, for taxis, parking or rental cars.

Meeting/Event	Est. # of Meeting(s)	Est. # People to Travel	Est. # Consultants Honoraria	Est. # Technical Writers
A. Planning For Regional Summits	2	7	7	1 each meeting (2 total)
B. Regional Summits	2	75	5	1 each meeting (2 total)
C. Small Emergency And Disaster Workshops or Trainings	3	10	3	1 each meeting (3 total)

6. Task VI - Preparation of Reports

- a. Monthly Progress Reports: The Contractor shall submit an original and one (1) copy of a letter-type monthly progress report to the GPO and one (1) copy to the Contracting Officer by the tenth workday of each month. This report shall include a description of the following: all activities performed for each task for the previous month; problems encountered and proposed or enacted solutions; plans for the upcoming month; a report of the volume of requests by phone or letter; the number of visitors on the web site; the conferences at which contract materials were displayed; and a listing of all new additions to the knowledge database. The report shall also contain a brief discussion of the expenditure of funds, a statement of the percent of the contract year that has been completed and the percent of the funds expended, and a statement that the contract will (or will not) be completed within the budgeted amount.
- b. Draft Final Report: Four (4) weeks prior to the contract expiration date, the Contractor shall submit to the GPO for review and approval three (3) copies of a draft final report that summarizes the results of the activities conducted during the performance of the contract, including problems encountered and their solutions. The Contractor shall incorporate any comments or suggestions received from the GPO into the final report.
- c. Final Report: By the contract expiration date, the Contractor shall submit two (2) copies of the final report to the GPO, as approved above, and one (1) copy to the Contracting Officer.

7. Task VII - Project Close-Out and Materials Transfer

- a. 60 days prior to the expiration of each contract year, the Contractor shall meet with the GPO to discuss accomplishments made under the contract..
- b. If the contract's next option is exercised, the Contractor shall develop a management plan for the next 12 months of the contract.
- c. If the next contract option is not exercised, the Contractor shall review plans for project close-out and transfer of materials and information from the database, resource collection, and electronic versions of all materials and reports to the SAMHSA. All materials developed through this contract shall be the property of the Government.
- d. At the time of completion of the contract, all database information and project materials shall be provided to the GPO, along with written instructions for use.