

**Statement of Work**  
**U.S. Counties along the Mexican Border Initiative**

**I. Background**

A. Substance Abuse and Mental Health Services Administration(SAMHSA)

The mission of SAMHSA is to bring effective substance abuse and mental health services to every community. SAMHSA realized that it should not, be the deliverer of direct services. Instead, the Agency committed itself to become the prime architect for the nation's demand reduction infrastructure. Today, SAMHSA is fulfilling its proper Federal role while remaining grounded in the understanding that all substance abuse ultimately occurs at the local level.

SAMHSA has streamlined its operations and has developed a strategy that allows it to pursue its mission as a one-SAMHSA in the most deliberate manner possible. The strategic plan is designed around three "ACE" goals: accountability; capacity; and effectiveness.

The Accountability goal targets results with regard to programs, policies, and practices that SAMHSA promulgates through grants, contracts, and knowledge dissemination. It ensures that appropriate data collection is established for the purposes of measuring performance and managing agency processes. The Capacity goal reflects SAMHSA's activities to build the infrastructure that provides mental health and substance abuse services throughout the Nation. SAMHSA's block and formula grants are key components of SAMHSA's efforts to achieve its Capacity goal. The effectiveness goal focus on ensuring that the infrastructure that delivers mental health and substance abuse services promotes policies, programs, and practices that are evidence-based. SAMHSA's science-to-service activities, knowledge dissemination, and orientation toward best practices help it achieve its effectiveness goal.

SAMHSA carries out its mission by funding the best quality services and documenting the success of the service delivery. Over the past several years the prevention field has moved toward greater accountability. This move includes greater reliance on data in program management and decision-making, higher expectations for documented performance for funded programs and greater availability of prevalence data for congress and the public. Data collection and reporting is a critical part of the documentation of success.

SAMHSA has responded to the public's demand that government agencies demonstrate accountability to the taxpayer by wisely investing resources into services that produce positive outcomes. To enhance the effectiveness of SAMHSA funded programs and to streamline reporting requirements, 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.

B. Center for Substance Abuse Prevention (CSAP)

Within SAMHSA, CSAP provides national leadership in the Federal effort to prevent alcohol, tobacco, and other drugs problems. The mission of CSAP is to build resiliency and facilitate recovery. To help Americans lead healthier and longer lives, CSAP

promotes a structured, community-based approach to substance abuse prevention through the Strategic Prevention Framework (SPF). The SPF approach provides information and tools that can be used by States and communities to build an effective and sustainable prevention infrastructure.

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 an interrelatedness among prevention, treatment and maintenance. In the past the interrelatedness and dependency of the various parts of the continuum has been de-emphasized. The wall between prevention and treatment is to some extent artificial and neither serves the individual in need of services nor his/her family. Interrelatedness among prevention, treatment and maintenance affords more collegial efforts that are in concert with the need for an integrated delivery system. So, too, a continuum implies a dynamic rather than a static system.

Within the continuum of care model, prevention has three components that more finitely describe appropriate interventions for populations, specific populations, or designated individuals. These interventions are classified as universal, selective, and indicated, according to the population they address.

Diffusion of the SPF into States and communities is the integral part of building resiliency and facilitating recovery in an attempt to reduce the incidence, co-occurring disorders and other deleterious behaviors associated with the 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 four SAMHSA matrix areas that are considered a “redwood,” synchronous with Mental Health Transformation, Substance Abuse Treatment, and Co-occurring Disorders. [For additional information on SAMHSA’s matrix and accompanying action plans, see [www.samhsa.gov](http://www.samhsa.gov).]

The SPF implements a five-step process known to promote protective factors, reduce risk-taking behaviors, build assets and resilience, and prevent problems behaviors across the life span. The framework supports the delivery of effective programs, policies and practices to prevent mental and substance use disorder and promote mental health. It is an approach that can be embraced by various agencies and levels of government that share common goals.

- (1) Profile population needs, resources, and readiness to address the problems and gaps in service delivery. The health issue confronting the community or State in SAMHSA’s case substance abuse and mental illness prevention and early intervention, and mental health promotion must be assessed accurately through the collection and analysis of epidemiological data. The 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, building coalitions, and training community stakeholders to help sustain the activities. Working together, stakeholders can develop the necessary social capital to prevent many problems and manage a resilient response to adversities.
- (3) Develop 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.
- (4) Implement evidenced-based, resilience-building prevention programs. Supported by training and technical assistance, local stakeholders select programs, policies and practices proven effective in research settings and effective in communities. Community implementers work in partnership with program developers to ensure that culturally competent adaptations are made without sacrificing the core elements of the program.
- (5) Monitor process, evaluate effectiveness, sustain effective programs, and improve or replace those that fail. Ongoing monitoring and evaluation are essential parts of the strategic plan to determine if the outcomes desired are achieved and to assess program effectiveness and service delivery quality. They also can identify success and encourage needed improvement to achieve lasting positive results and sustainability. The issues of program sustainability should be a constant throughout each step of planning and program implementation and should lead to the creation of a long-term sustainability strategy.

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 vulnerability issues or “differentness.” Cultural factors that may contribute to alcohol and other drugs abuse are based on what is deemed normal behavior within a population.

Internal group dynamics and environmental variables such as availability and accessibility define patterns of use and values about acceptable behavior. These variables are influenced by social/political/economic factors related to relationships between and among different cultural groups.

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 long standing disparities in the quality of prevention services to people of diverse racial, ethnic, and linguistic populations; and consideration of gender, disabilities, and sexual orientation in delivery of prevention services.
- To improve the effectiveness, quality of services, and positive prevention outcomes to targeted populations.

- To meet the Department of Health and Human Services (DHHS), SAMHSA and CSAP requirements.
- To add to the body of knowledge, awareness and skill in the design, implementation, and delivery of prevention programs, policies, and practices.
- To promulgate the philosophy that an effective program is a culturally competent program across the board, i.e., agency, policies, staff, and programs/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. Building capacity and sustainable prevention innovations: A sustainability planning model. Evaluation and program planning. 27, 2004, pages 135-149).

In addition, CSAP has fiscally supported the establishment of State Epidemiological Work Groups (SEWs) in 65 States, Jurisdictions and Tribal entities. The SEWs are located in both States having SPF-SIGs as well as States not having that additional source of grant funding and communities either with a SPF-SIG or

D. National Outcome Measures (NOMs)

SAMHSA will assess outcomes for the SPF program through the National Outcome Measures (NOMs) for substance abuse prevention that SAMHSA has developed in partnership with the States.

**PREVENTION NATIONAL OUTCOME MEASURES (NOMs)**

<b>OUTCOMES</b>	<b>Prevention Substance Abuse</b>
Abstinence from Drug/Alcohol Abuse	<u>30 day Use</u> <u>Age of First Use</u> <u>Perception of Disapproval/Attitude</u>
Decreased Mental Illness Symptomatology Functioning	NOT APPLICABLE
Increased/Retained Employment of Return to/Stay in School	Perception of Workplace Policy/ Workplace AOD Use/ ATOD Related Suspension and Expulsions/Attendance and Enrollment
Increased Stability in Housing	NOT APPLICABLE
Increased Access to Services (Service Capacity)	Number of Persons Served by Age, Gender, Race and Ethnicity
Increased Retention in Treatment Substance Abuse	Total number of evidence-based Programs and Strategies/Percentage Youth Seeing, Reading, Watching, or Listening to a Prevention Message

OUTCOMES	Prevention
	Substance Abuse
Reduced Utilization of Psychiatric Inpatient Beds – Mental Health	NOT APPLICABLE
Increased Social Supports Social Connectedness	Family Communication Around Drug Use
Client Perception of Care	NOT APPLICABLE
Cost Effectiveness (Average Cost)	Services Provided within Cost Bands
Use of Evidence-Based Practices	Total Number of Evidence-Based Programs and Strategies

## II. Specifics of the Contract

### A. Background

Hispanic/Latinos are the fastest growing group in the United States and represent about 11.7 percent of the U.S. population, and they are expected to double to 24.3 percent by the year 2050. A large part of this growth is an estimated 9.9 million of the total 45 million school-aged children who live in households in which a language other than English is spoken. Two-thirds of these children (six million) speak Spanish (Lindholm, 2001). According to the U.S. Census Bureau, 2004 there were 6.7 million people living along the United State side of the U.S.-Mexico Border. In 2002, 1.19 million people, or 18.3 percent of all county residents, lived below the poverty line, compared to 12 percent of non-border residents (Institute for Policy and Economic Development, 2006). Eighty (80) percent of the children live in families where both parents work. The Hispanic/Latino high school dropout rate is 15 percent compared to 5 percent for Caucasians (Casey Foundation, Kids Count Report, 2005). The U.S. - Mexico Border consists of twenty-four (24) counties that vary from suburban to very rural areas. Along both sides of the 2,000 mile border, ninety (90) percent of the border population is concentrated in fourteen (14) sister or twin cities. This contract will address the substance abuse prevention needs of the Hispanic/Latino population along the U.S. side of the Border with Mexico.

While each of the Hispanic/Latino subgroups in the U.S. has its own distinctiveness, there are a number of commonalities, which serve to unite the large group. The universal connection throughout Latin America to a Spanish colonial experience is the key to the cultural commonalities among all Hispanic/Latino subgroups. Local linguistic variations exist, but Hispanic/Latinos of all backgrounds can easily communicate with one another in basically the same language. Language is an important hallmark of culture, and this common language does provide a sense of unity.

Cultural and linguistically appropriate substance abuse prevention services are paramount for populations living along the United States side of the Mexico Border. Research shows the serious drug addiction and alcohol problems are one of the most significant barriers to employment. One study found that as Latino immigrants adapt to the United States, they are exposed to unfavorable drinking norms and significant social stressors, such as unfamiliar language, unfamiliar customs and ethnic discrimination that provoke increased consumption of alcohol (Clinical and Experimental Research, 2005.) The Texas School

Survey of Substance Abuse found youth in grades 7-12 who live along the U.S. side of the Border reported higher levels of cocaine use at a rate of 13.3 percent for lifetime use and 6 percent for past-month use while students who live in non-border counties had a rate of 7.2 percent for lifetime use and 2.5 percent for past month use (Substance Abuse Texas Trends in Texas, 2004). Studies have found that depression is an important indicator for the abuse of alcohol and drugs for all populations and not just youth, highlighting the needs for programs that promote health and well-being in addition to preventing the use of illicit substances.

The SAMHSA/CSAP U.S. counties along the Mexican border Initiative will use multiple methods, especially, training/technical assistance (T/TA), to start the infusion of the SPF process within the following twenty-four (24) counties and their respective communities in California, Arizona, New Mexico, and Texas: San Diego; Imperial; Yuma; Pima; Santa Cruz; Cochise; Hidalgo; Luna; Dona Ana; El Paso; Hudspeth; Culberson; Jeff Davis; Presidio; Brewster; Terrell; Val Verde; Kinney; Maverick; Webb; Zapata; Starr; Hidalgo and Cameron.

**The Twenty-Four (24) Counties are shown below:**



(Source: US/Mexico Border Counties Coalition)

The Contract shall, as determined by the Government Project Officer (GPO), his/her alternate GPO, task leads, senior program leaders and other GPO designees, collaborate with other contractual providers, such as the Strategic Prevention Framework Advancement and Support (SPFAS) contractor, the Prevention Fellows and the National

American Indian Center of Excellence, in appropriately utilizing the SPF to meet the substance abuse prevention needs.

B. Purpose and Objective

The SAMHSA/CSAP U.S. Counties along the Mexican Border initiative will follow this process through assessing the nature and magnitude of the substance abuse problems within the counties that are contiguous to the border, building capacity within those counties as well as communities comprising the counties in developing strategic plans, planning, implementing, and evaluation the prevention programs, policies and practices. Ensuring sustainability and have culturally and linguistically appropriate materials in tantamount to this initiative.

The primary audience for this initiative will be local prevention providers living and working in all venues (e.g., schools, community centers, workplace, and faith-based organizations) within the contiguous counties and the communities comprising those counties. The goal of this initiative is infuse the SPF process within the area by adapting the model to be culturally and linguistically appropriate. This initiative will:

- Profile population needs, resources, and readiness to address the problems of substance abuse. Build counties' epidemiological capacity to collect analyze, and interpret epidemiological data relevant to substance abuse prevention, as substance use problems pervade a wide variety of domains (e.g. school, traffic safety, crime, public health), numerous types of State and local organizations are likely to and should be involved in these efforts.
- Convene an annual meeting with local prevention providers **“Substance Abuse Prevention for U.S. Counties along the Mexican Border”** made up of key community representatives as well as organizations that provide health promotion services to the border.
- Review, develop T/TA products, and adapt bilingual (English/Spanish) resources and webinar to enhance SPF capacity to address the specific needs of individuals living within the counties contiguous to border.
- Provide T/TA assistance to support effective evidence-based/science-based substance abuse prevention programs, practices, and policies so that they can be applied successfully within the diverse contexts of life occurring along the U.S. counties along the Mexican border. Such T/TA is coordinated with the ongoing work of SAMHSA development and dissemination efforts, especially underage drinking, preventing co-occurring disorders, suicide prevention, and working with minority institutions such as universities and faith centers.

### 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 (s) 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 Statement of Work (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 and the Division of Management Systems- Information Technology Team [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 (OC) 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 Web site 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.

**PUBLICATIONS PRODUCE BY CONTRACTOR:** 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 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 notified proactively. In addition, all hard-copy publications developed under contract also 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 Network Users Guide*.

**COLLABORATION AND COOPERATION WITH SAMHSA's HEALTH INFORMATION NETWORK (SHIN):** The Contractor should be aware that close and continued collaboration and cooperation with SAMHSA Health Information Network is a requirement of this contract. 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.

**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, Web sites, 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 proposed 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 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 Web sites. In addition, any forms on the site, which will ask users to enter personal information, must first be approved through SAMHSA channels.

#### IV. Statement of Work

##### A. General

1. The Contractor is responsible for other tasks not specifically outlined that are necessary to accomplish the goals and provide the deliverable outline 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 endorse and disseminate those products that have been approved through the SAMHSA clearance process. National products, excluding materials developed for individualized training, 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 Web site available outside of DHHS. The GPO must approve these products.
3. Training and technical assistance (T/TA) to border counties will be based on a training of trainer (TOT) model in which border trainers would be trained with an expectation that these border trainers would provide the training within the border to border programs and communities. T/TA can be provided directly to CSAP's discretionary grantees at the direction of CSAP. [Training topics shall include but not be limited to: the steps of the SPF and the overarching principles; Communities that Care (CTC) or similar programs as directed by the GPO, Substance abuse epidemiological workgroups; National Outcome Measures (NOMs); Participant recruitment; and overall Substance Abuse Prevention.
4. The work cannot begin until the GPO has approved the work plan as well as subsequent plans as needed to carry out the work within this contract.

##### B. Specific Requirements

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

## Task 1 Management Responsibilities

### Task Description:

**1.1 Core Staff.** The Contractor shall have a core staff which shall include, but are not limited to: Project Director, Manager of Training/Technical Assistance, Sr. Editor/Writer, an IT staff person. As stipulated in Section G of the contract, the contractor is required to receive the **written prior approval** to any replacement of, or substantial reduction of the proposed effort of the key project staff identified.

**1.2 Authoritative Guidance.** The Contractor shall provide expert advice to the GPO on all content and management areas of the contract in a proactive and collaborative manner.

**1.3 Kick-off Meeting.** Within two weeks of the effective date of the contract (EDOC), the contractor will meet with the GPO and CO, or a designated representative, to discuss the project and to review SAMHSA's expectations of the contract, lines of communication, and reporting procedures. The Contractor shall bring the draft work plan to the kick off meeting.

**1.4 Weekly Conference Calls.** The GPO will monitor all work under this contract. The Contractor will have a conference call with the GPO to review the status of each task and project milestones. Problems that have arisen or may be anticipated will be discussed at these meetings. The GPO may call no more than five special meetings at other times during the contract year and will give the contractor 24 hours notice.

**1.5 Work Plan.** After approval by the GPO, the revised work plan shall govern the conduct of tasks for the remainder of the contract year. One copy of the revised work plan and budget are to go each to the GPO, Alternate GPO, and CO. The final work plan and budget shall be delivered ten (10) business days after the receipt of comments from the Government. Once revised, two (2) copies of the work plan are to be submitted (one (1) each for the GPO and the Alternate GPO).

## Task 2 Annual Meeting for Substance Abuse Prevention for U.S. Counties along the Mexican Border.

**Purpose:** The Contractor shall conduct "Annual Meeting" for local prevention providers from the twenty-four (24) counties contiguous to the U.S. side of the Mexican Border. The annual meeting will consist of county, community representatives and health and social service providers who are in different venues for prevention (e.g., schools, community centers, workplace, and faith-based organizations).

### Task Description:

**2.1** The Contractor shall convene one meeting per year, tentatively titled, "**Substance Abuse Prevention for U.S. Counties along the Mexican Border**" between 6 to 8 months after the effective date of the contract (EDOC). The annual meetings will be 2 days long and there will be up to fifteen (15) persons attending. Each meeting for option years will have the same day length and number of attendees. These annual meetings shall rotate each year taking place in each of the four Border States (California, Texas, New Mexico, and Arizona preferably in one of the 'sister-cities').

The annual meetings will be based on the review, revision, adaptation, and T/TA of relevant prevention information, a necessary ingredient in ensuring culturally competency, a core principle of the SPF of Spanish material and other existing materials that focus on preventing substance abuse and promoting health and well-being.

**NOTE TO THE OFFEROR:** For Budgetary purposes the offeror should propose the meeting in different States each year.

**2.2** The Contractor shall be responsible for the preparation of any materials for the annual meetings. Three (3) weeks prior to the annual meeting, the contractor shall prepare meeting materials (e.g., agenda, meeting packets, name badges, etc.). Two (2) weeks before the meeting, samples of the materials shall be provided to the GPO for review. Five (5) days prior to the meeting, the contractor shall make any necessary changes recommended by the GPO. No later than ten (10) days after the annual meeting, the contractor shall develop a meeting summary that shall discuss the meeting highlights, discussions, and decisions. The GPO shall have five (5) days to review the summary. The contractor shall make up to two (2) sets of substantial revisions that the GPO deems appropriate. No later than three (3) weeks after the meeting, the summary shall be e-mailed to the attendees of the meeting.

**2.3 Logistics** - The Contractor may cover cost of travel, lodging, and per diem for the meeting (up to fifteen (15) people for 2 days), T/TA trips approved by the GPO. The Contractor shall follow these requirements: 1) Make necessary arrangements including such as payments to secure the site, 2) Make travel/hotel arrangements for specified participants, 3) Arrange the least expensive accommodations with minimal inconvenience to the travelers. NOTE: NO TRAVEL, LODGING, OR PERSONAL COSTS SHALL BE PAID FOR FEDERAL EMPLOYEES UNDER THIS CONTRACT., 4) Arrange for audiovisual and other equipment needs at meetings to include the following as needed:

- Professional tape recording and transcription, as required by the GPO;
- Slide projector, overhead projector, LCD projectors, laptop computer, TV/DVD,etc.;
- Flip charts; and
- Onsite fax and copy services as needed.

Prepare materials for the meeting (e.g., agenda, participant list, name tags), and reimburse all approved non-Federal meeting participants and consultants for their allowable expenses and honoraria (if applicable) or consulting fees no later than thirty (30) days from the time of the receipt of the completed reimbursement voucher.

**Note to Offeror:** As stated previously for budgetary purposes assume a different State (TX, CA, NM and AZ) for each year of the proposal. For that year state the State proposed and use their appropriate Federal Per Diem rate.

**Task 3 Provide Training and Technical Assistance (T/TA) to local substance abuse prevention providers located in U.S. Counties along the Mexican Border.**

**Purpose:** The Contractor will systematically assess the T/TA assistance needs of U.S. Counties along the Mexican Border.

The Contractor will first see if T/TA sessions could be conducted by phone or by web technology and depending on the T/TA session the contractor may have to travel. The purpose of these T/TA sessions is to create the learning communities for the full adoption of the SPF model.

To accomplish this, the Contractor shall provide timely and effective T/TA services that increase the transfer and application of substance abuse knowledge and skills to U.S. Counties along the Mexican Border. The SPF promotes data-driven prevention programs and practice. Emphasizing the two overarching principles of the SPF – i.e., sustainability and cultural competency – enables the diffusion of learning to occur at the community level where prevention strategies, policies, and programs can be utilized expeditiously to reduce the incidence and duration of substance use disorders.

**3.1** The Contractor shall develop a database of training and T/TA experts one (1) month after initiation of the contract.

**3.2** The Contractor shall enter the T/TA assistance requests with the GPO during conference calls. The contractor shall recommend the best course of action to fulfill these requests. The GPO shall approve these recommendations.

**3.3** The Contractor shall provide a draft of documents (agenda, outline of the T/TA assistance that will be provided, etc.) to the GPO fourteen (14) days prior to the T/TA assistance session. The contractor shall make any necessary changes and have final documents ready three (3) days prior to the T/TA session.

**3.4** The Contractor shall be responsible for promoting (e.g., e-mail, web posting) these T/TA sessions. Promotion of these T/TA sessions shall start two (2) months prior to the session.

**3.5** No later than ten (10) days after the T/TA sessions, a two to five page summary shall be developed regarding the T/TA session, barriers and challenges, what steps the trainees shall take after the T/TA session.

**3.6** The Contractor shall conduct follow-up sessions via phone, six (6) months after the T/TA session. The Contractor shall find out what steps the trainee has taken, what were the challenge/barriers to implementing their plans, and what the successes were. The Contractor shall keep a log of this information.

The Contractor shall strive for cultural competency and eliminating health disparities by selecting culturally appropriate staff, consultants/associates that can plan, deliver, and guide the U.S. Counties along the Mexican Border prevention providers to achieve its goal and ensure the appropriateness of those services for the community and levels of both sophistication and need.

The Contractor shall encourage sustainability of SPF efforts when Federal funding ceases for prevention providers by working in collaboration with the State and counties along the border to sustain the SPF process by performance-based outcomes.

#### **Task 4 Materials Adaptation and Dissemination**

**Purpose:** The Contractor will review, adapt T/TA products and disseminate cultural relevant and linguistically appropriate substance abuse prevention materials for individuals who live within the following twenty- four (24) counties and their respective communities: San Diego; Imperial; Yuma; Pima; Santa Cruz; Cochise; Hidalgo; Luna; Dona Ana; El Paso; Hudspeth; Culberson; Jeff Davis; Presidio; Brewster; Terrell; Val Verde; Kinney; Maverick; Webb; Zapata; Starr; Hidalgo; and Cameron. Materials will be adapted/disseminated using state of the art health communications strategies in universal broadcasting and written communication in Spanish and English. To ensure understanding among Hispanic/Latino groups, all materials will be adapted in universal broadcast Spanish and in English.

**4.1** The Contractor will do a literature review analysis of existing Federal and publicly available substance abuse prevention resources appropriate for use with the targeted border populations. The list of publications, materials and training curricula must be representative of a life span perspective and have SPF relevance. This analysis shall be submitted to the GPO no later than two months after EDOC.

**4.2** The Contractor will collaborate with all existing relevant organizations, such as SAMHSA's National Hispanic/Latino Steering Committee, the U.S.-Mexico Border Health Association, the U.S.-Mexico Border Health Commission, the Border Health offices in the four Border States, the relevant departments in the schools of higher education located in the region (e.g., Border Health Epidemiology at the University of New Mexico), Border Health Foundation and Border Counties Coalition, to establish a committee to help in ensuring that the information disseminated is not only culturally and linguistically appropriate but also relevant to the overarching SPF model that is the underpinning of SAMHSA/CSAP's involvement, ensuring access to all individuals residing in the designated counties and their respective communities no later than two months.

**4.3** The Contractor will adapt up to five to ten program resources (this amount may be adjusted with the GPO's approval) including items such as: booklets no more than six (6) pages in length, 3 program guides no more than ten (10) pages in length, audiotapes no more than thirty (30) minutes in length, multimedia products, training and technical assistance documents no longer than 60 pages in length. The Contractor and the GPO will come to an agreement on the materials to be reviewed and adapted, ensuring through annual meetings that materials are timely, relevant, accurate, and are culturally and linguistically appropriate. Listed are possible SAMHSA documents that should be revised as to accuracy and timeliness of information having been well-received when disseminated – para Todos DVD/VHS; A Toolkit for Hispanic/Latinos Community Groups English/Spanish; Vamos a Jugar English/Spanish; Soy Unica Soy Latina, The Girl That I Am and Soy Unica Soy Latina Who am I? English/Spanish; Grandma's Wisdom/Los Consejos de la Abuelita English/Spanish; Hablemos en Confianza English/Spanish. The GPO will have final approval on all materials being adapted.

**NOTE TO THE OFFEROR: For budgetary purposes propose 10 program resources of which consist of 3 booklets, 3 program guides, 2 audio tapes, 1 multimedia product and 1 training and technical assistant document.**

On an annual basis, the Contractor shall:

Develop and implement from concept through dissemination a brief new document in Spanish that explains the Strategic Prevention Framework (SPF) so that the twenty-four (24) Border counties and their respective communities can begin to utilize that planning method to accomplish outcomes-based prevention. This will result in culturally and linguistically relevant documents that can be utilized when delivering the evidence-based services to address the identified substance abuse prevention needs of the target populations.

Identify Federal substance abuse prevention resources for repackaging that complement other resources developed by grantees and other intermediary organization partners.

Assess the usability of these resources.

Provide graphics support for publicly distributed resources and related editorial services necessary for communications programs and materials produced by the contract. This will include the design and production of brochures, booklets, collateral items for public service announcements, logo design, illustrations, and audiovisual materials, any other print and AV products, exhibits, Web site pages, promotional items, signs, and other products necessary for day-to-day operations.

**4.4** The Contractor shall provide writing, editing, design, and proofreading of informational materials. These products may be used for a variety of media, including SAMHSA web pages, bulletins, summaries, letterheads, pamphlets, brochures, reports, and articles, journals, creating CDs, photos, and other publications and informational materials such as multimedia presentations or exhibits. The contractor shall also provide graphics design services for these products and format them into final form. Familiarity with agency style manuals and working knowledge of GPO and AP style guides is required. Baseline: On a yearly basis, provide support for 5-10 informational materials.

**4.5** Standard Language for Publications Produced by Contractors -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 notified proactively. In addition, all hard-copy publications developed under contract also 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 Network Users Guide*. The Contractor should be aware that close and continued collaboration and cooperation with SAMHSA Health Information Network is a requirement of this contract.

## **Task 5 IT Materials and Project Resources**

**Purpose:** This purpose of this task is to develop and implement a Project Tracking System.

**Task Description:**

**5.1** Once the IT Plan and the IT Security Plan are approved, the Contractor will develop the Project Tracking System.

**5.2** The Contractor shall track and monitor tasks required under this contract through a Project Tracking System, which should be in place within 12 weeks after the EDOC.

**Task 6 Government Performance Results Act (GPRA) Requirements**

**Purpose:** Establish and conduct all activities to comply with GPRA requirements.

**Task Description:**

**6.1** The Contractor shall utilize CSAP's Common Technical Assistance Measures to collect required GPRA data on for the Center. The GPRA measures shall be collected on the T/TA activities. The GPRA measures that will be collected include:

- Immediate Outcomes - Overall, how satisfied were you with the T/TA you received? a) Very satisfied, b) Somewhat satisfied, c) Somewhat dissatisfied, and d) Very dissatisfied.
- Intermediate Outcome – collected several weeks or months after the delivery of 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 (six months or more) – To what extent have the T/TA you received most recently been fully implemented? a) Fully, b) Partially, and c) Not yet begun.
- Also track and report data on number served for T/TA.

**6.2** Collection of the customer satisfaction information requires approval from the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. The Contractor shall produce and submit to the GPO a draft OMB clearance package in accordance with the Delivery Schedule. The package shall include a Supporting Statement and complete set of exhibits. The SAMHSA OMB Reports Clearance Officer will be available to answer questions about the OMB clearance process and requirements. Customer satisfaction questionnaires can be processed through a streamlined preparation and review process that requires about 6 weeks and no Federal Register notices.

**Task 7 Reporting Requirements**

**Purpose:** Preparation of Briefing, Presentations, and Communications



**Task Description:**

**7.1 Briefings, presentations, and communications.** The Contractor shall prepare letters, memos, and other necessary documents to facilitate the operation of the “U.S. Counties along the Mexican Border Initiative”. The Contractor shall prepare PowerPoint presentations, talking points, and other briefing materials related on the status of the U.S. Counties along the Mexican Border Initiative and tasks under this contract as directed by the GPO and shall present briefings to parties designated by the GPO. The Contractor shall be responsible for all necessary handouts to effectively communicate information presented in the briefings that shall be available for each participant. No more than five presentations will be given in a year. **The Offeror should propose for budgetary purposes 5 presentation each year.**

The Contractor shall provide drafts of slides/overheads/computer graphics, and reports four (4) days prior to any meeting or presentation to the GPO for approval. Comments and/or approval will be provided within four (4) days. The contractor shall provide the final product within two (2) business days after receipt of approval. Occasionally, significant edits will be necessary after a final product is delivered. The contractor shall be prepared to provide four (4) day turnaround for approximately five (5) percent of requests. For other graphics tasks, the contractor shall be prepared to provide a four (4) business day production cycle, from the draft to final, allowing four (4) days for the GPO’s approval.

**7.2 Reports.** All reports under this contract shall be produced using MS Word and Excel, for financial reports. Reports shall be forwarded to the GPO and Alternate GPO by e-mail or hard copy.

**7.3 Monthly progress reports.** Four (4) weeks after the EDOC and no later than ten (10) business days following the end of each month during the project period, the contractor shall submit to the GPO a report, not to exceed five (5) pages (single spaced, bibliographic information not included) in length. This report shall summarize the progress to date on project tasks including the financial status of the contract, describe any problems encountered, recommendations or actions taken by the contractor to resolve such problems, and work anticipated in the coming month. One (1) copy of the monthly progress report shall be submitted concurrently to the Alternate GPO.

**7.4 Annual Report.** No later than two (2) months before the end of the first contract year, and each option contract year, the contractor shall submit to the GPO a draft of an annual report in a format that shall be approved by the GPO. The report shall summarize the previous year’s activities, the number of products developed for the U.S. counties along the Mexican border initiative, the problems encountered and solutions such as suggestions for quality improvements to the U.S. counties along the Mexican border initiative, suggestions for evaluating the U.S. counties along the Mexican border initiative activities to meet GPRA goals and objectives, and other such information as may be specified by the GPO. The report shall not exceed fifteen (15) pages (single spaced, appendices not included) in length. The GPO may suggest revisions to this draft or approve the draft. No later than two (2) weeks after receipt of GPO comments, the contractor shall submit a revised final report with three (3) copies to the GPO.

**7.5 Final contract report.** No later than six (6) weeks before the end of the final contract year, the contractor shall submit a draft final contract report that also summarizes

activities of the last year of the contract and services as the last annual report. In addition, the final report shall summarize the full contract experience: 1) accomplishments of contract objectives, 2) evaluations of barriers encountered, and 3) recommendations to SAMHSA on ways to improve the U.S. counties along the Mexican border initiative program and products. The GPO may suggest revisions or approve the draft. No later than two (2) weeks before the end of the contract, the contractor shall submit a revised final report. One copy of the final contract report is to go each to the, the Alternate GPO and the CO.

## **Task 8 Turnover at the End of Contract**

### **Task Description:**

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

- Continue full service to all customers, external and internal of the U.S. counties along the Mexican border initiative including subcontractors and public inquiries.
- Provide a list of all outstanding issues under this contract.
- At the CO's discretion, participate up to three (3) meetings with the new contractor to implement a smooth transition and to receive detailed information on the operation of the U.S. counties along the Mexican border initiative.
- Provide complete documentation. All hardware, software, materials, and data produced and acquired with contract funds, or under the contractor's control as Government Furnished Property or Materials, shall be turned over to SAMHSA or the new contractor in good condition. During a three (3) week transition period, the contractor's senior personnel shall train the new personnel (contractor or Government) in all system operation and maintenance functions.
- Perform appropriate closeout of all standing technical and related work.
- Unless the underlying data used in the selected analysis are leased or proprietary, analytic files (where source files are reduced in volume and tailored to specific analyses), data analytic programs, and the results produced under these auspices of the project will be property of the Federal Government. If State data are used, the Federal Government shall collaborate with the participating States in planning, carrying out, and disseminating the results of such analyses.
- All information and materials including data and files (electronic files and software) developed under this contract are the property of the Federal Government and shall be delivered as part of the turnover at the end of the contract. The contractor shall provide methodology used to retain the files to the terms and conditions of the contract. The Contractor shall release no information developed under this contract without written permission of the government.

**V. Contract Extension 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 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 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 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).**

**Schedule of Deliverables**  
**Name of contract: U.S. Counties along the Mexican Boarder Initiative**

**Base Year (and Option Years)**

<b>Task</b>	<b>Activity</b>	<b>Quantity</b>	<b>Delivery</b>
1. Management Responsibilities	1.2 Authoritative Guidance		Ongoing
	1.3 Kick Off Meeting Draft workplan	1	2 Weeks EDOC
	1.4 Weekly Conference Calls		Once every week.
	1.5 Approval for Work plan	3 copies	The final work plan will be done 10 business days after the GPO after the receipt of comments from the GPO.
2. Annual Meeting	2.1 Convene annual meeting	1 per year	6-8 months EDOC
	2.2 Materials Sample set to PO Meeting summary Email summary to attendees		3 weeks prior to mtg 2 weeks prior to mtg 10 days after mtg 3 weeks after mtg
	2.3 Responsible for logistics	1 per year	Ongoing for the duration of planning the meeting
3. Training and Technical Assistance	3.1 Database	1 database	One month EDOC
	3.2 Review T/TA requests		Ongoing
	3.3 Draft documents  Final documents	1 copy	14 days prior to T/TA session. 3 days prior to T/TA
	3.4 T/TA promotion		2 months prior to the session.
	3.5 Summary	2 to 5 pages	10 days after T/TA session.
	3.6 Follow-up sessions		6 months after T/TA session.
4. Materials Adaptation and Dissemination	4.1 Analysis of resources		2 months EDOC.
	4.2 Committee		2 months EDOC.
	4.3 Spanish and Program Resources	Adapt/update 5-10 program resources.	Ongoing
	4.4 Editorial services		Ongoing
	4.5 Collaboration		Ongoing
5. IT Materials and Project Resources	5.1 Develop and implement	1 IT Plan and 1 Security Plan	One month EDOC  Once the IT plan and security plan is approved.
	5.2 Track and monitor		12 weeks EDOC.

<b>Task</b>	<b>Activity</b>	<b>Quantity</b>	<b>Delivery</b>
6. GPRA	6.1 Collect GRPA measures		Ongoing
	6.2 Collect satisfaction information	1 draft OMB clearance	Prepare 6 weeks after EDOC.
7. Reporting Requirements	7.1 Briefing materials – draft - final		4 days prior presentation 2 days
	7.2 Reports	1 copy	Ongoing
	7.3 Monthly Progress Reports	1 copy	No later than 10 days after the end of the month report.
	7.4 Annual Report – draft Final	3 copies	- two months before the end of the contact - after PO comments
	7.5 Final Contract Report (draft) final	1 copy	- 6 weeks before the end of the contract. - after PO comments
8. Turnover End of contract	8.1 Plans to transfer contract	3 copies	No later than the 4 months prior to the end of the contract.