

**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS**  
 OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30

1. REQUISITION NUMBER  
 W909UJ82071000

PAGE 1 OF 115

2. CONTRACT NO.  
 V797P-7003a

3. AWARD/EFFECTIVE DATE  
 18-Sep-2008

4. ORDER NUMBER  
 W9133L-08-F-0272

5. SOLICITATION NUMBER

6. SOLICITATION ISSUE DATE

7. FOR SOLICITATION INFORMATION CALL:

a. NAME

b. TELEPHONE NUMBER (No Collect Calls)

8. OFFER DUE DATE/LOCAL TIME

9. ISSUED BY  
 NGB-ZC-AQ - W9133L  
 1411 JEFFERSON DAVIS HWY  
 ARLINGTON VA 22202-3231  
 TEL:  
 FAX: 703-607-1742

CODE W9133L

10. THIS ACQUISITION IS  
 UNRESTRICTED  
 SET ASIDE: % FOR  
 SB  
 HUBZONE SB  
 8(A)  
 SVC-DISABLED VET-OWNED SB  
 EMERGING SB  
 SIZE STD: NAICS:

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED  
 SEE SCHEDULE

12. DISCOUNT TERMS  
 Net 30 Days

13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION  
 RFQ  IFB  RFP

15. DELIVER TO SEE SCHEDULE  
 N/A  
 N/A AA N/A

CODE SCHED1

16. ADMINISTERED BY  
**SEE ITEM 9**

17a. CONTRACTOR/OFFEROR  
 ZEITGEIST EXPRESSIONS, INC.  
 PATRICIA ADAMS  
 1222 N MAIN, STE 740  
 SAN ANTONIO TX 78212-5711  
 TEL. 210-271-7411

CODE 1TWN7

FACILITY CODE

18a. PAYMENT WILL BE MADE BY  
 DFAS-INDIANA POLIS-HQ0105  
 DFAS INDIANA POLIS  
 VENDOR PAY DEPT 3800  
 8899 E. 56TH ST.  
 INDIANA POLIS IN 46249-3800

CODE HQ0105

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a. UNLESS BLOCK BELOW IS CHECKED  SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/ SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
<b>SEE SCHEDULE</b>					

25. ACCOUNTING AND APPROPRIATION DATA  
**See Schedule**

26. TOTAL AWARD AMOUNT (For Govt. Use Only)  
**\$7,498,250.50**

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1. 52.212-4. FAR 52.212-3. 52.212-5 ARE ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED

27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 0 COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.

29. AWARD OF CONTRACT: REFERENCE Zeitgeist Expressions Inc  
 OFFER DATED 08-Sep-2008. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: SEE SCHEDULE

30a. SIGNATURE OF OFFEROR/CONTRACTOR

31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)

31c. DATE SIGNED  
 18-Sep-2008

30b. NAME AND TITLE OF SIGNER  
 (TYPE OR PRINT)

30c. DATE SIGNED

31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT)  
 / CONTRACTING OFFICER  
 TEL: 703 607-2089 EMAIL:

**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS  
(CONTINUED)**

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/ SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
<p><b>SEE SCHEDULE</b></p>					

32a. QUANTITY IN COLUMN 21 HAS BEEN  
 RECEIVED  INSPECTED  ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: \_\_\_\_\_

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
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32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
	32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
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38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT	42a. RECEIVED BY ( <i>Print</i> )
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE
	42b. RECEIVED AT ( <i>Location</i> )
42c. DATE REC'D ( <i>YY/MM/DD</i> )	42d. TOTAL CONTAINERS

Section SF 1449 - CONTINUATION SHEET

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001		6,234,009.60	Dollars, U.S.	\$1.00	\$6,234,009.60
	Base Year - Direct Labor FFP Firm Fixed Price - The Contractor shall provide direct labor and services in accordance with the performance statement of work, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008. FOB: Destination MILSTRIP: W909UJ82071000 PURCHASE REQUEST NUMBER: W909UJ82071000				
				NET AMT	\$6,234,009.60
	ACRN AA				\$6,234,009.60
	CIN: W909UJ820710000001				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002		664,240.90	Dollars, U.S.	\$1.00	\$664,240.90 NTE
	Base Year - ODC & Equipment T&M Time & Materials - The Contractor shall all ODCs and supporting equipment in accordance with the performance work statement, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008. FOB: Destination MILSTRIP: W909UJ82071000 PURCHASE REQUEST NUMBER: W909UJ82071000				
				TOT ESTIMATED PRICE	\$664,240.90 NTE
				CEILING PRICE	
	ACRN AA				\$664,240.90
	CIN: W909UJ820710000002				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003		500,000	Dollars, U.S.	\$1.00	\$500,000.00 NTE

Base Year - Travel

T&M

Time & Materials - The Contractor shall all travel in accordance with the performance work statement, the Contractor's proposal and the Joint Travel Regulation.

FOB: Destination

MILSTRIP: W909UJ82071000

PURCHASE REQUEST NUMBER: W909UJ82071000

TOT ESTIMATED PRICE

\$500,000.00 NTE

CEILING PRICE

ACRN AA

\$500,000.00

CIN: W909UJ820710000003

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0004		100,000	Dollars, U.S.	\$1.00	\$100,000.00 NTE

Base Year - Optional Services.

T&M

Time & Materials - The Contractor shall provide optional services in accordance with the performance statement of work, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008.

FOB: Destination

MILSTRIP: W909UJ82071000

PURCHASE REQUEST NUMBER: W909UJ82071000

TOT ESTIMATED PRICE

\$100,000.00 NTE

CEILING PRICE

ACRN AA

\$100,000.00

CIN: W909UJ820710000004

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1001		6,234,009.60	Dollars, U.S.	\$1.00	\$6,234,009.60

OPTION Option Year #1 - Direct Labor  
FFP  
Firm Fixed Price - The Contractor shall provide direct labor and services in accordance with the performance statement of work, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008.  
FOB: Destination  
MILSTRIP: W909UJ82071000

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NET AMT \$6,234,009.60

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1002		461,653.09	Dollars, U.S.	\$1.00	\$461,653.09 NTE

OPTION Option Year #1 - ODC & Equipment  
T&M  
Time & Materials - The Contractor shall all ODCs and supporting equipment in accordance with the performance work statement, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008.  
FOB: Destination  
MILSTRIP: W909UJ82071000

TOT ESTIMATED PRICE \$461,653.09 NTE  
CEILING PRICE

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1003		500,000	Dollars, U.S.	\$1.00	\$500,000.00 NTE

OPTION      Option Year #1 - Travel  
T&M  
Time & Materials - The Contractor shall all travel in accordance with the performance work statement, the Contractor's proposal and the Joint Travel Regulation.  
FOB: Destination  
MILSTRIP: W909UJ82071000

TOT ESTIMATED PRICE      \$500,000.00 NTE

CEILING PRICE

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1004			Dollars, U.S.	\$1.00	\$0.00 NTE

OPTION      Option Year #1 - Optional Services.  
T&M  
Time & Materials - The Contractor shall provide optional services in accordance with the performance statement of work, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008.  
FOB: Destination  
MILSTRIP: W909UJ82071000

TOT ESTIMATED PRICE      \$0.00 NTE

CEILING PRICE

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
2001		6,234,009.60	Dollars, U.S.	\$1.00	\$6,234,009.60

OPTION Option Year #2 - Direct Labor  
FFP  
Firm Fixed Price - The Contractor shall provide direct labor and services in accordance with the performance statement of work, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008.  
FOB: Destination  
MILSTRIP: W909UJ82071000

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NET AMT \$6,234,009.60

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
2002		461,653.09	Dollars, U.S.	\$1.00	\$461,653.09 NTE

OPTION Option Year #2 - ODC & Equipment  
T&M  
Time & Materials - The Contractor shall all ODCs and supporting equipment in accordance with the performance work statement, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008.  
FOB: Destination  
MILSTRIP: W909UJ82071000

TOT ESTIMATED PRICE \$461,653.09 NTE  
CEILING PRICE

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
2003		500,000	Dollars, U.S.	\$1.00	\$500,000.00 NTE
OPTION	Option Year #2 - Travel T&M Time & Materials - The Contractor shall all travel in accordance with the performance work statement, the Contractor's proposal and the Joint Travel Regulation. FOB: Destination MILSTRIP: W909UJ82071000				
TOT ESTIMATED PRICE					\$500,000.00 NTE
CEILING PRICE					

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
2004			Dollars, U.S.	\$1.00	\$0.00 NTE
OPTION	Option Year #2 - Optional Services. T&M Time & Materials - The Contractor shall provide optional services in accordance with the performance statement of work, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008. FOB: Destination MILSTRIP: W909UJ82071000				
TOT ESTIMATED PRICE					\$0.00 NTE
CEILING PRICE					



ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
3001		6,234,009.60	Dollars, U.S.	\$1.00	\$6,234,009.60

OPTION Option Year #3 - Direct Labor  
FFP  
Firm Fixed Price - The Contractor shall provide direct labor and services in accordance with the performance statement of work, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008.  
FOB: Destination  
MILSTRIP: W909UJ82071000

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NET AMT \$6,234,009.60

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
3002		607,478.97	Dollars, U.S.	\$1.00	\$607,478.97 NTE

OPTION Option Year #3 - ODC & Equipment  
T&M  
Time & Materials - The Contractor shall all ODCs and supporting equipment in accordance with the performance work statement, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008.  
FOB: Destination  
MILSTRIP: W909UJ82071000

TOT ESTIMATED PRICE \$607,478.97 NTE  
CEILING PRICE

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
3003		500,000	Dollars, U.S.	\$1.00	\$500,000.00 NTE
OPTION	Option Year #3 - Travel T&M Time & Materials - The Contractor shall all travel in accordance with the performance work statement, the Contractor's proposal and the Joint Travel Regulation. FOB: Destination MILSTRIP: W909UJ82071000				
TOT ESTIMATED PRICE					\$500,000.00 NTE
CEILING PRICE					

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
3004			Dollars, U.S.	\$1.00	\$0.00 NTE
OPTION	Option Year #3 - Optional Services. T&M Time & Materials - The Contractor shall provide optional services in accordance with the performance statement of work, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008. FOB: Destination MILSTRIP: W909UJ82071000				
TOT ESTIMATED PRICE					\$0.00 NTE
CEILING PRICE					

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
4001		6,234,009.60	Dollars, U.S.	\$1.00	\$6,234,009.60

OPTION      Option Year #4 - Direct Labor  
 FFP  
 Firm Fixed Price - The Contractor shall provide direct labor and services in accordance with the performance statement of work, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008.  
 FOB: Destination  
 MILSTRIP: W909UJ82071000

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NET AMT	\$6,234,009.60
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ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
4002		607,478.97	Dollars, U.S.	\$1.00	\$607,478.97 NTE

OPTION      Option Year #4 - ODC & Equipment  
 T&M  
 Time & Materials - The Contractor shall all ODCs and supporting equipment in accordance with the performance work statement, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008.  
 FOB: Destination  
 MILSTRIP: W909UJ82071000

TOT ESTIMATED PRICE	\$607,478.97 NTE
CEILING PRICE	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
4003		500,000	Dollars, U.S.	\$1.00	\$500,000.00 NTE
OPTION	Option Year #4 - Travel T&M Time & Materials - The Contractor shall all travel in accordance with the performance work statement, the Contractor's proposal and the Joint Travel Regulation. FOB: Destination MILSTRIP: W909UJ82071000				
TOT ESTIMATED PRICE					\$500,000.00 NTE
CEILING PRICE					

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
4004			Dollars, U.S.	\$1.00	\$0.00 NTE
OPTION	Option Year #4 - Optional Services. T&M Time & Materials - The Contractor shall provide optional services in accordance with the performance statement of work, all governing Federal Supply Schedules, and the Contractor's Quote dated September 8, 2008. FOB: Destination MILSTRIP: W909UJ82071000				
TOT ESTIMATED PRICE					\$0.00 NTE
CEILING PRICE					

**INSPECTION AND ACCEPTANCE TERMS**

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	Destination	Government	Destination	Government
0002	Destination	Government	Destination	Government
0003	Destination	Government	Destination	Government
0004	Destination	Government	Destination	Government
1001	Destination	Government	Destination	Government
1002	Destination	Government	Destination	Government

1003	Destination	Government	Destination	Government
1004	Destination	Government	Destination	Government
2001	Destination	Government	Destination	Government
2002	Destination	Government	Destination	Government
2003	Destination	Government	Destination	Government
2004	Destination	Government	Destination	Government
3001	Destination	Government	Destination	Government
3002	Destination	Government	Destination	Government
3003	Destination	Government	Destination	Government
3004	Destination	Government	Destination	Government
4001	Destination	Government	Destination	Government
4002	Destination	Government	Destination	Government
4003	Destination	Government	Destination	Government
4004	Destination	Government	Destination	Government

## DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	POP 22-SEP-2008 TO 21-SEP-2009	N/A	SEE SCHEDULE N/A N/A AA N/A FOB: Destination	SCHED1
0002	POP 22-SEP-2008 TO 21-SEP-2009	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
0003	POP 22-SEP-2008 TO 21-SEP-2009	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
0004	POP 22-SEP-2008 TO 21-SEP-2009	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
1001	POP 22-SEP-2009 TO 21-SEP-2010	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
1002	POP 22-SEP-2009 TO 21-SEP-2010	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
1003	POP 22-SEP-2009 TO 21-SEP-2010	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
1004	POP 22-SEP-2009 TO 21-SEP-2010	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
2001	POP 22-SEP-2010 TO 21-SEP-2011	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1

2002	POP 22-SEP-2010 TO 21-SEP-2011	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
2003	POP 22-SEP-2010 TO 21-SEP-2011	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
2004	POP 22-SEP-2010 TO 21-SEP-2011	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
3001	POP 22-SEP-2011 TO 21-SEP-2012	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
3002	POP 22-SEP-2011 TO 21-SEP-2012	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
3003	POP 22-SEP-2011 TO 21-SEP-2012	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
3004	POP 22-SEP-2011 TO 21-SEP-2012	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
4001	POP 22-SEP-2012 TO 21-SEP-2013	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
4002	POP 22-SEP-2012 TO 21-SEP-2013	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
4003	POP 22-SEP-2012 TO 21-SEP-2013	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1
4004	POP 22-SEP-2012 TO 21-SEP-2013	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	SCHED1

## ACCOUNTING AND APPROPRIATION DATA

AA: 218206500000181050133G92R10002565376SAFW909UJ820710006SAF37044205  
 AMOUNT: \$7,498,250.50  
 CIN W909UJ820710000001: \$6,234,009.60  
 CIN W909UJ820710000002: \$664,240.90  
 CIN W909UJ820710000003: \$500,000.00  
 CIN W909UJ820710000004: \$100,000.00

## CLAUSES INCORPORATED BY REFERENCE

252.232-7003      Electronic Submission of Payment Requests and Receiving      MAR 2008  
 Reports

## CLAUSES INCORPORATED BY FULL TEXT

## 52.217-8 OPTION TO EXTEND SERVICES (NOV 1999)

The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 15 days.

(End of clause)

## 52.217-9 OPTION TO EXTEND THE TERM OF THE CONTRACT (MAR 2000)

(a) The Government may extend the term of this contract by written notice to the Contractor within 15 calendar days; provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 30 days before the contract expires. The preliminary notice does not commit the Government to an extension.

(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 5 years and 6 months.

(End of clause)

ZA- PERFORMANCE WORK STATEMENT

## **Terms of Award**

This award is made pursuant to the terms of solicitation W9133L-08-R-2026, and incorporates the Contractor's proposal dated September 8, 2008 in full. Additionally, this award fully complies with the terms of Federal Supply Schedules V797P-7003a (Zeitgeist Expressions, Inc.) and GS-15F-0015L (Ceridian Corp.)



## **PERFORMANCE WORK STATEMENT (PWS) FOR DIRECTORS OF PSYCHOLOGICAL HEALTH**

### 1.0 ORGANIZATION

National Guard Bureau, NGB-J-1-PH

Source: (<http://www.ngb.army.mil>)

Vision: to be "Relevant, reliable, ready and accessible."

Mission:

Federal: "Maintain properly trained and equipped units available for prompt mobilization for war, national emergency or as otherwise needed."

State: To provide trained and disciplined forces for domestic emergencies or as otherwise required by state law.

1.1 Period of Performance: Base Year (proposed award 30 SEPT 2008) Option Year(s): 1,2,3 and 4.

### 2.0 BACKGROUND and PURPOSE OF CONTRACT

The National Guard Bureau (NGB), an active duty component of the U.S. Department of Defense (DoD) has the urgent need to provide mental health support services per provision 10 U.S.C., Chapter 55; Section 723, National Defense Authorization Act for FY 2007, Pub. L. 109-163 and the Report of the DoD Task Force on Mental Health (TFMH), June 2007 specifically behavioral health and support services for National Guard (NG) members as part of pre-deployment resiliency training and post deployment reintegration to civilian life. 10 U.S.C., Chapter 55 establishes Federal responsibility for Prevention, Mitigation, and Treatment of Blast Injuries (Pub. L. 109-163 (1) (D), Access to Health Care Services for Beneficiaries Eligible for TRICARE and the Department of Veteran's Affairs Health Care (Pub. L. 107-314, (A), (C) Health Care Management Demonstration Program (Pub. L. 106-398, (a), (b), 1-2), specifically to improve, develop and maintain intervention and rehabilitation programs for returning troops who have developed post traumatic stress disorder (PTSD), experienced traumatic brain injuries (TBI), and/or other behavioral health problems associated with an individual's inability to reintegrate into civilian life. Some states and local communities currently lack access, coordination and/or professional intervention services of mental health providers and related support systems. The National Guard (NG) faces unique challenges to provide mental health support to its members. NG armories and wings are community based and are seldom within the catchment area of a military treatment facility; and have

varying degrees of capabilities between communities and states. Since the Guard does not provide treatment, all care is received externally through TRICARE, the Veterans Health Administration (VA) and health insurance provided through a Guard member's or civilian spouse's civilian employer. Additionally, psychological health is not a core competency of the NG; resulting in an inconsistency between a state's ability to design and implement a psychological health program.

This contract also addresses the recommendations: 5.4.1.6, 5.4.1.10, 5.4.1.11, 5.4.1.12, 5.4.1.14 of the DoD Plan to Achieve the Vision of the DoD Task Force on Mental Health, September 2007 Report to Congress; "to place a Director of Psychological Health at each of the 54 Joint Force Headquarters (JFHQ)", for Army and Air National Guard service, under direction of the state Adjutant General (TAG) who may appoint a Joint Director for oversight.

To fulfill this mission, the Contractor, in partnership with NGB, will identify behavioral health provider networks of locally based mental health clinicians/counselors who will offer mental health counseling and associated support services for pre and post deployment NG members and their families. In addition, the Contractor will place a Director of Psychological Health in each of the 54 states/territories who will coordinate and manage mental health counseling and resource services and/or oversee qualified providers and other mental health resources within his/her respective state. The NGB COTR will provide technical oversight to ensure delivery of professionally sound, standardized and cost-effective services.

The purpose of this contract is to obtain a contractor who will identify and provide State Directors of Psychological Health who will coordinate counseling and/or oversee mental health services to NG members located throughout the United States including the Pacific Islands, Puerto Rico and the Virgin Islands, wherever Army or Air National Guard members and their families are located. All NG reintegration support services will complement one another and provide NG members with valuable assistance in their management of mild readjustment issues to varying degrees of traumatic brain injuries and/or post traumatic stress disorder (PTSD) sustained through deployment. An additional goal is to decrease the stigma associated with seeking "mental health" services as well as improve access to qualified mental health providers at the critical point, when a NG member (or family member) recognizes the need for mental health intervention.

## 2.1 TRANSITION ACTIVITIES

### 2.1 a. Phase In

In order to ensure continuity of services, NGB will require the Contractor to provide a seamless implementation. During this period, existing state

behavioral health resources may/may not be established or may be at various implementation levels. The contractor will familiarize all applicable staff to ensure successful operations to achieve measurable outcomes. The Contractor's transition plan will incorporate and provide for adequate coverage to maintain uninterrupted, comprehensive behavioral health services to the NG members, and will be effectively and efficiently administered and completed within a reasonable time frame.

The Contractor shall, immediately upon award of the contract, contact the Project Officer to plan implementation of the contract. The contractor's phase-in plan must provide for full operation of Key Personnel including the Project Director, the Directors of Psychological Health (DPH) in the 54 (states and territories) locations to begin working as proposed and work begins as planned to achieve full operation.

Offerors also are requested to describe, as part of the phase in plan, specific objectives- including time frames necessary to achieve a smooth, flawless implementation to deliver services, including an optional MIS management system that will capture DPH activity, utilization and specific case management activities should it be awarded this component of the contract. Additionally, offerors are asked to describe what they will do to achieve a smooth, flawless implementation, including MIS collaboration, management and transition if they are not awarded the MIS component or a follow-on contract as the result of any future solicitation. The Government may/may not elect to award any portion if MIS component of this contract.

#### 2.1 b. Transition Plan

The transition plan will include methods, policies and protocols that outline in detail how the personnel will be identified and services will be implemented. Some of the policies, procedures, and other requirements may be addressed or incorporated in various contract deliverables of this contract.

- a. A basic outline which details goals and measurable objectives including timeframes how the Contractor will assume sole responsibility for service delivery from award to complete implementation.
- b. Identification of Key Personnel: including roles, responsibilities and lines of communication; internally and with NG, Veterans Health Administration and TRICARE.
- c. Methods to orient new staff to the NG and expected procedural requirements and clinical training on the specifics of TBI and PTSD. The Government may provide on-line clinical oriented TBI and PTSD training specific to the warrior exposed to traumas in a combat environment.
- d. Timelines and plan for hiring new state Directors of Psychological Health (DPH) and identified state affiliate counselor resources/networks where needed.

- e. Plan to transfer any applicable current cases, records and other direct service responsibilities to new state Director of Psychological Health for administrative oversight if requested.

#### 2.1 c. Contract Phase-Out Services

At the end of this contract, if deemed necessary by the Government (NGB Project Officer), the Contractor shall provide similar transition planning and cooperation to the successor Contractor (refer to Federal Acquisition Regulation (FAR) Clause 52.237-3 Continuity of Services).

### 3.0 SCOPE

Services will be provided for returning deployed NG members, and their families, as related to the mental health needs of the NG member. Services are to be provided for NG members irrespective of their physical geographic location within a U.S. State or Territory. Currently, services are provided through a variety of Federal and State programs with varying success. The Government reserves the right to add services under this contract for state and local governments and any other entities in the future, consistent with any authorities delegated to NGB to directly augment state and/or local governments and/or to assist other federal organizations to achieve their associated missions.

When requested by the Project Officer, the Contractor shall develop a packet requesting Office of Management and Budget (OMB) clearance and approval for Client Satisfaction Surveys. The Project Officer will forward this packet to OMB for clearance per Government requirement.

NGB will require a service tracking and management system that is comprehensive report including analysis by state and an aggregate of all services by state and case record. The Contractor may be required to provide an electronic data feed of information for input to another Federal agency's MIS or medical management case data system.

Offerors are requested to describe, as part of their proposal, what information and capabilities they will provide to support the NGB to promote the awareness and utilization of this service and decrease any mental health stigma future for returning NG members.

### 3.1 Technical Support

Psychological Health Services (PHS) will be a comprehensive service designed to assist in all efforts to resolve a continuum of mental health concerns from mild adjustment disorders; including associated personal problems related to traumatic brain injury (TBI) and post traumatic stress disorder (PTSD) that adversely impacts reintegration to civilian life to

assistance to family members caring for Guard members with severe TBI or PTSD. The goal of the psychological health service is to address such problems in the quickest, least restrictive, most convenient, and least costly manner while strictly respecting NG member's confidentiality. Psychological health services will be offered to any of the approximately 600,000 NG members and their family members. These services are tailored and delivered according to the mental health needs of each individual through various combinations of mental health resource identification, communication of applicable benefits and other counseling services within a state/territory and the military system framework. Initial contact will have a greater emphasis on assessment, referral, resource identification; for example, connecting the NG member with a confirmed appointment or other mental health resource. Services that address longer term or more complex problems will also require personal assistance and resource identification within the given military or civilian structure for "follow through" to the appropriate health care provider(s) or institution.

This contract is not an exclusive contract to provide all psychological health services for the NGB, e.g., to meet the needs of service member's psychological health concerns. Other Federal agencies and/or contracts may participate in an individual's reintegration needs. The NGB expects collaboration among all contractors working for the DoD community.

### 3.1 a. Optional Services:

Optional Services are designed to be delivered on a stand-alone basis as a complement to other services received by states/territories to help fill gaps in services, and to provide a more complete solution to meeting behavioral health needs of individual NG members and their families. These services may involve any service that requires special emphasis to meet an individual's needs unique to a particular state.

These services include:

- a. Stand-alone Drug Free Workplace Services including Substance Abuse Professional Services.
- b. Stand-alone Behavioral Health Education and Training Services including various techniques, media, and other means of communication.
- c. Stand-alone Targeted Assessment, Screening and Referral Services, e.g., for alcohol, depression, hospitalization or other adjustment concerns.
- d. Stand-alone Preventive and Intervention Services based on results of a variety of assessments, e.g., surveys of health and productivity within a

specific group or state. At NGB's discretion, the vendor will conduct assessments including, but not limited to, surveys.

e. Stand-alone Behavioral Health Return to Work Services.

f. Other stand-alone health related services as needed per NGB request.

g. Web based or Tele-health services

### 3.1 b. Integration of Services

The Government is seeking a Contractor(s) to provide psychological health services, through the provision of State Directors of Psychological Health, and/or Optional Services.

Section 5 provides information regarding Psychological Health Services and Optional Services.

All/Any NGB Contractors shall work together to collaborate on providing a seamless operation. The Government shall provide point of contact information to the awarded Contractor to all/any other contracted partners to ensure comprehensive communication.

The Contractor is required to ensure that services are designed to work collaboratively to fully support any other contract award to meet the overall needs of eligible service members in their respective states, consistent with applicable laws and regulations concerning privacy and confidentiality.

Contractors are required to support each other when requested by NGB. For example, the PDHRA program (See Definitions). The NGB contractor personnel are to maintain awareness as to which service members are eligible to participate in other contracted as well as Federal benefit programs. The NGB contractor will screen service members for other needs and refer them to the most appropriate resources for the needed service, with consideration given to all eligible benefits. The NGB contractor will offer to transfer or connect the service member to a VA hospital, Vet Center, TRICARE provider or other appropriate resource when that is in the best interest of the individual.

If an ineligible individual requests services from the Contractor, the Contractor will endeavor to promptly connect the employee with the organization responsible for delivering the requested service. If unable to meet emergent needs by doing so, the Contractor is to deliver services (within scope) needed to meet emergent needs and notify the Project Officer. Similarly, if the Contractor is unable to determine eligibility for service, the Contractor will

meet emergent needs and notify the Project Officer.

The Contractor must have an efficiently accessible DoD, VA and private insurance plan benefits information system that enables the contractor to quickly identify the member's benefits and the services available to the NG member.

#### 4.0 PSYCHOLOGICAL HEALTH SERVICES (PHS)

In performance of this contract, the Contractor, independently and not as an agent of the Government, shall provide all necessary personnel, management, and supervision to support comprehensive PHS services. The Contractor shall provide the services in accordance with Section 5.

The goals of the service include:

- To provide high quality services that are NG member specific; friendly and comprehensive, while typically increasing state/territory utilization rates to promote National Guard member readiness.
- To assist NG program managers and supervisors to improve NG member's readjustment to civilian life by managing professional services and/or overseeing an individual's mental health needs.
- To provide consultation and support to help address organizational and individual health care situations which have a detrimental effect on NG member's reintegration to civilian life.
- To offer consultative guidance and advice to state and territory National Guard senior management on state specific mental health needs based on Guard member demographics and mental health status.
- To provide National Guard oriented mental health training throughout the full spectrum of the deployment cycle.

#### 4.1 POLICY CONCEPTS

NGB will act as the lead in a consortium of states and territories that seek a variety of services for their NG members, for both Army and Air National Guard.

The policy concepts which these services operate are as follow:

1. The National Guard, as an employer, recognizes TBI, PTSD, mental and emotional disorders, alcoholism and/or other drug abuse as treatable conditions. The NG members suffering from these conditions should receive the same assistance that is presently extended to employees

having any other illness.

2. The State Directors of Psychological Health will work with Commanders, managers and supervisors to design and promote services that will address individuals mental health issues and prevent potential issues from developing. Services also will be provided for individual NG members to improve civilian work performance by assisting in the resolution of personal problems, and enhancing their ability to balance and manage both their work and other life responsibilities.
3. Psychological Health Services (PHS) will interface with other NG joint programs so as to result in an integrated, seamless support program for all NG members.
4. Except for the limitations for sensitive positions (as provided by Section 201(c)(2) of PL 91-616 and Section 413 (c)(2) of PL 92-255 and according to Executive Order 12564), no member's job security or promotional opportunity will be jeopardized as a result of a request for either PHS counseling/problem solving or outside assistance in connection with the treatment of emotional problems, alcohol and/or other drug abuse.
5. Professional ethics and the principles of confidentiality stated in the Privacy Act will be adhered to at all times, with the exception of the limited confidentiality extended to any NG member who has divulged information that requires a mental health provider to report that concern; per applicable State and Federal laws, guidelines and regulations. In all such cases, the results may be disclosed without NG member consent to both the Project Officer, State J-1 leadership and/or the Guard member's Commander.

All medical and counseling/problem solving records, as well as any information obtained by contact with, or employee visits to the PHS, will be kept in a confidential manner in accordance with the mental health system of records and Section 122 and 303 of PL 93-282, the Privacy Act of 1974 and 42 CFR, Part 2 "Confidentiality of Alcohol and Drug Abuse Patient Records." Because the regulations prohibit implicit and negative disclosure about persons with alcohol and/or other drug abuse problems, including whether or not a given person has utilized the PHS, the confidentiality of all NG members shall be maintained.

6. The PHS services will provide confidential consultation, assessment, problem solving and/or outside referral and follow-up services for NG members and their family members, as well as Commanders who seek help for themselves and/or the NG members for whom they supervise.



7. Any member who decides to coordinate a visit to the PHS with permission of a Commander may, based on the policy of the National Guard, be considered on official duty (**however may be in a non-pay status**) while at the PHS for assessment and/or short-term counseling/problem solving. When PHS visits are coordinated with and approved by the Commander, sick or annual leave may or may not be charged to the NG member. Full time NG members who self-refer to the PHS without a supervisor's knowledge may use sick or annual leave to utilize the assessment, counseling, and/or in- or outpatient treatment of the PHS.

#### 4.2 POST AWARD CONFERENCE

The Contractor's Project Director, and other appropriate corporate personnel shall meet with the Contracting Officer, Project Officer and other NGB staff for a post award conference within ten (10) days of the award of the contract to thoroughly review the requirements of the contract document, contract administration procedures and invoicing requirements. Within thirty (30) days of the award of the contract, NGB shall visit the Contractor's corporate office and meet with the Project Director to discuss and present the organizational structure and pertinent information about the personnel management policies and procedures of customer organizations. The Project Director, and other relevant managers should participate in the meeting at the Contractor's corporate office, if requested.

#### 4.3 MANAGEMENT INFORMATION SYSTEM

The privacy and confidentiality of all NG member identifying data managed as part of this contract must be handled as specified in Section 5.10 System of Records and Management Information System in the solicitation.

#### 4.4 DEFINITIONS

These definitions shall apply when used in the provision of service delivery and throughout this contract.

1. **Activation:** Order to active duty (other than to training).
2. **Active Duty:** Full time duty in the active service of a Uniformed Service including active duty training (full time training duty and full time attendance at a school designated as a military service school, e.g. United States Military Academy).
3. **Affiliate:** An individual or group of professional mental health practitioners who, through a contractual relationship with the prime Contractor, provide counseling services to NG members and/or their family members. All Affiliates shall meet the requirements of qualified counselor as defined herein.

4. **Army Wounded Warrior Program:** Formally known as the Disabled Soldier Support program (DS3), this program provides support and coordination of care to the soldier and his/her family through all phases of recovery and rehabilitation from injury.
5. **Automated Behavioral Health Clinic:** A computer application that uses software to automate the patient intake process and improve access to data relevant to patient care. It screens patients while they wait to see a mental health provider using a comprehensive questionnaire. It generates results to assist mental health providers and clinic managers.
6. **Alcohol Abuse:** A maladaptive pattern of alcohol use leading to clinically significant impairment or distress as manifested by one or more of the following: failure to fulfill major role obligations at work, school or home; legal problems resulting from the use; recurrent use in situations in which it is physically hazardous; and/or continuous use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol.
7. **Assessment and Referral:** Professional counseling including an assessment, various educational and motivational activities, and referral to an appropriate community resource.
8. **“Battlemind” Training:** Army program utilizing resiliency training that assists the soldiers transitioning from the “combat-zone” to the “home-zone”. War-fighting skills and the “battle” frame of reference frame sustain the soldier in the operational setting.
9. **Beneficiary:** Individual eligible to receive medical care provided by military medical facilities and the TRICARE network and can include active duty personnel, active duty dependents, military retirees and their dependents, and survivors of deceased service members.
10. **Case Management:** An activity aimed at assessing the member's progress and needs to help ensure that appropriate services are provided. This may include, but is not limited to, contacts with the member, service provider(s), significant others and NG representatives as appropriate.
11. **Case Record:** The electronic and any hard copy record of case activity.
12. **Casualty Assistance Officer:** Specially trained officer and enlisted personnel who are charged with personally notifying family members of the death of an active duty service member. They provide initial guidance and support in assisting families in dealing with the loss of a military member.
13. **Chain of Command:** the succession of commanding officers from a superior to a

subordinate through which command is exercised.

14. **Client/ NG member/ service member:** An individual, eligible under applicable NG policies, who receives services through this contract.
15. **Conflict-of-Interest Assignment/Referral:** Assignment or referral of any member(s) to an affiliate counselor or resource in which the referring Counselor and/or the Contractor has a financial interest or any other interest.
16. **Continuous Quality Improvement (CQI):** The analysis of processes to reduce unnecessary variation and improve the quality of the products and services delivered and the use of methodologies to develop new products, services, or processes which offer benefits to NG members. This process includes the analysis of evaluations from trainings and orientations, customer satisfaction surveys, and record reviews, as well as staffing patterns, Substance Abuse Professional coverage, Information System data, etc.
17. **Continuous Quality Improvement Reports:** Statistical and narrative reports that summarize the findings of the Contractor's Continuous Quality Improvement process.
18. **Contractor:** A company that has entered into a contractual relationship with NGB to provide services according to the terms described herein.
19. **Counseling/Problem Solving:** Professional counseling/ problem solving provided by Affiliates sub-contracted by the Contractor or within the TRICARE, VA Healthcare system or other accepted resources. Counseling/problem solving is solution-focused, supportive, motivational, educational and/or informative.
20. **Critical Incident:** A situation that is perceived to threaten life and/or cause serious physical and/or emotional injury or distress to a person or group. The contractor shall provide a critical incident report verbally to NGB within 24 hours of being notified of each critical incident.
21. **Critical Incident Stress Debriefing (CISD):** A formal, intervention model, voluntary group meeting between a trained or Affiliate Counselor and group exposed to the same stressful event/incident following an event/incident.
22. **Critical Incident Stress Management (CISM):** Constellation of services or activities that may be used by an organization to respond to and manage a critical incident. Services and activities include, but are not limited to, "inoculations," defusings, debriefings, outreach to the workforce, psycho-educational activities related to trauma, anniversary responses, consultation, etc.
23. **Coordinating Authority:** A commander or individual assigned responsibility for

coordinating specific functions or activities involving forces of two or more military department forces in the same Service. The Commander or individual has the authority to compel agreement. Coordinating authority is more applicable to planning than operations.

24. **Dependent/Immediate Family:** A service member's spouse, children who are unmarried and under 21 years of age or who, regardless of age, are physically or mentally incapable of self support; dependent parents; including step and legally adoptive parents of the service member's spouse; and dependent brothers and sisters including step and legally adoptive brothers and sisters.
25. **Direct care:** Health care for active duty and other classes of beneficiaries provided inside the military treatment facilities (MTF) system; e.g. care received at the National Naval medical Center, Walter Reed Army Medical Center, health care provided to forces deployed to combatant sites and other locations overseas.
26. **Directors of Psychological Health:** Individuals at the state level responsible for state program oversight; program information, answering and screening phone calls, providing information, and connecting callers and other requests for mental health services to the appropriate resource if needed.
27. **Drug Abuse:** Use of psychoactive substances that are consumed in amounts hazardous to individual health or safety of the community, are prohibited by the laws of the state or if otherwise legal are taken on one's own initiative rather than on the basis of qualified professional advice.
28. **Drugs:** Includes illegal, legal and/or over-the-counter drugs other than alcohol, caffeine or tobacco. Illegal drugs refer to those prohibited for use or possession by law or statute. It does not include the use of a controlled substance pursuant to a valid prescription or for other uses authorized by law. Legal drugs include both prescription and non-prescription medication.
29. **Emergency:** Any situation requiring immediate attention and/or intervention where there is danger to life and/or property.
30. **Employees in Sensitive Positions:**
  31. Employees in positions designated as Special Sensitive, Critical Sensitive or Non-Critical Sensitive under Chapter 731 of the Federal Personnel Manual or employees in positions designated as sensitive in accordance with Executive Order No. 10450, as amended;
  32. Employees granted access to classified information or who may be granted access to classified information pursuant to a determination of trustworthiness

- under Section 4 of Executive Order No. 12564;
33. Individuals serving under presidential appointments;
  34. Law enforcement officers as defined in 5 U.S.C. 8331 (20) and 8401 (17); or
  35. Other positions that involve law enforcement, public health or safety, national security, the protection of life and property or other functions requiring a high degree of trust and confidence.
  36. **Family members:** Relatives of service members regardless of home address, or significant other living in the employee's household. This group can include but is not limited to Service member parents, step-parents, grandparents, siblings, aunts, uncles, nieces, nephews cousins etc.
  37. **Family Support Centers (FSC):** FSCs are designed to offer family members of soldiers with a range of information including but not limited to provision of services provided by the installations, community resources, and other necessary information unique to service members' families.
  38. **Health care provider:** A broad term encompassing licensed clinical professionals (e.g. physicians, psychologists, advanced practice nurses, licensed clinical social workers).
  39. **Individual Medical Readiness (IMR):** A means to assess an individual service member's readiness level against established metrics to determine medical deployability in support of contingency operations.
  40. **Installation:** A grouping of facilities located in the same vicinity, which support particular functions. Installations may be elements of a base.
  41. **Intake:** The process of a member requesting services and contact with a Director of Psychological Health. The intake process also includes the completion of appropriate forms that result in either the opening of a new case file or re-opening of an existing one.
  42. **Key Personnel:** Professional staff employed by the Contractor and assigned to work on the NGB who are designated by the Government as functioning in positions that are significant to achievement of contract objectives.
  43. **Medical Evaluation Board (MEB):** Physical and/or mental health problems that are expected to render a service member unable to fully perform his/her duties exceeding 90 days require a MED. A limited duty board is a type of MEB that places a member in a less than full duty status for 6 months. If a service member has a condition that is incompatible with military duty or that results in

disqualification from world-wide deployment for more than 12 months, he/she will be referred to a Physical Evaluation Board (PEB).

44. **Medical Holdover:** Demobilized Reserve Component soldiers with medical conditions and/or injuries sustained in the line of duty that render them non-deployable but volunteer to remain on active duty as they are treated medically.
45. **Medical Regulating:** The actions and coordination necessary to arrange for the movement of patients through the levels of care. The process matches patients with a medical treatment facility that has the necessary health service support capabilities and available bed space.
46. **Military One Source:** A toll-free, 24/7 clearinghouse service that provides information and resources to active duty personnel and their beneficiaries.
47. **Monitoring of Member Progress:** The Director of Psychological Health's role in following a member's progress throughout the intervention or referral process. Such contact occurs on a periodic basis and with the member's authorization, and includes, but is not limited to, contacts with the member, the member's commander (if involved and appropriate), and resource(s) to which the member is referred, etc.
48. **Offeror:** Any organization that submits a proposal in response to this RFP.
49. **Post Deployment Health Assessment (PDHA):** A mandatory procedure for each service member redeploying from combatant operations. It is composed of two parts. Each returning service member must fill out a form DD 2796; entitled PDHA. In addition to the completion of the form, the Service member must also have a face-to-face interview with a trained health care provider. This is to be completed within five days before or after redeployment. If this is not possible, the member's commander should ensure that it is completed, processed and filed in the permanent medical record within thirty days of the member's return.
50. **Post Deployment Health Re-Assessment (PDHRA):** A mandatory program designed to identify and address health concerns with a specific emphasis on mental health issues that may have emerged over time since deployment and re-deployment. The PDRHA form (DD2900) which is also web based can be filled out on-line, provides a second health assessment for the three to six month period after re-deployment. These forms must be reviewed by a health care provider and any follow up with the service member must be undertaken.
51. **Pre-deployment Health Assessment:** A required form (DD 2795) that allows military personnel to record information about their general health and share concerns they may have prior to deployment. It also assists health care providers identify issues and provide medical care before, during and after deployments. It

is mandatory for all deploying military personnel to fill out the form. It is to be completed and validated within 30 days prior to deployment. This is not to be confused with the periodic Health Assessment.

52. **Post Traumatic Stress Disorder (PTSD):** An anxiety disorder that can occur following the experience or witnessing of a traumatic event. A traumatic event is a life threatening event such as military combat, natural disasters, terrorist incidents, serious accidents or sexual assault in adult or childhood. Most survivors of trauma return to normal given a little time. However, some people will have stress reactions that do not go away on their own or may even get worse over time. These individuals may develop PTSD.
53. **Project Officer:** The Contracting Officer's Technical Representative. An individual(s) appointed by the Contracting Officer to manage and monitor this contract from a technical standpoint.
54. **Purchased care:** Health services provided through a TRICARE contract that utilizes civilian resources.
55. **Qualified Staff:** See Section 5.3 (1) of this document for requirements.
56. **Redeployment:** The withdrawal and redistribution of forces; to transfer to another place or job.
57. **Referral:**
58. Self-Referral - voluntary and confidential use of the PHS by an employee or family member.
59. Formal or Informal Referral - referral to the PHS by a supervisor, commander or other management official of any member who has deteriorating job performance, time management, attendance and/or conduct problems either in writing (formal) or verbally (informal).
60. Other Referral - referral to the PHS of an employee by a union official, health unit, family member or through any means other than self- or a supervisory referral.
61. **Release of Information Form:** A document signed by a NG member that permits the health care provider to disclose specified information to identified supervisors/Commanders, treatment facilities, family members, etc. Except where disclosure without consent is allowed or required by law, the member's written consent shall be obtained prior to the release of information to any individual, institution and/or organization. This applies to all releases without

regard to the type of problem the individual is experiencing.

62. **Resource:** An agency, organization, business, service, individual/practitioner and/or other system to which/whom the assessing health care provider or the Director of Psychological Health may refer an employee or family member.
63. **State National Guard:** Every U.S. state and territory, for both Air and Army National Guard, is a component of the psychological health program and may have slight nuances in the application to provide mental health services to its members.
64. **Statement of Understanding:** A document that describes the services available for mental health or resource assistance and its applicable confidentiality. It is given to the service member at the beginning of the first counseling session and includes a consent form that must be signed prior to the member receiving counseling services.
65. **Substance Abuse Prevention and Treatment:** programs designed to address the substance use, misuse, abuse and dependency needs of service members. Each service has oversight over their substance abuse prevention and treatment programs.
66. **Substance Abuse Professional (SAP):** Licensed physician (Medical Doctor or Doctor of Osteopathy), or licensed or certified psychologist, social worker, employee assistance professional or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of, and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.
67. **Supervisor or Management Consultation:** Discussion between any Key Personnel and service member's supervisor/management official to assess organizational needs; discuss potential and actual referrals; consult or confer regarding a client as appropriate during the course of counseling/problem solving monitoring, and/or follow-up; and/or managing a critical incident.
68. **Testing Designated Position (TDP):** Any employment position that has been designated for random alcohol and/or other drug testing by Government mandate or management decision.
69. **Third Party Payments:** Payments made by a health insurance company that typically covers either part or all of the cost of medical and/or behavioral health treatment.
70. **Tour-of-Duty:** Employee work shift.



71. **Traumatic Brain Injury:** A blow or jolt to the head or a penetrating head injury. The injury may be caused by falls, motor vehicle accidents, assaults and/or other incidents. Blast and concussive events are a leading cause of TBI for active duty military personnel involved in war zones. TBI can temporarily or permanently impair a person's cognitive skills, interfere with emotional well-being and diminish physical abilities. Persons with TBI also remain at high risk for the development of delayed symptoms.
72. **TRICARE:** DoD's health care plan for active duty, active duty beneficiaries, retirees and their beneficiaries.
73. **Veterans Health Information Systems and Technology Architecture (VistA):** The Veteran's Health Administration electronic medical information/record system.
74. **Utilization:** Utilization is tracked through counting numbers of persons or events. When utilization rates are provided they are calculated by annualizing these numbers and dividing by the total number in the category tracked, e.g., cases opened divided by the total covered NG member population.
75. Utilization tracking for DPH activity includes, but is not limited to, the following:
76. Consultations with NG members/family members regarding any presented issue for which a case has not yet been opened. This may include provision of information, education, assessment, and or referrals.
77. Cases opened: The number of cases opened (with an assigned case number) with service members needing assistance for a defined problem.
78. Problem Resolution Rate: The percentage of cases closed in which the problem or issue assessed by the mental health provider was resolved.
79. Training/education/seminar Participants: The number of employees in attendance at trainings, seminars, workshops, and orientations.
80. Critical incident responses and numbers of individuals provided group or individual interventions.
81. Consultations with NG management or supervisors/Commanders regarding an individual or work unit.
82. **Verified Positive Test Result:** Any test result that has been screened positive by a FDA-approved immunoassay test, confirmed by a Gas Chromatography/Mass Spectrometry assay (or other confirmatory tests approved by HHS), and evaluated and corroborated by an authorized reviewing official.

83. **Warm Transfer:** A direct telephone transfer, through use of telephone conferencing, of a caller to an affiliate counselor from a DPH without disconnecting the caller. The individual transferring the call shall speak with the mental health counselor to indicate that he/she has a caller on the line who is interested in services.

## 5.0 TECHNICAL SPECIFICATIONS/TASKS TO BE PERFORMED/STATEMENT OF WORK

The PHS Services to be delivered under this contract are NG member based behavioral health services designed to help maintain and improve NG member productivity and to help members address the full range of personal and mental health problems as a result of deployment. Services are to be part of a comprehensive overall effort through the NG Wounded Warrior program, support individual readiness and better cope with the sequelae of TBI and/or PTSD.

As part of their proposals, offerors are requested to consider the services to be delivered and to describe the offeror's recent experience both at the corporate and the state level in: working with customer organizations to understand and meet their needs; demonstrating value relative to psychological health core competencies; demonstrating outcomes from the services delivered; and in demonstrating overall Return On Investment for the National Guard.

Offerors also are requested to describe as part of their proposal how the offeror, if awarded this contract, at both the corporate and state level, would work with NGB, the states and territories, to accomplish the four functions listed in the above paragraph.

Services are to be performed in accordance with the highest professional standards and the following requirements:

### 5.1 Professionally Staffed PHS State and Territory Directors

The Directors of Psychological Health (DPHs) shall oversee and coordinate mental health access through the NG state offices (and territories) for on and off-site assessment, problem solving, educational and motivational activities, referral, monitoring, behavioral health consultation, and follow-up psychological health services; 24 hours a day, 7 days a week, 365 days a year at secure, smoke-free locations accessible to the physically challenged. **\*Most likely the Government will provide office space for these individuals in each J-1 State office, and one each in the Air and Army NG Headquarters.** The DPH will act as a team member with other NG program personnel in support of all NG members and their families; recognizing there are nuances and

differences regarding Air and Army NG component policies and protocols as well as the mental health needs of the individual airman or soldier.

The DPHs shall fully and promptly comply with all requests by the Project Officer to secure all requested levels of security clearance for personnel working under this contract. Complete applications for security clearance are to be submitted within one week of request by the Project Officer. The contractor will promptly provide other information when requested by the Project Officer if/when the Project Officer determines the information is needed to resolve issues, e.g., service complaints, appearance of background discrepancies, etc.

a. DPHs

(1) DPHs and Affiliate Counselor/Network Coverage

NGB will set access levels and on-site placement based on NG member geographic dispersion, NGB Project Officer direction, program utilization, affiliate counselor accessibility, and other relevant factors to ensure cost-effective placement of DPHs while maintaining program quality and access. NGB and the Contractor shall work together to track DPH capacity and assignment utilization. The Contractor shall consider clinical need and referrals among other pertinent factors and recommend adjustment of service levels and DPH placement.

- (a) In limited circumstances it may be in the best interest of the Government for NGB or various states/territories to directly employ or contract for a DPH, e.g., for certain security reasons. In this event, at the request of the Project Officer, the Contractor shall provide access to the DPH for use of the MIS, MIS case management system and/or other resources available to DPHs provided by the Contractor, as well as clinical consultation on difficult case situations.
- (b) DPHs shall be responsible for ensuring appropriate on-and off-site office coverage. When a DPH will be away for more than two (2) weekdays due to vacation, leave-of-absence, or illness/or unexcused absence, appropriate options shall be examined, including, but not limited to, back-up on-site coverage. The coverage plan developed shall provide the most cost and service efficient alternative that provides for

continuity of care, timely management of existing and incoming work load, service quality and customer satisfaction. A back up coverage for any absence is required.

- (c) Within thirty (30) days of the award of the contract, the Contractor shall submit via electronic mail to the Project Officer for approval, written protocols and procedures to ensure that all full-time, or back up DPHs have supervision and appropriate psychiatric telephonic consultation available at all times.
- (d) Psychiatric telephonic consultations shall be available when needed, including after-hours availability for urgent/emergency situations.

b. Hours of Operation

(1) Regular Business Hours

DPH availability will be required on each business day for those states/territories that have regular hours, and most likely will include some evenings and weekends, as necessary in order to best serve individual NG members.

Within thirty (30) days after the award of the contract, the Contractor shall submit via electronic mail to the Project Officer for approval, written protocols and procedures to ensure that all Key Personnel are actively engaged in duties and/or available by blackberry during regular business hours and after hours.

It shall be the responsibility of the Contractor to be familiar with the Federal calendar as well as with those days set aside as officially approved holidays. On-site DPHs working within the terms of the contract shall observe the same holidays as the National Guard. When Federal organizations are granted additional leave including administrative leave as a result of inclement weather, potentially hazardous conditions, parades and/or other functions or special circumstances, the Contractor may be required to retain staff on duty at assigned locations to maintain an acceptable level of service for those NG members who are required to work.

(2) Emergencies and After-hours Coverage

Within thirty (30) days after the award of the contract, the Contractor shall submit via electronic mail to the Project Officer for approval, written protocols and procedures explicitly defining the process by which DPHs or affiliate counselors shall respond to after-hours or emergency calls. This plan shall include provisions for both initial phone contact and on-site response when clinically necessary and if practicable. The plan shall address the protocols applicable during regular business hours as well as those in emergency situations that occur when DPHs or affiliate counselors are not in their offices (evenings, nights, weekends and holidays). Key personnel or their back-ups are expected to be available by blackberry or telephone 24 hours a day, seven days a week.

(3) Project Director Attendance

When the Project Director is on leave during regular business hours, the Contractor shall notify the Project Officer as to who will be the Project Director's backup. When possible, this notification shall be provided two (2) days prior to the beginning of the Project Director's leave.

c. Office Locations

The Contractor shall be responsible for providing continuous on-site coverage at locations approved by the Project Officer (**See Appendix 1 for a current J-1 office location list**). The number of office locations is estimated, as state/territory locations may vary, increase or decrease per work force requirement. In most instances, the offices shall be located at NG Joint Headquarters (J-1) offices, however, the Contractor may be required to locate and secure separate office space.

The Contractor shall establish formal agreements with local qualified mental health counselors (emergency affiliate network) so that eligible NG members and their families may receive counseling/problem solving or other assistance when urgently needed..

## 5.2 DPH Access

a. Telephone Access

The DPH shall be accessible, regardless of where callers are located in their respective state/territory.

- (1) The DPH and/or qualified emergency affiliate counselor must be available at all times to immediately and directly interact with the caller, e.g., when a direct clinical response is required by the NG member, when an emergency clinical counselor's involvement is needed, or when the caller requests to speak to a counselor.

Minimal use of recorded messages is allowable and only with the specific prior approval of the Project Officer.

- (2) DPHs who have call-forwarding capability shall forward their telephones to back-up personnel or blackberry anytime they anticipate being out of the office, including after regular business hours. DPHs shall be responsible for testing the forwarding system to ensure that calls are properly forwarded to the correct terminating location each time they use their call-forwarding feature.
- (3) When applicable, DPHs shall record an NGB-approved message on his/her voice mail or answering machine. This message shall clearly refer callers to the appropriate forwarding number, and repeat the number to help ensure it is understood.
- (4) Systems and procedures required to ensure reliability and effectiveness of offeror's communication methods must provide for timely and accurate communication of information and messages among appropriate NG personnel, referral counselors, and callers in all circumstances. This applies whether or not DPHs are in their offices at the time of the call.
- (5) Within thirty (30) days of the award of the contract, the Contractor shall submit via electronic mail to the Project Officer for approval, written protocols and procedures explicitly defining telephone access procedures and system back-up procedures. The Contractor shall integrate the protocols and procedures into the Standard Operating and the Clinical Policies and Procedures Manual and into DPH orientation and training. The Contractor shall address and ensure that:
  - (a) The phone line is answered quickly, efficiently, and in a courteous manner.
  - (b) In non-emergency cases, messages left for DPHs shall be responded to no later than the next work day.
  - (c) Emergency calls shall be responded to immediately. The Contractor shall be responsible for assuring that a qualified response is available twenty-four (24) hours a day, 7 days a week,

365 days a year to speak with any NG member or covered family member who calls the Director of Psychological Health for services.

If deemed an emergency by one of the Key Personnel, person-to-person emergency/crisis counseling will be provided, as necessary, and callers will be referred to hospital emergency rooms and other facilities, as quickly as possible. When a referral is made to a hospital emergency room or other facility, the DPH working with the member shall facilitate the referral. The DPH will then act as a case manager providing linkage, monitoring, follow-up and participation in continuing care planning, as appropriate, with the consent of the member.

(d) TTY access shall be available for hearing-impaired members and family members 24 hours a day, 7 days a week, 365 days a year and shall be equivalent to telephone access available to all hearing employees and family members as described above. If requested, the DPHs will be trained in TTY equipment operation and may be the sole recipients of and respondents to TTY calls.

(e) Counseling by telephone may be provided by any qualified referred counselor if it is desired by the member and does not compromise the DPH or referred counselor's judgment. Within thirty (30) days of contract award, the Contractor shall provide a written protocol to the Project Officer for approval concerning telephone counseling. The protocol shall be integrated into the Standard Operating and Clinical Policies and Procedures Manual and the DPH orientation and training activities. NGB reserves the right to establish and provide Guidelines for Telephone Counseling to be used by the Contractor.

(f) Web-based counseling is being reviewed by the NGB at this time and may be requested for implementation on a pilot project basis; in conjunction with the Chaplain service. (See Optional Services).

(g) A call tracking system will be used for real-time tracking and program management.

(h) Monthly reports are provided to the Project Officer on case activity and performance against standards of timeliness for handling calls, making appropriate referrals, case disposition, and NG member satisfaction. Offerors are to describe the reports and timeframe for submitting these reports as part of their proposal.

(6) Within five (5) days of the award of the contract, the Contractor shall submit via electronic mail to the Project Officer for approval, a written

voice mail/answering machine message that shall be used by each DPH. The text of the standard message shall inform callers that they have reached the DPH and advise them that they may either leave a message or call an alternative number to receive immediate assistance. This standard message shall be recorded by each DPH on his/her voice mail or answering machine within two (2) working days after approval of the message by the Project Officer.

b. Referral to the DPH

The Contractor shall encourage maximum access to the DPH by creating policies and procedures that ensure the following referral avenues:

- (1) Self-referrals in which an eligible NG member voluntarily contacts the DPH regarding personal problems or concerns. The DPH shall interview the member, and where appropriate and with the member's knowledge and written consent, manage information that will enable a health care provider/referred counselor to complete a thorough bio-psycho-social assessment of the client's presenting problem(s), which may/may not be related to TBI or PTSD. **\*The Government will conduct and require preliminary TBI and PTSD training for all DPHs (clinical provider level) for clinical expectations and standardization.**

When utilizing clinical counselors (through the emergency affiliate network), in urgent or emergency referrals, an initial diagnostic assessment shall be completed within one (1) or two (2) interview sessions and shall include screening for alcohol, drug, and other addictive disorders, risk of violence, work issues, mental health related issues, financial, legal, medical and other problems. Assessment will also include gathering pertinent information concerning the presenting problem(s), demographics, family background, current living situation, and baseline information on key health/work indicators.

- (2) Supervisory/Commander ordered referrals occur when a supervisor or Commander refers a member who is demonstrating job performance problems, time, attendance and/or other conduct problems. The DPH and/or affiliate counselor shall meet with the member to both assess the supervisor's concerns, evaluate the member's perception of the problem(s) presented by the supervisor/commander and any other problems that the member may identify.

The DPH and/or affiliate counselor shall be bound by the laws of confidentiality and shall discuss no specific clinical information with the referring supervisor or Commander unless the NG member has signed a release of information form authorizing the release of specific



information. Referred counselors are prohibited from communicating directly with the supervisor/Commander or other NG personnel. Referred counselors are to promptly communicate significant information to the DPH managing the case. In most cases, without a signed consent, the DPH may only verify that the member sought assistance while on duty time. Applicable state laws and regulations apply for exceptions.

- (3) Other referrals in which a member is referred to the DPH through any means other than self or supervisory referral, the DPH shall interview the member, and where appropriate and with the NG member's knowledge and written consent, his/her family members and/or supervisor/Commander will obtain information that will enable the DPH to refer to a mental health counselor or other appropriate health care system provider to complete a thorough bio-psycho-social assessment or treatment for the NG member's problem(s).
- (4) Referrals due to an NG member's confirmed positive alcohol and/or other drug test are formal supervisory/commander referrals, whether or not they are associated with TBI or PTSD. Qualified Substance Abuse Professionals (SAPs) as defined by the Omnibus Transportation Employee Testing Act of 1991 as amended may be referred cases as part of the supporting affiliate network. Each DPH will orient and ensure orientation of the affiliate counselor to the NG and relevant DoD, Drug and Alcohol program(s) specific handling; policies, procedures and programs associated with alcohol or other controlled substance misuse or abuse.

c. Psychological Health Service Access

The Contractor shall be responsible for implementing protocols and procedures to assure that DPHs are available to meet with NG members and/or their family members at a mutually agreeable time. The DPH shall ensure that initial appointments are made and conducted in a timely manner. Options for appointments shall be offered at a variety of times and days. If the initial assessment appointment is not scheduled to occur within five (5) business days of the initial request for service, the case file shall include documentation regarding the reason the appointment was scheduled at a later date.

Emergency situations shall be responded to immediately, using the most appropriate resources available. Urgent situations shall be responded to within twenty-four (24) hours of contact.

Appointments, with the appropriate health care providers, shall be offered at times and locations convenient and accessible to the NG members

and/or their family member(s). Crisis counseling will be available by telephone 24 hours per day, 365 days per year. Appointments shall be made consistent with member's needs, regardless of the DPH's regularly scheduled hours. DPHs will create state (and local) clinical counselor networks for referrals and other local resources to assist Guard members and their families with assistance on all sequelae associated with PTSD and/or TBI.

The Contractor shall provide necessary coverage through the efficient assignment of qualified staff. Resources will be utilized to ensure that employees are seen within a reasonable distance and commute time from the member's home or worksite when services are to be delivered. The NGB Project Officer, in partnership with the Program Director, intends to review DPH productivity and placement to refine level(s) of effort and DPH placement on an annual basis.

Quarterly, fifteen (15) days after the period being reported, the Contractor shall submit via electronic mail to the Project Officer, a DPH and counselor referrals utilization report. This report shall document the percent of cases seen by DPHs and other mental health counselors and the average number of sessions per case.

- (1) Whenever possible, the DPH shall defer to the choice(s) of the member with respect to language, gender, religious, cultural and/or ethnic preferences.
- (2) Telephone counseling is acceptable when expressly requested by the NG member and where clinically appropriate.
- (4) Upon request by the Project Officer, the Contractor shall be required to provide mental health counseling utilizing various means of remote counseling in addition to telephone counseling, e.g., web based and/or video teleconferencing, via potential pilot program partnership with the NG Chaplain Service. (see Optional Services).

d. Confidentiality

Information may be released in accordance with the laws, regulations and circumstances as discussed below. When information is released, the Contractor is required to include a prohibition on secondary release of the information by the person to whom the Contractor releases information.

(1) Laws and Regulations

The Contractor shall ensure that all policies and procedures of the DPH services are in compliance with both Federal and State laws and

regulations, and assure the confidentiality of member contact with the DPH. Any and all counseling/problem solving records, as well as any information obtained from NG member visits to, or contacts with, the DPH shall be kept in a confidential manner in accordance with the **Privacy Act of 1974 and 42 CFR, Part 2 "Confidentiality of Alcohol and Drug Abuse Patient Records", HIPAA**. The confidentiality of all NG member users shall be maintained. Under the provisions of the Privacy Act or the Alcohol and Drug Abuse Patient Records regulations, information may not be disclosed to any person or organization without the written consent of the NG member or court order requiring disclosure.

Disclosure of pertinent NG member information is permitted under the following circumstances:

- (a) When the member gives prior written consent to disclose information. This consent of release is specific indicating the nature and scope of topics to be released, to whom information is to be released, the purpose of the disclosure, and the date on which the consent terminates.
- (b) If the member poses a danger to self or others, or threatens to commit a serious crime that would cause substantial property damage.
- (c) If there is a suspicion of child, spouse, or elder abuse or neglect (according to Department of Defense, or state regulations).
- (d) Where it is legally permissible or required to warn the target(s) of a credible threat of violence or a future criminal act made by a member, or to warn the legal authorities of such threat.
- (e) If the disclosure of information is allowed by a valid court order.
- (f) If the disclosure is made to medical personnel in a medical emergency.
- (g) To qualified personnel for research, audit, or program evaluation.
- (h) When a direct supervisor requires confirmation that the member has made or kept DPH appointments during regular

duty hours or sick leave, when that NG member has sought official duty time for appointment.

(i) For the purpose of defending an individual NG member in litigation per DoD/NGB regulations and instruction from the Project Officer.

(j) To a licensed health care provider with respect to positive to drug tests or clinical issues; in compliance with applicable Federal and state laws and regulations.

(k) When National Guard requires that information be released due to their mission on a "need to know" basis, e.g., national security. These requirements are identified in the Statement of Understanding, specific to the National Guard and is required to be signed by NG members before they are accepted as "clients" per the DPH and other mental health counselor services under this program.

All other releases of information require Project Officer approval. The Contractor is responsible for ensuring that the person to whom confidential information is released is notified of the prohibition on secondary disclosure of this information to another. The Contractor shall ensure notification documentation in the NG member record.

## (2) Duty to Warn

The Contractor shall notify the Project Officer or designee when the duty-to-warn is invoked.

## (3) Positive Drug Tests

In cases involving positive alcohol and/or other drug test results, the designated health care provider shall disclose those results, with or without employee consent, to the DPH. The DPH will follow assigned state/territory DoD and NGB policies and protocols.

## 5.3 Recruitment, Employment, Orientation and Retention of Staff

### a. Recruitment

The Contractor shall be responsible for the ongoing recruitment of a dedicated, full-time professional staff that is reflective of the cultural, age, and gender diversity of NG population to the extent reasonably possible. NG members and their family members may speak many different

languages as their primary language. To facilitate communication with callers and NG members, recruitment strategies should be applied to attract health care providers who are fluent in a variety of languages.

Additionally, consideration is to be given to recruiting staff who are familiar with state/territory geography, sensitive to cultural aspects of National Guard, and military environment, and have consultative and presentation skills, and have a personal commitment to 24 X 7 X 365 availability if assigned to positions where such availability is required.

Unless waived by the Project Officer in specific situations, minimum staff qualifications are:

(1) Qualified DPHs shall hold a Masters and/or Doctorate degree from an accredited college or university recognized by the corresponding professional association(s) in a clinical or administrative mental health field. In addition, they:

(a) Shall have a current state license or state certification to practice as a mental health practitioner (e.g., social worker, clinical psychologist, marriage and family counselor, and professional counselor) in the state(s) where practice takes place at the independent level. If such licensure/certification is not available in that state, the individual shall hold appropriate certification from a recognized national certification organization or board.

Any referred counselor/mental health care provider assigned to perform services related to NG members in other states, e.g., telephonic counseling, assessment and counseling, counseling and referral; and short-term temporary case-management must be licensed or certified in the state where he/she is physically located and have adequate knowledge of the state laws governing mental health issues and clinical practice for the population they are serving. Clinical supervision and consultation must be available (24 hours a day) and used to ensure adequate knowledge of state laws is appropriately integrated into the delivery of services.

(b) Shall be able to practice at the independent level without requiring state mandated clinical supervision. In rare cases, requests for waiver of this requirement will be approved at the discretion of the Project Officer.

(c) Shall have demonstrated capability to complete accurate bio-psycho-social assessments including substance abuse assessments and participate in Government sponsored TBI and PTSD training.

(d) Shall have or be covered by professional liability insurance coverage of at least \$1,000,000 per occurrence; \$3,000,000 aggregate.

(e) The Contractor shall ensure that affiliate counselors/mental health care providers performing phone counseling have specialized experience and training in phone counseling.

(f) Shall have a minimum of five years of clinical or mental health care administration experience after receiving the graduate degree that qualifies the DPH, affiliate counselor or mental health care provider for services described in this contract.

(2) Any other related staff must have the educational qualifications, experience, and personal characteristics needed for effective performance of the specific duties assigned.

b. Employment

The Contractor shall, upon Project Officer request, submit copies of each final DPH candidate's resume, license/certification, and proof of malpractice insurance, as well as a summary of the findings of a background check in accordance with your company policy.

The Contractor shall conduct a face-to-face interview with all prospective Key Personnel, including the DPH position. NGB requires Project Officer approval for the Project Director position. NGB reserves the right to participate in the interviews of all Key Personnel or request State and territory input on individual DPH selection. NGB also reserves the right to reject any Key Personnel or DPH candidate for due cause.

The Contractor shall complete a thorough qualification, reference, and background check on each of the prospective DPH and Key Personnel. This process shall include, but not be limited to:

- (1) Reference check and confirmation of all prior employment as an adult, including job title, dates of employment, and any periods of extended absence while employed. The Contractor must account for all time periods in the candidate's entire adult life. For the last 15 years of employment, include details about specific responsibilities, functions, and quality of work performed;
- (2) Determination about the history of any malpractice suits in the past;
- (3) Confirmation that the candidate is a member in good standing of the professional organization most appropriate for his/her credentials, and

- (4) Prime source verification of each final candidate's current licensure, certification, or registration by the appropriate state's professional licensing authority.
- (5) Prime source verification of each final candidate's qualifying degree.

The background check shall include documentation and verification of the candidate's entire adult career and shall account for all time during the candidate's adult life. The Contractor shall make reasonable efforts to ascertain whether a potential Counselor has a criminal record and advise NGB of this fact. Because of the responsibilities of Key Personnel and the DPH, prior criminal convictions may be relevant in deciding whether to hire persons who apply for Key Personnel or DPH positions. The Contractor shall evaluate hiring such applicants based on: (1) the applicant's qualifications; (2) the nature and the gravity of the offense or offenses; (3) the time that has passed since the conviction and/or completion of the sentence; and (4) the nature of the sensitive duties required of the position to be filled.

The Contractor shall conduct drug tests for all prospective Key Personnel. The Contractor shall also comply with Federal Acquisition Regulations (FAR) 52.223-6 Drug-Free Workplace requirements.

The Contractor shall fully and promptly comply with all requests by the Project Officer to secure all requested levels of security clearance for staff working under this contract. Complete applications for any security clearance are to be submitted within one week of request by the Project Officer. The Government shall advise/sponsor the Contractor for obtaining required Top Secret (TS)/ SCI security clearances for individuals, if requested. It is the responsibility of the Contractor, both administratively and financially to obtain a TS facility clearance via Government sponsorship.

c. Initial Orientation

Within ten (10) working days after any of the Key Personnel or DPH has been hired and prior to any referred counselor providing services to NG beneficiaries, the Contractor shall provide a thorough orientation about the NG Psychological Health Services program. This orientation shall include, but not be limited to, a review of all policies and procedures necessary for the DPH and a referred counselor to perform under the terms of this contract. Evidence of the successful completion of a structured orientation protocol resulting in adequate knowledge to perform assigned duties shall be retained in each DPH's personnel file or referred counselor's contract

file and available for the NGB to review upon request. The affiliate counselor/mental health care provider orientation may be accomplished by telephone, on-line or written communication.

d. Ongoing Orientation and Training

The Contractor shall maintain ongoing orientation and training to ensure that personnel working under this contract have the information and skills needed to effectively perform their duties. This includes, but is not limited to, information on the culture of NG and the relationship to service provision, use of the standard management information system, diagnostic assessment techniques, and consultative and presentation skills.

e. Retention

The Contractor shall make every effort to retain Key Personnel and DPHs. This shall include, but not be limited to:

- (1) Competitive salary scales and health benefits;
- (2) Opportunities for promotion;
- (3) Opportunities for professional growth including the provision of Continuing Education programs and/or stipends to attend professional meetings/conferences;
- (4) Timely responsiveness to Key Personnel, including a plan for an annual internal needs assessment to identify areas of staff concerns, strengths and/or weakness; and
- (5) Recognition programs.

Offerors are requested to include in their proposal their staff retention rates. Retention rates should reflect the percentage of people who were employed or became employed in those positions since January 1, 2006 who remain in those or related positions within the offeror's company.

In the event that any of the Key Personnel who have already been employed by the Contractor is found to have a past criminal conviction(s) that was not revealed during the application process, was not previously reported to NGB or which occurred after the DPH was hired, the Contractor shall promptly advise NGB of this fact. Per U.S. Government, U.S. Department of Defense security policies and procedures, NGB reserves the right to determine whether such individuals should continue to be involved in the NGB Psychological Health program.



## 5.4 Key Personnel Functions

Contractor personnel will perform a broad range of functions to assist NG members in addressing and resolving the full range of personal and mental health related problems to optimize health, productivity and operational readiness. Contractor personnel also will assist the NG in understanding the interface between behavioral health and operational efficiency, and the role of the DPH in helping develop and apply behavioral health solutions to functional/operational problems.

DPHs function in roles with a greater focus on consultative and case management services. Referred counselors/mental health care providers will perform counseling functions in gradations ranging from primarily individual counseling/problem solving and consultation with the DPHs to interventions associated with sequelae of TBI and/or PTSD. Any other staff will guide and support all personnel working under this contract to achieve these functions. To be successful, contractor personnel must understand the complex Government (DoD, TRICARE and VA) health care systems and options, the environment of the military system and apply this understanding with sensitivity to maintain the DPH's neutrality and confidentiality and retain member's trust and confidence and decrease potential stigma of utilizing the Psychological Health program. (See Definitions Section.)

The Contractor shall, within thirty (30) days after award of the contract, submit via electronic mail to the Project Officer for approval, written protocols and procedures to assure the following requirements are achieved:

### a. Key Personnel

Key Personnel including the Project Director and DPHs are expected to work exclusively on the NG Psychological Health program; with a minimum of forty (40) hours per week during normal business hours at an office approved by the Project Officer. In addition, it is expected DPHs will be required to work some weekends or evenings in order to accommodate NG reintegration activities. Key Personnel, including DPHs, shall return telephone calls initiated by the Project Officer or his/her designee within one (1) hour of receiving either the call or notification of the call, carry a blackberry/cell phone and be available for emergencies.

### b. Project Director

The Project Director shall meet or exceed the requirements for a qualified DPH (see Section 5.3(1)), and in addition must be an experienced mental

health clinician and administrator who has at least ten (10) years of health care administration experience and five (5) years of experience in the administration of a multi-state behavioral health program.

The Project Director shall have decision making authority on all matters pertaining to the Contractor's performance under the contract, and shall be responsible for all administrative and management functions necessary for the optimal functioning of NG PHS.

This individual shall serve as the focal point for contact with NGB and shall oversee and coordinate communication between the NGB and the Contractor, as well as all component parts of the Contractor's organization.

When the Project Director is unavailable, an alternate focal point will be designated. The alternate focal point will function as the acting Project Director and shall perform the same function as the Project Director in addressing issues raised by NGB and provide NGB with a thorough response in a timely manner.

The Project Director shall be responsible for the management of all clinical duties necessary to ensure the optimal functioning of the NG PHS. The Project Director shall oversee the administrative and clinical policies, procedures and practices of all qualified staff, as well as coordinate communication between DPHs and NG state personnel. The Project Director may also fill duties as a DPH.

d. DPHs

DPHs must have experience working in a complex organizational environment, and must understand labor relations, military operations, and the military health care system (DoD, TRICARE and VA as it pertains to the NG). Within 30 days of contract award, the Contractor will develop a reference resource guide to be used by each DPH to facilitate referrals, identify applicable DoD and VA benefits for the National Guard population as well as other state and local resources.

DPHs shall oversee the day-to-day clinical policies, procedures, and practice of affiliate counselors/mental health care providers, as well as coordinate communication between affiliate counselors/mental health care providers and appropriate NG personnel.

DPHs shall have the following additional specific responsibilities:

- (1) Administrative and best practice oversight

Each DPH shall be assigned to respective state and may have psychological health cases to supervise/manage. DPHs shall be responsible for assuring the delivery of quality clinical, consultative, and referral services, by referred counselors/mental health care providers, and for arranging, delivering, maintaining and documenting training and other clinical and consultative services as required by the contract.

DPHs shall provide each of the referred counselors/mental health care providers assigned to NG cases with at least one (1) hour of telephone administrative oversight every other week for case management issues or potential clinical concerns.

During the course of administrative oversight with the Project Director, DPHs shall discuss priority cases. Priority cases include all of the following: emergency or urgent referrals to an affiliate counselor, reactivated cases; cases involving alcohol and/or other drug use; risk, threats or actual acts of violence; child, elder or partner abuse/neglect; confirmed TBI and/or PTSD cases, positive alcohol or other drug test results; other cases selected by the affiliate counselor/mental health care provider based upon need. Every priority case is to be reviewed before a third session with the NG member for quality and effectiveness. Administrative oversight shall be sought on each case when the referred counselor/mental health care provider assesses a risk of violence is present. Such oversight shall be sought immediately if the referred counselor/mental health care provider has any concern regarding imminent danger and will occur as needed by the referred counselor/mental health care provider, prior to the next contact with the NG member. Where the DPH determines that additional intervention is necessary, he or she will be responsible for conducting the appropriate connection and follow-up.

To ensure compliance with DoD health care standards and sound clinical practice, DPHs shall personally review a minimum of two (2) randomly selected case records for each referred affiliate counselor/mental health care provider quarterly. When working with new (to the NG system) referred counselors/mental health care provider, those targeted to improve case documentation, or whenever it is otherwise deemed appropriate, a larger sample of cases shall be reviewed.

Any referred to counselors/mental health care providers shall document all consultation in the case record; for both electronic and hard copy files. DPHs shall maintain separate documentation of all consultation in a file folder under the affiliate counselor/mental health care provider's name. Case records reviewed by the DPH shall be dated and include a signed DPH progress note indicating that the case record was reviewed. When a

case record is reviewed from a remote location, an entry of the case review shall be inserted into the case record, providing similar documentation and including the DPH's name in lieu of a signature.

(2) Reviewing, Commenting and Follow-up on critical incident responses.

Each DPH shall review each critical incident response and, when appropriate, the DPH will consult with the Contractor's legal counsel and NGB Project Officer to make suggestions regarding corrective actions to be taken with respect to the critical incident.

(3) Training of Referred Counselors/Mental Health Care Providers Regarding Referral Procedures

DPHs shall assure that all referred counselors/mental health care providers are aware of Federal/VA/TRICARE health benefit plans. DPHs shall assure that referred counselors/mental health care providers are sensitive to possible special needs of NG members which might include, but are not limited to, specialized TBI or PTSD clinical practice, different languages, the need for handicapped accessible facilities and/or a request by an NG member for a referred counselor/mental health care provider of the same age, gender or ethnic background.

e. Referred Counselors/Mental Health Care Providers for Urgent or Emergency Needs

Referred counselors/mental health care providers will conduct face-to-face onsite (if requested) counseling and consultation. They are to apply best practice core technologies in a proactive, responsive, and consultative manner, partnering with the DPH to help achieve the goal of a healthy, productive and operationally ready NG member. The referred counselor/mental health care provider will build upon their knowledge of and experience in complex military health care systems and are expected to learn the culture and its unique relations including operations and administrative procedures. They are expected to develop and maintain positive relationships at multiple levels, provide clinical services and/or case management for clinical cases within a best practices framework (e.g., with a clinical, problem-resolution focus), provide critical incident services, and skillfully and collaboratively promote wellness by multiple modalities. The affiliate counselors/mental health care providers also are expected to document their activities and present that data in a fashion that emphasizes the value of the psychological health services program and the benefit for a Guard member or his/her family. This includes collecting and presenting information on the outcome of intervention and follow-up they provided related to special incidents and services, especially those having a member productivity impact. **Payment to**

**referred counselors/mental health providers will be via the individual NG member's benefits (VA, TRICARE etc.) or the NG member's private health insurance program, In emergency situations, some referred or affiliate counselors will be compensated by the contractor and billed to the Government at the contractor's negotiated state rate (per contract instructions).**

Offerors are requested, as part of their proposal, to describe recent experience of how their personnel, as well as their referred providers, are or will be trained to accomplish, or have accomplished the responsibilities outlined in the above paragraph.

Referred counselors/mental health care providers are to be located at remote state locations and are available through reliable communication on a 24/7 basis. As requested, they will perform crisis intervention, telephonic assessment, face to face counseling, follow-up, referrals, treatment and related clinical core technology services. An additional significant function is to provide risk management and telephonic consultation to DPHs and if appropriate, other NG health care personnel.

f. DPH Care Manager and Follow Up Role.

This role is expected to be a primary responsibility of the DPH: The DPH consults with the other mental health counselors/mental health care providers to assure the clinician is providing excellent clinical care and understands the culture of the NG, discusses counseling plans and expectations and when appropriate, performs follow-up for members who have received substance abuse treatment or been referred to specialized levels of care.

Follow up with NG members and mental health care providers to assure successful linkage and member satisfaction, researches community resources to determine applicability for NG members, facilitates for referral processes and quality practices.

In addition, within the NG, there are special populations associated with various missions that may need DPH support and or coordination with other mental health resources, both within and outside the Federal system.

## 5.5 National Guard (NG) Member and Family Psychological Health (PH) Services

PH services will provide a combination of assessment, counseling/problem solving, educational and motivational activities, clinical referral, and follow-up services for any NG member whose problem(s) may include, but are

not limited to TBI and or PTSD sequelae: relationship, family, marital, job stress, chemical dependency, substance abuse, health/medical, parenting, grief, sexuality, eating, gambling, emotional and/or violence issues. Clinical services shall be made available to NG members in accordance with eligibility policies established by the NG and related military health care organizations.

The Contractor shall be responsible for providing a specified number of counseling and problem-solving sessions including assessment, to help members and families resolve personal and/or clinical problems. The specified number of sessions may vary among NG members and may change at times throughout the life of the contract consistent with the needs of NG member's mental health care needs. At the discretion of the Project Officer, sessions shall be conducted in locations necessary to effectively serve the member, e.g., Government provided offices at or near the Guard member's workplace, contractor-provided offices, referred Counselors' private offices, hospitals, private residences and other locations.

At the discretion of the Project Officer, DPHs may be assigned various shifts per NG rotations to provide workplace, on-site services 24 X 7 when needed to properly serve the state/territory NG units and wings. Such assignments may be ongoing or temporary depending on need. Additional after-hours services shall be provided when determined by the Project Officer to be needed.

All NG members are to receive an initial DPH appointment in a timely fashion regardless of where the member is located. For NG members returning from international locations, the DPH will anticipate needed services consistent with expected utilization and possibly "brief" returning members on the details, access and opportunities of the PH service and follow on capabilities.

Offerors are requested to provide, as part of their proposal, a description of the NG member's proposed PH services and DPH locations that will be provided as of the first day of service delivery under this contract. Offerors also are requested to describe their past experience in providing this type of service.

**Payment to the referred counselors/mental health providers will be via the individual's NG member's benefits (VA, TRICARE etc.) or the NG member's private health insurance program.**

Referred Counselor/Mental Health Care Provider responsibilities include:

- a. Statement of Understanding

The referred counselor/mental health care provider shall, prior to any NG member or family member receiving services, have the individual sign a Statement of Understanding that will be provided to the Contractor by NGB. Referred counselors/mental health care providers shall advise the individual that a decision to accept assistance is voluntary and that the associated counseling provided by the psychological health services program is free-of-charge and payment to any referred counselors/mental health providers will be via the NG member's benefits (VA, TRICARE etc.) or the NG member's private health insurance program..

Until the Statement of Understanding is signed, the NG member shall not be considered a customer/client. In the event that telephone counseling is provided in lieu of face-to-face counseling, the referred counselor/mental health care provider shall read, or for deaf or hard of hearing review with the use of the TTY, the Statement of Understanding with the customer/client over the phone, document that review, and mail the Statement of Understanding to the client for signature. The member receiving service must sign the Statement of Understanding and mail it back to the referred counselor/mental health care provider in order to continue receiving clinical services.

If a referred member refuses to sign the Statement of Understanding, the assessing counselor/mental health care provider shall document the refusal, state whether or not the person has read the form and provide the person with a referral to an appropriate alternative service. In emergency situations, emergency affiliate counselors shall offer clinical services prior to the signing of the Statement of Understanding. In such situations, affiliate counselors/mental health care providers shall attempt to have the Statement of Understanding signed as soon as possible after the crisis has subsided.

b. Initial Assessment

The Contractor shall make every effort to respond to the needs and sensitivities of each customer/client. The DPH/mental health care provider shall screen, identify, evaluate, and assess individual and family problems.

Bio-psycho-social assessments are to be performed and, in all cases, shall include specific screening for TBI, PTSD, alcohol and/or other drug abuse as well as a history of the use/abuse. DPHs, referred counselors/mental health care providers shall establish a preliminary intervention plan for each case involving any mental health disorder and/or alcohol/other drug abuse. Unless prohibited by state law, emergency referred counselors shall document each member's assessment in the

member's clinical case record using the current edition of the ICD or DSM-IV.

Unless the member signs a release of information form authorizing disclosure, the referred counselor/mental health care provider may not discuss specific details of the member's assessment and/or intervention with anyone other than the DPH.

DPHs shall advise each member that assessment, intervention, counseling/problem solving, educational and motivational activities, referral if appropriate, and follow-up provided through the psychological health program are **free-of-charge to the member, but specialized, outside of the military health care system or a member's private insurance coverage will be the financial responsibility of the NG member or per emergency intervention via affiliate counselor.**

c. Counseling/Problem Solving

Services include varying numbers of sessions that address the full range of personal problems spanning mental health issues related to the deployment cycle and reintegration: job-related problems, family issues including those related to TBI and PTSD, and various other personal problems. Counselors/mental health care providers shall be knowledgeable of the services and estimated number of sessions before review is warranted. The DPH shall be responsible for case management.

Referred counselors/mental health care providers shall be knowledgeable about Federal and state laws governing privacy, confidentiality, duty-to-warn, child and elder abuse reporting requirements. Referred counselors/mental health care providers shall, in compliance with the laws governing the specific locale, notify any intended victim(s) as well as local law enforcement officials, and DPH of any threat of violence made by any client who presents a clear and present danger to self and/or others.

d. Referral to Community Resources

If during the assessment or counseling/problem solving phase the DPH or a referred emergency or urgent counselor/mental health care provider concludes that a member's problem(s) necessitates specialized services or longer-term care, he/she shall have the client sign a release of information form that enables the him/her to discuss the member's case with the appropriate, licensed, qualified professional at a referral resource.

The DPH and/or referred counselor shall, whenever possible, both ensure that any age, gender and/or ethnic preferences of the client are respected and provide the client with three (3) different referral sources which meet



client needs. Counselors shall make every effort to assure that the services are kept within the military health care benefits or a member's financial means, and shall facilitate the member's contacting and utilizing the community resource of choice.

Referred counselors shall in all cases involving substance dependence refer the member to a licensed in- or outpatient resource as well as to a self-help group. Should a member prematurely leave a treatment program, the member's clinical record shall reflect that this has taken place. If the member was referred to the PHS as a result of a positive alcohol and/or other drug test, the member's supervisor/commander shall be advised of the member's termination of treatment.

Referred counselors/mental health care provider may not assign or refer any member to him or herself or to any affiliate or community resource in which the referring counselor and/or the Contractor has a financial or any other interest without prior approval of the Project Officer. Any referral that has the appearance of reflecting a conflict-of-interest shall be pre-approved by the Project Officer and shall be included in the member's case record.

"Self referrals" by an emergency affiliate counselor may be acceptable under limited conditions: when self referral is clinically appropriate; when the emergency affiliate counselor offers at least two (2) other referrals outside the affiliate counselor's practice (or any individual, group, or treatment facility where the affiliate counselor has a financial interest) and within the member's insurance plan; and when there is documented "clear choice" in the member's record. All three conditions must be met and will be considered, among other factors, by the Project Officer before pre-approving self-referrals.

e. Clinical Case Management

The clinical record will contain documentation regarding the assessment, intervention plan, ongoing progress, and related case management activities. The emergency affiliate counselor/mental health care provider shall assess member needs for: direct care, assist in defining and guiding the intervention process, work with collateral agents as necessary (e.g., DPH, supervisor/commander, family members, etc.), follow-up with the member and collateral agents, and assist the member via DPH to coordinate with the Guard member's supervisor/commander with duty re-entry.

The Contractor shall develop and apply a protocol for high quality direct services by referred emergency affiliate counselors, and for DPH case management of sensitive or high profile cases, risk of harm cases, formal referrals, and substance abuse cases. An initial outline of the protocol is to

be submitted as part of the offeror's proposal and the completed protocol is to be submitted to the Project Officer within 30 days after contract award.

Inpatient and outpatient monitoring will include the following:

(1) Conducting personal, telephone, and/or written contacts with the member and therapeutic agency to monitor progress on a scheduled basis as clinically appropriate.

(2) Urging the member and/or therapeutic agency to develop an aftercare/continuing care plan.

(3) When appropriate, being available to provide a back-to-work meeting with the member and appropriate management representative(s) to ease the member's return to work transition after an absence due to treatment participation.

f. DPH, Emergency Referred Counselor/Mental Health Care Provider Follow-up

Within two (2) weeks of assigning any member to an emergency referred counselor or referring any client to a community resource, the DPH, or referred counselor/mental health care provider shall contact the member to assess both clinical progress and client satisfaction. If acceptable to the client, and if a signed release of information is obtained, referred counselors will be encouraged to follow-up with the DPH on case status as well. All follow-up activity shall be documented as well as in the appropriate standard management information system.

(1) In non-chemical dependency cases and cases that do not involve threats of or actual violence or child or elder abuse/neglect the client shall be followed-up for up to three (3) months. If at the time of follow-up, the client is stable, functioning at a satisfactory level and no longer interested in receiving clinical services, the affiliate counselor's follow-up and findings shall be documented and the case shall be closed with the option made available for the client to reapply for additional services at a later date. If the follow-up activity reveals instability, TBI or PTSD related additional needs or indicators of relapse/risk, the case shall be reevaluated and an appropriate action plan developed, documented and implemented. However, if the client is non-compliant with recommendations or wishes to have his/her case closed, the affiliate counselor will discharge the client from the DPH referral and close the case.

(2) In cases involving substance abuse or chemical dependency, clients shall be followed-up for one (1) year by the DPH. If the client is non-compliant with recommendations, or wishes to have his/her case closed,

the referred emergency counselor/mental health care provider shall notify the DPH, proper authorities/officials as necessary, discharge the client from the PH service, and close the case.

(3) In cases where the client is subject to an employer related Last Chance Agreement or other settlement agreement, clients shall be followed-up for the length of the agreement. If the client is non-compliant with recommendations, the emergency referred counselor/mental health care provider will notify the DPH, proper authorities/officials as allowed by confidentiality and privacy regulations, discharge the client from the PH service, and then close the case.

g. National Guard Member Satisfaction Survey

The Contractor shall distribute a "Client Satisfaction Survey" to all NG members who use the PHS. At a consistent point of the PHS counseling/problem solving process, the Contractor shall mail or provide a postage paid client satisfaction survey to each member utilizing the program. The survey shall be returned to a contract administrator for follow-up, tabulation, and statistical reporting.

When the DPH receives a negative client satisfaction survey, the Program Director shall be notified and the DPH will be required to follow-up, take corrective actions as appropriate, and verbally report results back to the Contractor program Director and NGB Project Officer. NGB may require additional written response in certain situations.

Offerors are requested to provide, as part of their proposal, a copy of the Satisfaction Survey currently used by the Contractor and a sample survey proposed for use under this contract within 30 days of contract award. The Project Officer reserves the right to approve the Client Satisfaction Survey to be used, and to require that clients return surveys to the Contractor for follow-up, tabulation, and reporting of information at the discretion of the Project Officer.

h. NG Management and Commander consultation

DPHs will provide consultation to NG senior management on how to deal with troubled or troubling individuals who may/may not be experiencing signs and symptoms of TBI and PTSD. Included in the consultation is how to refer them to the PHS as well as offering specialized training upon request.

i. Private practice restriction

Unless approved in advance by the Project Officer, DPHs may not accept

as private clients any person or family member of a person who contacts the PHS through the DPH.

#### 5.6 Affiliate Network (for Emergency Clinical Services)

All affiliate counselors/mental health care providers (affiliates) shall meet the professional qualifications established in this Statement of Work, with the exception that 3 years of clinical experience post qualifying degree are required instead of five years as required for DPHs. Throughout the life of this contract, the Contractor shall maintain a large network of geographically dispersed affiliate counselors including sufficient numbers of counselors familiar with the clinical sequelae associated with TBI and PTSD, Substance Abuse Professional's (SAP) and Certified Alcohol and Other Drug Abuse Counselors (CADAC) to promptly respond to all requests for service. Project Officer guidance on assignment of NG members with substance abuse problems to SAPs, CADACs and equivalent counselors shall be followed. The government reserves the right and assumes no risk in restricting any affiliate from providing services to NG members and their eligible family members.

Offerors are requested to provide, as part of their proposal, the current number of Contractor's affiliate counselors who are qualified according to the criteria of this solicitation and available to provide services under this contract, an overview of the geographic distribution of these affiliates, and the number who are CADACs, SAPs, TBI and/or PTSD trained. Offerors also are requested to describe as part of their proposal, how they meet the accessibility requirements of having affiliate counselors available within a 30 mile radius or one hour drive of any location in the country except in Alaska, and to describe the accessibility of affiliate counselors in Alaska and in all other locations (U.S. Territories) outside the 50 States.

Offerors in the competitive range may be asked to provide a complete list of affiliate counselors.

The Contractor shall provide an orientation about NG psychological health services (PHS) to new affiliates. Affiliates may not provide services until they have received the orientation, which may be accomplished by telephone, on-line, webinar or written communications.

Contracts with Affiliates shall address the following areas:

##### a. Affiliate Organizations

Affiliate organizations shall identify by names and qualifications the specific counselors who would be assigned to work with this contract.

b. Supervision

The Contractor shall include in its standard contract the provision that all affiliate counselors assigned to work with the NG members will participate in clinical supervision/consultation as needed and will comply with the Contractor case management protocol. As a Quality Assurance measure, NGB retains the right to review cases assigned to affiliates.

c. Hours of Operation

The Contractor shall establish policies, protocols, and procedures to ensure that Affiliates are aware of NGB expectations and are available to respond to NG members and family members assigned to them during hours convenient for them.

d. Locations

The Contractor shall ensure that Affiliate offices are secure, smoke free environments and that an adequate number of Affiliates are able to provide services to physically-challenged, hearing impaired and/or visually impaired clients.

e. Process for Reporting Client Progress

The Contractor shall ensure that Affiliate Counselors provide feedback about member/client progress after completion of three sessions to determine the appropriate course of the case. The Contractor also is to ensure that Affiliates understand that the Contractor is available for consultation whenever requested by the Affiliate.

f. Affiliate Billing and Payment

The Contractor shall have a plan in place that ensures information and education on how to submit billing statements to the respective Government or private insurance payer. Payment to the affiliate counselors/mental health providers will be via the NG member's benefits (VA, TRICARE etc.) or the NG member's private health insurance program.

g. Professional Liability Insurance

The Contractor shall require and verify that each affiliate counselor has and maintains professional liability insurance of a minimum of

\$1,000,000 per occurrence and aggregate.

## 5.7 DPH Account Management

The Contractor shall facilitate the fine-tuning of PHS services to the specific needs of the National Guard. To accomplish this, the contractor must provide the state DPH and local affiliate counselors, who function as health care resources, an understanding of operational problems from a civilian soldier/airman behavioral health perspective; an understanding and functional expectations within a complex environment to successfully maintain the program's neutrality, confidence, and trust; partner with NGB to understand the interface between behavioral health and operational efficiency to support and promote operational readiness.

DPHs must effectively work with local NG Joint teams on program promotion, and work collegially with management and other organizational components to improve operations and the workplace environment for NG members. Upon request by the Project Officer, the Contractor shall provide enhanced consultative services as needed to address various workplace issues affecting NG member performance, e.g., coaching, workplace climate assessment, intervention planning, career development, outplacement, transition and change planning and implementation.

### a. Account Management Plans

(1) Annually, on a phased scheduled basis acceptable to the Project Officer, the Contractor shall develop and submit, via electronic mail to the Project Officer, an account management plan to properly serve each NG in its U.S. State/Territory. This plan shall address contacts with NG management/Commander and include plans for PHS awareness campaigns, supervisor/team leader training, member orientations, health promotional activities, and plans for aligning the PHS and its resources to assist the NG and its members in meeting specific challenges and to achieve their common goals. In addition, at the discretion of the Project Officer the Contractor may develop needs assessments and action plans.

(2) The Contractor shall consider issues and challenges presented by the NG such as, utilization trends, organizational themes arising from local levels, and the profile of each State and Territory when planning organizational services. Profiles may include demographic information about the number of members, age, ethnicity, and gender distribution of the covered member population; health and mental health coverage; rates of

absenteeism, tardiness, turnover and accidental injury; as well as, grievances and health insurance claims.

b. State and Territory "Customer" Meetings

(1) The Contractor shall, at the request and approval by the Project Officer, coordinate and/or participate in, or conduct individual State/Territory meetings if requested. The Contractor may be required to assist with establishing the location of these meetings and notifying NG management of the meetings. The Contractor shall immediately following a meeting alert the Project Officer to significant matters and submit minutes of meetings to the Project Officer within fifteen (15) days after the meeting was held. At the Project Officer's request, the Contractor may be required to distribute minutes.

The Contractor shall maintain collaborative relationships NG State and territory management and remain cognizant of their mission statements and objectives.

(1) The Contractor shall arrange for meetings with key personnel from NG States/Territories when members of the contractor's staff are traveling to conduct business (e.g., travel to DPH offices).

(4) The Contractor shall consult with NG management to provide guidance and consultation in areas such as mental health concerns, mental health wellness, client confidentiality requirements as they relate to supervisors/Commanders, effective methods of managing members who have behavioral and/or job performance problems, and the process for facilitating optimal referrals to the PHS.

(5) The Contractor shall determine actual or proposed NG changes or events that could adversely affect the productivity or emotional well-being of members. In consultation with Commanders, the Contractor shall determine whether these issues fall within the PHS/DPH's role and expertise and, if requested by the NG is to provide additional assistance to help resolve specific situations involving organizational problems. The Contractor shall keep the Project Officer apprised of these issues and, if outside the scope of the PHS, e.g., specialized organizational development services, refer requests to the Project Officer.

(6) The Contractor shall establish formal and informal training that encourages referrals to the DPH.

## 5.8 Critical Incident Events (CIE)

The Contractor shall, within fifteen (15) days after award of the contract, submit via electronic mail to the Project Officer for approval, written protocols and procedures for Critical Incident Events. The Contractor shall ensure that it has a cadre of trained professionals located throughout each respective state/territory for response. At the request of the Project Officer or NG, these professionals shall be utilized to provide CIE services. The following program elements shall be included in the CIE protocols and procedures.

### a. Consultation and Customer Service

The Contractor shall provide consultative services to the NG management. This consultation shall include the role of the DPH in providing outreach to those indirectly affected as well as those directly affected by the incident. The Contractor shall be sensitive to the expressed needs of the NG and shall maintain a customer focus at all times. The Contractor shall work to ensure that the NG's needs are satisfied.

### b. Critical Incident Stress Intervention (CISI)

The Contractor shall ensure a rapid response to critical incidents. Affiliate counselors shall be available to provide face-to-face individual and/or group support to those who have experienced threats or actual acts of violence either at the workplace or at any other location; threats or actual acts of suicide or homicide; episodes which severely impact on the worksite such as natural or man-made disasters, death, severe injury or traumatic experience by members of a work group; or any other situation which might have psychological, legal and/or media impact on the NG. In each case, a verbal critical incident report shall be provided to the Project Officer or his/her designee. The Contractor shall notify the Project Officer of requests for CISI to ensure that NGB is knowledgeable and can work effectively in a leadership role with the corresponding state/territory Commander.

### c. Crisis Intervention Team

The Project Officer shall retain the right to activate a crisis intervention team, and in partnership with the Project Director, designate the person who will be the on-site team coordinator. The team as described below shall continue to function until such time as the Project Officer requests that it be disbanded.



The Contractor shall provide on-site crisis intervention teams within timeframes specified by the Project Officer as needed to respond to any special or critical incident, or natural or manmade disaster. The Contractor shall mobilize the DPH and any affiliate counselors as well as bring in additional professional resources with specialized credentials as deemed necessary by the Project Officer. When staff is mobilized, the contractor must provide support for other psychological health service delivery needs when additional resources are needed, e.g., back up for DPH staff in other locales when he/she responds to a major event.

Contractors are to have an expedited travel protocol arranged in advance to respond immediately, and get the DPH or affiliate counselors on-site ASAP, in the event of a major event, e.g., natural disaster or terrorism. Counselors may be required to commit to 2-3 week assignments and do 12 hour shift work for 24 hour coverage.

The Contractor's CIE plan shall include a listing of team members by title, a formalized reporting structure including the functional expectations and responsibilities of each team member and a plan that ensures the ability of the team to work together effectively, under NG state/territory direction, in a crisis situation.

The Contractor shall ensure that necessary professional personnel are available to provide critical incident event consultation, and individual or group face-to-face counseling/problem solving; as well as coordination with NGB, states and territories in response to the incident.

If Federal organizations in the vicinity of a critical incident, or groups responding to the critical incident are in need of assistance from the crisis intervention team but are not covered under this contract, upon approval by the Project Officer, the Contractor shall provide appropriate professional humanitarian assistance.

d. Critical Incident Reports

Within twenty-four (24) hours of any critical incident, the Contractor shall notify the Project Officer or other designated official at NGB. The Project Officer or designee may require additional written information and/or ad hoc written reports about the critical incident and response.

Each DPH shall review, comment on, consult with the Contractor's legal counsel when appropriate, and make suggestions regarding corrective actions to the handling of Critical Incident. DPH comments and suggested corrective follow-up shall be received by the Project Officer within seventy-two (72) hours after the occurrence of any critical incident.

5.8 (1) Management/Commander Awareness and NG Member Orientation, and Briefing

The offeror must list in their proposal, all proposed training (including orientation, and briefing) programs and materials, including slides, handouts, protocols and curricula, that are owned by the offeror, or otherwise available for use by the offeror, that are offered to the National Guard (NG) for use during the life of the contract. These include training programs and materials for on-site presentation as well as for distance learning. NGB will have use of these training programs and materials during the life of the contract, but not after end of the contract unless specifically authorized by the contractor to use them after end of the contract.

If the contractor makes new or additional contractor-owned training programs or materials, including protocols and curricula, available to the NG for use during the contract that were not included in the list provided as part of their proposal, the NG will have access to their use during the life of the contract, but not after end of the contract unless specifically authorized by the contractor to use them after end of the contract.

The NG also has training programs and materials available and at the discretion of the Project Officer may require their use by the Contractor in place of or in addition to what is provided by the Contractor.

The contractor shall work collaboratively with NGB to develop new training programs and materials, including protocols and curricula to effectively meet member needs. NGB will have sole ownership and ongoing use of training programs and materials if staff time or other development costs are funded from this contract.

The Project Officer will specify the Government names and logos to appear on all material used under this contract. Under only very rare circumstances and with the approval of the Project Officer may the Contractor's corporate name appear on any of the material.

The Contractor shall, within 30 days of contract award, submit via electronic mail to the Project Officer for approval, an annual written promotion plan to assure that the NG is contacted and arrangements are made for Commander awareness, member orientations and briefings.

The Contractor, through the DPH, shall establish annual training plans for each state and territory. This training plan shall take into account the changing member needs of the NG unit or wing and shall enhance and build upon previous years of mental health promotion. The plan shall include new and stimulating efforts to promote the PHS. The Contractor,

DPHs and NG liaisons at the local level shall work together to schedule the trainings/orientations/briefings at mutually agreeable times. DPHs and NG liaisons shall be responsible for completing necessary preliminary administrative functions and the Contractor, through the DPH, shall be responsible for implementing Commander awareness, NG member orientation and briefing programs.

The goal of these programs shall be to educate supervisors, members, managers and other staff and thereby encourage confidence, trust and maximal use of PHS services. The Contractor, through the DPH, and in conjunction with NG management shall fine-tune these programs so that they most effectively address the unique needs of the state and territory NG units and wings.

Within thirty (30) days of contract award, the Contractor shall provide the Project Officer with a sample training evaluation survey. The Project Officer approved evaluation survey will be disseminated by the contractor to each training participant. Quarterly, fifteen (15) days after the period being reported, the Contractor shall submit via electronic mail to the Project Officer, a qualitative and quantitative report on all training conducted.

a. Consultation, Training and Briefing for Commanders/Managers

The Contractor shall offer awareness training and briefings to all NG state and territory organizations during the base year of the contract. The Contractor shall conduct trainings and briefings within twenty (20) working days after receiving a request from a Commander, manager or organizational representative. Training shall be conducted in groups acceptable to the NG management and generally shall be approximately at a length of time acceptable to NG management. At sites that have multiple work shifts, the DPH shall provide training during each of the tours-of-duty, as requested.

Quarterly, the Contractor shall provide training and/or briefings for newly appointed or newly hired Commanders, managers, or other officials.

Within thirty (30) days of contract award, the Contractor shall provide to the Project Officer for approval training modules for the Awareness Training and Briefing. These training modules shall be specifically designed for the NG PHS. The NGB shall provide the Contractor with the NG related materials for use in the design of the training module. The NG has existing training and materials and may require the Contractor to use them instead of or in addition to what they provide.

Annually, the Contractor shall offer to conduct advanced training for

Commanders or their representatives to build upon training previously received. The Contractor shall work with the DPH and/or NG management to plan content, and scheduling of training to meet the NG needs, consistent with guidance from the Project Officer.

b. NG Member Orientation

Upon request, the Contractor shall offer NG member orientations of the DPH role and responsibilities, as well as available support and services to all NG members and personnel in states/territories with special effort in the base contract year. The Contractor shall conduct orientations in collaboration with other NG Joint orientations or briefings usually in a pre or post deployment setting or on a 1:1 basis when/where appropriate. At sites that have multiple work shifts, the Contractor, via DPH, shall provide the orientations during each of the tours of duty or reintegration event.

Quarterly, the Contractor shall provide NG member orientation sessions for new NG members.

Within thirty (30) days of contract award, the Contractor shall provide to the Project Officer for approval a module for the NG member Orientation. This orientation module shall be specifically designed for the NG. The state/territory NG may have an existing orientation module(s) and/or materials available and may require the Contractor to augment these instead of or add additional information/materials to what they provide.

Annually, the Contractor shall offer to conduct advanced orientations or specialized briefings for members to build upon orientations previously received. The Contractor shall work with the DPH and NG liaison to plan content, and scheduling of orientations to meet NG needs, consistent with guidance from the Project Officer.

## 5.9 Behavioral Health and Wellness Promotion

If requested, the offeror must list in their proposal all behavioral health and wellness promotional resources and materials including slides, handouts, protocols and curricula that are offered to the NG for use during the life of the contract. These include programs and materials for on-site presentation as well as for distance learning. NGB, through the DPH, will have use of these educational and promotional programs and materials during the life of the contract, but not after end of the contract unless specifically authorized by the contractor to use them after end of the contract. Within 30 days of award, the Contractor will submit to the Project Officer behavioral health curricula for approval.

If the contractor makes additional contractor owned educational and

promotional programs or materials, including protocols and curricula, available to the NG for use during the contract that were not included in the list provided as part of their proposal, NGB will have access to their use during the life of the contract, but not after end of the contract unless specifically authorized by the contractor to use them after end of the contract.

If requested, the contractor shall work collaboratively with the DPH and the NG to develop new oral and written health and wellness educational and promotional programs and materials, including protocols and curricula to effectively meet customer needs. The NG will have sole ownership and ongoing use of these training programs and materials if NG time or other development costs are funded from this contract.

The Project Officer will specify the Government names and logos to appear on all material used under this contract. Under only very rare circumstances and with the approval of the Project Officer may the Contractor's corporate name appear on any of the material.

a. Behavioral Health and Wellness Promotional Presentations

The Contractor shall also be responsible for providing other presentations as requested by the Project Officer.

The Contractor shall work with the DPH and NG liaison at the state and territory level to plan content, and scheduling of behavioral health and wellness presentations and other promotional activities to meet NG needs, consistent with guidance from the Project Officer. Each contract year, NGB and the Contractor shall survey the NG at the state/territory and national level to determine behavioral health and wellness educational and promotional needs. Based on this survey information, the Contractor shall be provided new topics for behavioral health and wellness promotion. The Contractor shall develop programs on these topics, submit drafts for Project Officer approval, and be prepared to deliver the programs no later than two (2) months after receiving notification of any new topic from the NG. The Contractor shall also provide other existing behavioral health and wellness promotional presentations as requested by the Project Officer.

Within thirty (30) days of contract award the Contractor shall submit, to the Project Officer for approval, both a comprehensive plan for behavioral health and wellness promotional presentations and an evaluation form to be completed by participants at the end of each presentation. Quarterly, fifteen (15) days after the period being reported, the Contractor shall submit via electronic mail to the Project Officer, a qualitative and quantitative report on all presentations conducted.

- (1) Contingent on workload, DPHs and/or affiliate counselors shall provide unlimited presentations. Presentations shall be conducted as requested by NG liaisons and organizational representatives, or as approved by the Project Officer.
- (2) When NG requests behavioral health and wellness promotional presentations, the Contractor shall contact other units and wings in the same locale, notify them of the presentations and recommend their participation.
- (3) For established and approved training modules, the Contractor shall, within fourteen (14) business days after receiving a request from an NG liaison or organizational representative, conduct the requested presentation. Handout material on both the topic of the program and the NG PHS shall be provided at each presentation. The Contractor shall distribute evaluation surveys approved by the Project Officer to each participant at the end of each presentation.
- (4) The Contractor shall offer a Behavioral Health and Wellness Promotion guide that provides a short description of each presentation topic to NG liaisons and organizational representatives, as requested.

b. Design

- (1) The Contractor shall design all health and wellness promotional presentations to be presented in 30 minute, one (1) to two (2) hour modules, and can be adapted for presentation in periods as needed by the NG. At the request of the Project Officer, the Contractor shall provide presentations exceeding one (1) to two (2) hours.
- (2) Presentations and other forms of behavioral health and wellness education and promotion are to be designed for delivery through various means of distance learning (Webinar/CD DVD etc.) to meet member needs as approved by the Project Officer.
- (3) The Contractor shall provide promotional materials via web-based electronic transmission to NG members, whenever that is acceptable to the NG.
- (4) The Contractor shall refer requests for services outside of the routine behavioral health and wellness presentations to the Project Officer.

- (5) The Contractor shall create a one or two page summary, with graphics, of each presentation for handout suitable for distribution to members who could not attend the presentation. The design is to be compatible with access electronically or via the Internet.

c. **Optional** Alternate Methods

- (1) The Contractor shall participate in presentations via satellite broadcast for the NGB, NG states/territories with satellite broadcast capabilities, or via other means of distance learning when requested by the Project Officer.
- (2) The Contractor shall conduct video teleconferencing with remote locations on all presentation topics when requested by the Project Officer.
- (3) The Contractor shall deliver other types of promotional activities at the request of the Project Officer.
- (2) The Contractor shall ensure that all services are maintained in a private/secure manner and adhere to confidentiality requirements.

## 5.10 System of Records and Management Information System

a. System of Records

Confidentiality and privacy are primary underlying tenets of the NG psychological health services and it will be the Contractor's responsibility to ensure that all client information remains confidential, private, and secure. Identification numbers shall be assigned to each client's case. The Contractor shall maintain a list of case numbers and corresponding member names electronically or in a locked file in a location separate from member's case files. All member names and case numbers, irrespective of whether the cases are open or closed, shall be kept on the lists. Member names and case numbers of files that have been destroyed shall not appear on the lists of active and closed cases in the files, but shall continue to be maintained on a separate list.

The Contractor shall utilize a record system that is in compliance with the laws and regulations governing mental health, alcohol and other drug abuse prevention, treatment and rehabilitation, the Privacy Act of 1974 and other applicable laws, regulations and guidelines governing confidentiality of counseling/problem solving records. The Contractor shall be subject to the penalties imposed by such laws for disclosure of any information without the member's prior knowledge and specific written consent. All records, whether computerized or hard copy, shall throughout

the performance of the contract and after the completion of the contract remain the property of NGB and shall be surrendered to the Project Officer when requested. Case records shall be kept and destroyed in accordance with DoD standards. Only the Project Officer or the Project Officer's designee may destroy records.

The Contractor shall adhere to requirements of the Contractor's Management Information System (MIS) security plan including security guidelines for electronic files. To help ensure the confidentiality and security of all hard copy and MIS records, each DPH office shall have a working door lock and filing cabinets with bar locks. When there are problems with the locks or when it is impossible to install bar locks without destroying furniture, the Contractor shall notify the Project Officer for repair or replacement.

All client records maintained by the Contractor, including, but not limited to, any documents referring the member to the PHS, identifying member information and/or ongoing progress notes shall be kept in the locked file cabinet(s) at all times except when the DPH is working on the case/record/file.

Each Contractor representative shall be responsible for following **DoD approved protocols and procedures to assure a secure chain-of-custody** system for any record that is removed from an office. The DPH shall document the approval to remove any clinical record and/or other confidential information in accordance with the approved protocol. The Project Officer shall be advised prior to the removal of any record, or any part of a record, and shall be advised again when the record is returned.

In the absence of a DPH, the Contractor shall have knowledge of and access to keys/codes to gain admittance to secure materials.

**b. Management Information System (MIS) (Portions are Optional for award)**

**The NGB is currently investigating a comprehensive multi-layered tracking and data collection system for many NG personnel functions. The NGB may/may not elect to utilize the total capability of Contractor's comprehensive MIS system, but expects the offeror to provide and manage hardware necessary to accomplish and effectively communicate as well as track activity of the DPH program.** The NGB does expect any data collected in the provision of this contract will have the ability to be transferred and/or to collaborate in partnership with other NGB MIS/IT contractors, within the bounds of privacy and confidentiality laws and regulations. However, the



**Government does expect each offeror to propose as part of this solicitation, its MIS capabilities and plan for tracking DPH services.**

Offerors are to propose use of their MIS and describe in their proposal how their MIS will effectively support the full range of services needed under this contract. Offerors are to provide a breakout of MIS costs as part of their business proposal. The Government reserves the right to require use of a DoD MIS system or a combination of DoD and Offeror's MIS.

Offerors are to create and adhere to an established disaster recovery plan that provides for prompt telecommunication and MIS coverage, enabling access by personnel, preferably from an alternate location when failure occurs at a primary site. The Offeror shall describe their disaster recovery system in their proposal including how promptly it restores functionality and a back up plan for how and who will assume responsibility within the system should a transfer of operations occurs due to any interruption of service.

The Contractor is to provide cost-effective and prompt initial and timely refresher training to ensure competent and efficient utilization of the MIS.

Offerors must describe, as part of their proposal:

- (1) The data to be collected, reports to be generated, and the functionality, security, and efficiency of MIS services offered for use as of the effective date of service delivery under the contract. In so doing the offeror is to address this from the perspective of the DPHs, database management and report generation staff and any others with significant roles using the MIS.
- (2) The Offeror will describe their schedule of MIS downtime, actual downtime over the past 12 months, and proposal to minimize MIS downtime since some work shifts will result in 24X7 operations.

Additionally, the contractor may propose enhancements, alternative features, or other means of fully and effectively providing MIS services to support this contract.

As part of their proposal, Offerors are requested to:

- (1) Describe the computer platform and operating system to be used and the method of connectivity between the computers of the DPHs located away from the contractor's central database.

(2) Describe the frequency with which data is aggregated and made available to the DPHs if access to the central database of NG and member clinical and service request information is not real time.

c. Data Management Requirements

Offerors are expected to use an automated data processing system to support record management and reporting needs. The Contractor shall be responsible for all costs to implement and maintain the system that is used by the contractor and DPH staff. The Contractor shall be responsible for the following high-level data management tasks:

- (1) Collection of all data managed under this contract (data is more thoroughly defined below).
- (2) Provide personal computing resources (and support of these resources) necessary for the service providers and staff to report and manage the information associated with this contract and the casework associated with the contract.
- (3) Routine development and delivery of status reports
- (4) Routine electronic transfer of detailed data
- (5) Provide provisions for special reporting and data exchange needs

The system or systems used by the contractor must be managed in a way that they will meet security and record management guidelines and standards that are defined within this contract. The following sections provide additional information on the data that needs to be managed and exchanged, the manner in which it will be exchanged, Automated Information System security guidelines that must be adhered to, and the responsibilities that each party will have with respect to implementation and support of the systems.

d. Definition of Managed Data:

All case files for each employee and/or family member who uses the PHS shall be kept in accordance with the confidentiality requirements as implemented by DoD Regulations, 42 CFR Part 2, and in full compliance with the requirements of the Privacy Act, 5 U.S.C. 552 a.

While the contractor may choose to manage any data they deem necessary to manage operations and perform the work set out under this contract, the following data is considered to be a minimum baseline of the information that the Contractor shall be required to manage and exchange with the NG. The offeror will be responsible for collection and management of all case management, counselor activity, and business management data required to create operational and business reports for the NG. This data will be maintained within the Contractor's MIS. For the

purpose of this solicitation, data has been defined as sets of data that are collected and managed through the process of providing the following services.

(1) Initial Contact, Assessment & Referrals

Beginning with the first member contact the Contractor shall maintain a record of contacts with and/or on behalf of each member with the most recent information kept at the front of the record. Notes shall contain as little identifying information as possible and each DPH shall be responsible for ensuring that every record is both legible and orderly. Every action taken by the DPH in management of the case shall be documented. The subjective, objective, assessment and plan (SOAP) or another similarly structured method of documentation shall be used to record on-going progress notes. As a matter of policy, all hard copy files of cases assessed as involving a risk of violence to self and/or others shall be marked in red, and electronic files of such cases are to be flagged for easy identification.

(2) All DPHs cases and cases referred to emergency affiliate counselors by the DPH or other location shall be maintained in the same manner as assessments, whether such cases are self initiated or referred by management. Every action taken upon initial contact as well as those by assigned counselors shall be documented in accordance with SOAP or similarly structured methods of documentation.

(3) Data sets managed as part of this process will include:

(a) Member Demographics: This is information that identifies and describes the member. This will include his/her name, personal information, contact information, Case Number (Case ID), employment information, and in the case of family member and respective identification information.

(b) DPH and referred/affiliate counselor identification: Information that identifies the staff/DPH or referred/affiliate counselor or caseworker that is associated with the case. In the case of referrals, this will include the identification of the initial contact, the assigned counselor, and any other counselors associated with the case via the referral.

(c) Case Definition: Each initial encounter will initiate a new entry. Case Definition information includes at a minimum the case number, first contact date, time, and site coded location when appropriate.

(d) State/Territory/Location case ID: The ID is the NG state or territory for which the work is being performed. Service information provided

under this contract will be provided to NG managers from a number of different locations or regions. Each event or recipient of services must be correctly associated with a case ID to ensure that services are tracked and billed properly, and that reports are accurate for the population covered under a particular site location. The Offeror will be responsible for tracking the case identification for each service that is performed.

#### (4) Case Management

Unless the family member is the NG member, information about family members who use the PHS shall be maintained in the member's file. Records shall contain pertinent information about every contact between the member and/or family member and the PHS, whether on the phone, in person, by fax or in writing.

Data sets managed as part of this process will include:

(a) Case Data: This will include activity conducted during each visit or session and assignments between sessions as well as identified problem/diagnostic impression information. Case data is covered in two general categories—member demographic information and clinical information.

Clinical information includes: progress notes, case status (open or closed), intervention plan, recommendations, presenting and assessed problem, latest version of the ICD or DSM code (when appropriate and permissible), whether or not the member in the case has been referred for service as the result of any violation, drug or substance abuse, TBI or PTSD activity and member's condition at case closing.

For affiliate counselor cases, progress notes, intervention plans and recommendations do not need to be included in the offeror's electronic case management system.

(b) Events: The offeror will track information about a wide variety of events. Events that are tracked include;

- o-Initial contact or consultation
- o-Any referral
- o-Each counselor contact or consultation
- o-Each referral contact or consultation
- o-Each family member contact or consultation
- o-Any risk management event or consultation
- o-Any Critical Incident Event or consultation
- o-Any administrative contact or consultation
- o-Any phone contact or consultation

- o-Each DPH contact or consultation
- o-Any training event or consultation
- o-Others as requested by the Project Officer

For each event, there will be an event code, the date the event started, the date it was complete, the definition of the provider that was involved in the event, and if applicable, the identification of the case under which the event occurred.

Additionally, the following requirements must be met:

- (a) Consultation and information provided to DPHs during service contacts that do not immediately result in opening a case shall be entered in the MIS as a consultation occurring or documented immediately and entered by the close of business on the day of the contact;
- (b) PHS demographic and PHS case episode activity shall be documented and entered by the close of business on the day of the contact or session;
- (c) PHS training and health promotional activity shall be documented and entered within two (2) business days of the activity.
- (d) Computer screens used by DPHs must be easily navigated, support and facilitate member support as opposed to primarily serving as a means of collecting information.
- (e) The Contractor is to collect and report information on reported work problems and various outcomes including pre and post deployment, civilian reintegration, and productivity measures.
- (f) The Contractor is to provide a Return On Investment analysis, and include a description or sample as part of the proposal.
- (g) As part of their proposal, Offerors are to describe the proposed case management system and include samples of the screens DPHs would use when conducting an assessment and entering case data or referral information.

#### (5) Standard Status Reporting

On a routine basis, the Contractor shall produce a set of standard reports. Offerors are requested to provide, as part of their proposal, a portfolio of example reports that are currently available from the contractor's data system(s) from which NGB may select to be provided

under this contract. Within 15 days of award, the Contractor shall work with NGB and define any adjustments that will be necessary to the reports. Based on this, an agreement will be reached on the format for the standard status reports. Subsequent changes to the reports will be made at the request of the Project Officer. Standard status reports will include ID Reports and Management Reports.

(a) Management Reports: The Contractor's MIS must maintain management reporting capability and on a scheduled basis provide NGB with monthly Management Reports. These reports are the reports used by DPHs to maintain and improve the effectiveness and outcomes of services. When the reports include information on services provided by counselors, the information is to be grouped by each affiliate counselor. When requested by the Project Officer, selected Management Reports will be produced for specific individual states and/or territories.

(b) NG case ID Reports: The Contractor shall provide quarterly reports for each state via ID within three weeks after the end of each fiscal quarter. These reports are to be available in both electronic format and hard copy. The Contractor shall, at the election of the Project Officer, send the reports by email or mail hard copies to a particular state or territory via the DPH.

The Contractor shall provide flexibility that provides for additions to or removal of data fields upon request of the Project Officer.

The Contractor's MIS should have flexibility to permit customization of some NG state reports. The Contractor shall, at the request of the Project Officer, provide customized reports and executive summary reports on an intermittent, quarterly or annual basis for selected states/territories. The executive summary reports will contain informative graphics and narrative that describes the DPH and generic case activities.

The Contractor is required to collect and report information of each state and territory as well as a combined national report for the DPH Utilization Report. This attachment represents the type of data collected and reported for a state or territory. Data required to be collected and reported varies, may be more or less for some states/territories, and may change over time to meet NG needs.

As part of their proposal, Offerors are requested to:

(a) Describe routine report content, format, and appearance. Include provisions for tracking and capturing specific and/or unique activity, such as disaster and critical incident response for both a regional and national scale, and for generating reports of this information including brief narrative reports highlighting significant aspects of the services delivered.

(b) Provide the schedule of steps in the process of generating ad hoc and routine reports from the central database to produce the same report content for all services.

(6) Web Activity Data Reports- if Web Option is elected

As defined in the contract, the offeror will be responsible for providing and supporting another Joint activity and/or DoD websites that will allow people to access reference and self-help information. The offeror will be responsible for providing routine reports that document the collaboration or usage (number of hits) of the different resources via any link to a primary website.

e. Key Information

To ensure that it is possible to relate all sets of managed information, the Offeror's data systems must ensure that they track key identification characteristics on all the data sets. Key information includes the following elements:

- (1) Site/location identification
- (2) Case identification
- (3) Encounter identification (when appropriate)
- (4) DPH or service provider identification

f. Data Exchange Requirements

As defined in the contract, the offeror will support the exchange of information via:

- (1) Paper reports
- (2) Exchange of electronic documents
- (3) Exchange of standardized electronic transactions

All data exchanges shall occur on a negotiated routine and scheduled basis utilizing a standardized and agreed to electronic data transfer format protocol. All data shall be transmitted via a secure data link in accordance with DoD MIS Security requirements.

NGB has elected to develop electronic interfaces in a manner supporting Health Insurance Portability and Accountability Act of 1996 (HIPAA), compliance.

Additional data exchange requirements include:

(1) Routine Status Reports

As defined in this solicitation, on a routine basis, the offeror will provide a set of standard status reports. These reports will be produced in both paper and electronic format. As required, the paper copies will be mailed to designated points of contact. As required, NGB will be responsible for providing an up to date listing of contacts that will receive reports.

Information covered in these reports will include information from the following data sets that are discussed above:

- (a) Case Definition
- (b) Site Location ID
- (c) Counselor Activity
- (d) Case Status Data

Reports also will be produced and delivered in electronic PDF format. A copy of the set of electronic reports will be delivered to NGB along with a data file that relates the contents of the reports to the filenames that are used for each electronic file. This data file will identify file names, and the meta-data for each of the reports contained in the files.

(2) Monthly Invoice Detail Reports

As defined in this solicitation, on a monthly basis, the offeror will provide paper copy of the invoice to the NGB that summarizes the charges for that billing period to include documentation with corresponding deliverable activity, invoices, charges etc. In addition, the offeror will be responsible for providing electronic transactions that detail the information summarized in the invoice.

(4) Complete Data Transition

The Contractor shall maintain all data sets within their data systems. On termination of the contract, and or on special request, the Contractor shall provide the NGB with complete and total access to all information including:



- (a) Member/client Demographics
- (b) Counselor Identification
- (c) Case Definition
- (d) Site/Location ID
- (e) Case Data
- (f) Event Data
- (g) Counselor Activity
- (h) Case Status Data
- (i) Analysis of the Data
- (j) Web Data or Activity
- (k) Invoice and billing information

In the event that there is a need to exercise this option, this information will be provided to the NGB as a backup of the data from the MIS system used by the Offeror in an agreed to format.

#### (5) Ad Hoc Reporting

The Project Officer may intermittently require ad hoc reports, e.g., a unique inquiry or analysis of data. The offeror should plan to provide for support of these needs, e.g. by maintaining data mining capability that provides the NGB with means of effectively retrieving selected management or clinical data.

In the event this need arises, the Project Officer or their designated representative will define the needs, and the offeror will be expected to produce the requested report within 3 working days.

It is expected that there will be no more than 2 requests per month, and that the requests will deal with reporting or analysis of data that already exists.

The response to the solicitation should detail how this support will be provided, and what protocol will need to be followed to make such a request.

#### g. Personal Computer and MIS Support

The system or systems used by the contractor must be managed in a way that they will meet security and record management guidelines that are defined within this contract.

##### (1) Personal Computer Support

Offerors are to propose to supply, support, and maintain the personal computers, related hardware, commercial software, and Internet access

needed for performance under this contract. The helpdesk support function must provide timely and effective support to users of the MIS system.

The Government reserves the right; however, to provide and maintain all or some of the personal computer systems including related hardware, commercial software, and internet access for the DPHs working at their respective offices and/or "on the road", and/or to provide helpdesk support for all or some of the DPHs in use of these personal computer systems if it is in the best interest of the Government. The Government will negotiate this with Offerors in the competitive range if it appears to be in the best interest of the Government to do so at time of award, or may elect to provide these functions, or may require the Contractor to provide these functions at any time during the life of the contract.

As part of the MIS costs in the business proposal, Offerors are requested to include a breakout of the cost for replacing the personal computer systems including related hardware and commercial software, for maintaining these personal computer systems including internet access, and for helpdesk support for use of these personal computer systems by DPHs located in the 54 states and territories as well as one each in the Air and Army National Guard Readiness Centers. Offerors are to respond to the level of effort specified for each of these categories in the price tables when preparing their business proposal.

#### (2) Web Reporting System Support

The Project Officer may require in the future that the Contractor post site location ID reports on a Contractor provided website and provide states and territories with limited access only to their individual reports.

At the election of the Project Officer, the NGB will post electronic copies of such reports on a coordinated DoD website.

#### h. Data Management Security Requirements

The Contractor shall be required when requested by the Project Officer, to promptly and fully participate in an in-depth study of the security of the Contractor's records system and Management Information System. Government personnel and/or third parties on behalf of the government may conduct this review. The government may require corrective actions, as a result of this study, that if not implemented within timeframes established by the government can result in default of performance under this contract and termination of the contract for cause.

The hardware and control system are to be contained in a facility that protects the physical integrity of the systems and provides security from both physical and electronic threats.

The Contractor shall adhere to requirements of the Contractor's MIS security plan including security guidelines for electronic files. To help ensure the confidentiality and security of all hard copy and MIS records, each DPH office shall have a working door lock and filing cabinets with bar locks. When there are problems with the locks or when it is impossible to install bar locks without destroying furniture, the Contractor shall notify the Project Officer for repair or replacement.

Annually, (60) days before end of the Project (Contract) Year, the Contractor shall submit via electronic mail to the Project Officer for approval, a written MIS plan. The MIS plan shall include, but not be limited to, proposed additional new features and enhancements and proposed resolution of any issues that have not been resolved.

The MIS must comply with DoD computer security requirements.

(1) Comply with the Computer Security Act of 1987 Office of Management and Budget (OMB) Circular A-130, Appendix III, "Security of Federal Automated Information Systems," and the Privacy Act of 1974 (5 U.S.C. 552 as Amended). The vendor shall have achieved Certification and Accreditation in accordance with the guidelines of OMB Circular A-130 or have an approved Interim Certification and Accreditation prior to hosting NG data or interconnecting with a DoD IT system.

(2) Within 30 days of contract award the vendor will be required to develop a mutually agreeable Interconnection Memorandum of Understanding (MOU) that will document the mutual understanding of the security implementation that will be implemented to support these requirements. Cost(s) associated with meeting these requirements, from the perspective of the vendor's entity, will be paid by the vendor. Within 60 days of contract award, and prior to the implementation of any system interfaces, the vendor will be required to provide a mutually acceptable Interconnection Security Agreement (ISA) that will provide details on the interconnection design that will be implemented, as required by the Federal Information Security Management Act (FISMA) as part of the e-Government Act of 2002.

(3) The NGB also requires that the vendor provide to the NGB Project Officer quarterly security status reports (which can be submitted in the form of an updated plan of action and milestones) and should describe

the continuous monitoring activities employed by the information system owner. At a minimum, the status report should include but not limited to the following questions:

(a) Have any changes to the information system affected the security controls in the system or introduced new vulnerabilities into the system?

(b) If so, has the agency-level risk—that is, the risk to NG operations, NG assets, or individuals been affected?

(c) Has a specified time period passed requiring the information system to be reauthorized in accordance with federal or DoD policy?

(4) Vendor security practices shall meet or exceed those prescribed, standards, regulations, and guidelines outlined above. Security strategies are separate from operations, enabling security officers to act quickly upon incidents and incorporate security best practices. This granular level of security management shall ensure standards required to evaluate practices and enhance safeguards as needed to limit unnecessary or inappropriate access to and disclosure of protected behavioral health information.

(5) To help protect computing resources, the NGB and any contracted firm managing computing resources for DoD is required to comply with, but not limited to, the following laws, regulations, and directives:

(a) *Computer Security Act of 1987, P.L. 100-235*: This act requires computer security plans for all federal computer systems that contain sensitive information and security awareness training for all individuals involved in its management, use, or operation.

(b) *Federal Financial Management Improvement Act of 1996 (FFMIA)*: This Act requires agencies to implement and maintain financial management systems that comply substantially with Federal Financial Management Systems Requirements (FFMSR), applicable Federal Accounting Standards, and the United States Government Standard General Ledger at the transaction level.

(c) *Federal Manager's Financial Integrity Act of 1982 (FMFIA), P.L. 97-255*: This Act requires that the agency head, on an annual basis no later than December 31, provide an assurance statement with respect to agency management controls and agency compliance with financial management system requirements. The

objective is to reduce or eliminate the incidence of waste, fraud, and abuse to government financial systems.

*(d) OMB Circular No. A-127, Financial Management Systems:* This Circular prescribes policies and standards for executive departments and agencies to follow in developing, operating, evaluating, and reporting on financial management systems.

*(e) OMB Circular No. A-130, Management of Federal Information Resources:* This Circular establishes policy for the management of Federal information resources.

*(f) Paperwork Reduction Act of 1980 as amended in 1995:* This Act establishes a broad mandate for agencies to perform their information resources management activities in an efficient, effective, and economical manner. The goals of the Paperwork Reduction Act are to have Federal agencies become more responsible and publicly accountable for reducing the burden of Federal paperwork on the public, and for other purposes.

*(g) Privacy Act of 1974 (PL-93-579):* This Act requires the U. S. government to safeguard personal data processed by Federal agency computer systems.

*(h) Federal Information Security Management Act (FISMA) of 2002:* This Act provides a comprehensive framework for ensuring the effectiveness of information security controls over information resources that support Federal operations and assets.

*(i) Presidential Decision Directive (PDD) 63* sets a goal of establishing a reliable, interconnected, and secure information system infrastructure and increased security for government systems. It addresses the cyber and physical infrastructure vulnerabilities of the Federal government by requiring each department and agency to work to reduce its exposure to new threats.

*(j) NIST Special Publication 800-47, Security Guide for Interconnecting Information Technology systems.*

*(k) NIST SP 800-26, Requirements for Physical Security Safeguards*

*(l) Any DoD Information Technology Security Program Handbook, Baseline Security Requirements, DoD Certification and Accreditation, DoD Configuration Management Guide, DoD Contingency Planning for Information Security Guide, DoD Plan of Action and Milestones, DoD Privacy Impact Assessment, or DoD Risk Assessment Guide.*

j. 508 Citation

All electronic and information technology (EIT) procured through this Statement of Work and any resulting contract, task order, delivery order, or purchase order must meet the applicable accessibility standards at 36CFR 1194, unless an agency exception to this requirement exists. 36 CFR 1194 implements Section 508 of the Rehabilitation Act of 1973, as amended, and is viewable here. The contractor shall indicate for each line item in the schedule whether each product or service is compliant or noncompliant with the accessibility standards at 36 CFR 1194. Further, the proposal must indicate where full details of compliance can be found (e.g., vendor's website or other exact location).

k. Background Investigations

In conformance with the DoD guidelines, NGB requires that all contractors have background suitability investigations commensurate with the associated level of risk. Background Investigations should be commensurate with high-risk for the Systems Administrator. Reasonable measures will be taken to assure that such evaluations are to be completed by the appropriate security representative before contract personnel are granted access to any DoD connected computer systems.

#### 5.11 Promotional Materials and Activities

The Contractor shall design and conduct a promotional campaign to creatively assure that eligible persons including those in geographically dispersed regions attain and maintain knowledge of PHS services and how to access them as well as reduce any stigma associated with mental health programs. To accomplish this, the contractor must provide DPHs who recognize and utilize a broad range of promotional methods, who partner with NG Joint personnel to create effective promotional events and strategies, and who have public speaking abilities that result in effective presentations to groups of managers and NG members. Depending on needs, they also must be willing to travel within a geographic area of within a state or territory as well as nationally as highly visible, well-identified representatives of the PHS throughout their assigned location. DPHs will be expected to travel to provide trainings, engage in promotional activities, take part in collaborative efforts with other supporting NG Joint personnel, and consult with Commanders managers and other leaders.

The Contractor's ongoing promotional campaign must be designed to ensure PHS awareness at all organizational levels.

The promotional campaign is to be designed and submitted to the Project Officer for approval within 60 days after contract award and updated annually thereafter.

To encourage utilization, the Contractor shall provide promotional materials that shall include, but not be limited to, brochures, posters, manuals, videos, bulletins, and other related items. The Contractor shall have Project Officer approved promotional materials available in Spanish, as required by the NG.

a. Bulletins

Within thirty (30) days of contract award, the Contractor shall submit to the Project Officer for review a sample bulletins, hard copy and/or electronic versions. If the Government elects to have the Contractor develop and distribute bulletins, they shall be distributed to the DPH quarterly through the website, a formatted diskette, or on the basis of one bulletin per employee plus ten (10) percent of the NG units and wing population. The Contractor shall ship bulletins with an enclosed NG transmittal document, to DPHs ten (10) days prior to the distribution dates of February 1, May 1, August 1 and November 1 each year of the contract.

b. Base and Option Years

With the exception of bulletins, during the base and successive option years of the contract, the DPHs shall distribute promotional materials. When the DPH receives requests for materials from the NG, the DPH shall coordinate distribution within ten (10) days of the request. The Contractor shall also send the requested resource to the NG POC via electronic transmission.

(1) Promotional Materials Development

If requested, the Contractor shall work with the Project Officer or Project Officer's representative to effectively customize information and design promotional materials. The Project Officer will specify the Government names and logos to appear on promotional material. Under only very rare circumstances and with the approval of the Project Officer may the Contractor's corporate name appear on any of the promotional materials. If the Government elects to have the Contractor develop promotional materials, the Contractor shall be requested to submit a proposal which will be negotiated at that time.

(a) Brochures

The Contractor shall distribute brochures to each DPH on the basis of one brochure per NG member plus an additional ten (10) percent of the population at the beginning of each contract year. Additional copies of brochures shall be distributed by the Contractor to DPHs or NG POCs within ten (10) working days of any request.

(b) Posters

Posters shall be printed and distributed to DPHs on the ratio of ten (10) percent of the NG population at the beginning of each contract year. Additional copies of posters shall be distributed by the Contractor to DPHs or NG POCs within ten (10) working days of any request.

(c) Videos/DVDs

If requested, videotapes and/or DVDs will be designed and distributed; subjects will include the NG Member Orientation and Awareness Training modules as well as pertinent clinical subjects and shall be distributed to the DPH or NG POC on the basis of one set of videotapes per request.

d. Contractor Recommended Products

The Contractor shall describe any other products and/or methods that they would recommend implementing to promote the PHS.

## 5.12 Psychological Health Steering Committee

The DPHs will also work collectively to share best practices and convey additional information at the state and local level; the creation of a Psychological Health Steering Committee to communicate and advise Guard senior leadership at the national level. .

In order to accomplish this, the Government expects the successful vendor to organize and sponsor such a venue initially after award and annually in option years

This may be planned in conjunction with other Guard support program components.

## 6.0 Continuous Quality Improvement (CQI)

The Contractor shall establish and maintain a comprehensive Continuous Quality Improvement (CQI) system for measuring, evaluating, and



improving performance of clinical and administrative services provided under terms of the contract. NGB will be invited to participate in all CQI meetings, and will participate at the discretion of the Project Officer.

a. CQI Program Plan

Within thirty (30) days of contract award, the Contractor shall submit via electronic mail to the Project Officer for review and approval, a written CQI Program Plan. The CQI Program Plan shall address items such as the structure of the CQI program, program intent and goals, and committee structure and composition. The plan should describe proactive approaches to maintaining and improving quality as well as what triggers follow-up on negative comments or indicators and the nature of that follow-up

The plan also must include specific procedures for maintaining and improving quality in all operational components, e.g., regarding NG member satisfaction surveys. The plan should include, but not be limited to procedures for:

- (1) Follow-up internally on all negative client satisfaction comments about the vendor's process.
- (2) Providing NGB with reports on follow-up on negative comments in (1) above and outlining how processes have been improved.
- (3) Follow-up on comments that reflect negative clinical experiences and track these by DPH and/or affiliate counselor.
- (4) Providing NGB with reports on follow-up on negative comments in (3) above and outlining how processes have been improved.
- (5) Tracking complaints about DPHs and/or affiliates counselors and, if necessary, removing affiliate counselors from the network.
- (6) Providing NGB with reports on follow-up on negative comments in (5) above and outlining how processes have been improved.
- (7) Recognizing and providing to NGB reports on persons or initiatives which received significant compliments, i.e., providing information to facilitate opportunities to build upon strengths, and reporting on individual and group performance recognition thus reinforcing positive work.

b. Annual CQI Work Plan

Within thirty (30) days of the beginning of each fiscal year, the Contractor shall submit via electronic mail to the Project Officer for review and approval, an annual CQI Work Plan. The annual plan shall include: key indicators identified to be measured and evaluated during the fiscal year (including those continued from the previous fiscal year); the standards/goal/benchmark for each item; data collection frequency; reporting time frame; data sources/methodology; actions in place for meeting the standard/goal/benchmark; and special studies and/or initiatives being followed for the new fiscal year. The Annual CQI Work Plan shall address client satisfaction; DPH retention; telephone access; program utilization; NG member record reviews; DPH and affiliate counselor capacity ratings; DPH and affiliate completion of data outcome fields; response to critical incidents; compliments and complaints; outcomes or other research studies; and other categories used to evaluate program quality and quality improvement needs.

c. CQI Reports

Within fifteen (15) days after the end of the quarter (or at other intervals as determined by NGB), the Contractor shall submit CQI reports via electronic mail to the Project Officer. Reports include:

- (1) Status of key indicators against the standards or baselines, actions developed to improve performance, and results of those actions.
- (2) Narrative and statistical reports for up to fifteen (15) states/territories to be identified by NGB.
- (3) Training evaluations and NG member satisfaction surveys and statistical analyses.
- (4) Upon request by the Project Officer, the Contractor shall submit a report to the Project Officer that provides a breakdown of estimated costs to provide specific services, services in specific geographic areas, and/or services to specific states/territories.
- (5) The Contractor shall provide a monthly report that details DPH and affiliate counseling activity including number of sessions (per NG member and family member) and number and hours of training per state/territory delivered by DPHs. In this report, the Contractor shall also list any other services provided during the quarter. This report will be incorporated with the monthly billing voucher.

d. Annual Work Plan Evaluation

Within thirty (30) days of the end of the fiscal year, the Contractor shall submit via electronic mail to the Project Officer an annual Work Plan Evaluation CQI report. This report will include key indicators, standards, evaluation of annual performance against the standards, summary of actions taken to improve performance, and the results of those actions.

e. Site Visit Quality Reviews

The Contractor shall cooperate fully with NGB site visits to DPH and/or affiliate counselor offices. These reviews will normally be scheduled in advance at mutually agreeable times, and prior to the site visits NGB will provide the Contractor with the criteria to be used in the site visit process. NGB reserves the right to perform reviews without scheduling in advance. The Contractor shall respond in writing to the written NGB site visit report within fifteen (15) business days of the receipt of the report. The Contractor shall develop and implement actions plans with NGB concurrence to address quality improvement needs in a timely manner.

The results of these reviews will be discussed with the DPH and the Project Director. The Contractor shall be expected to receive an acceptable rating on these reviews.

f. Third-Party Evaluator

When requested by NGB, the Contractor shall cooperate fully with an external third-party evaluator who shall be selected by NGB.

g. Contractor Recommended CQI Methods

The Contractor shall describe as part of their proposal, specific methods for continuous quality improvements proposed to ensure consistent, quality performance in all spheres of operation, e.g., day and after hours service, affiliate counselor and DPH performance, information system, report generation, NG member/supervisor or Commander consultation, and general customer service.

## 7.0 NG DPH OPTIONAL SERVICES

NG Optional Services provide the NGB and each state or territory the option to select, from among the services listed below, individual stand alone services needed to fill gaps in services to meet needs identified by the Government.

Offerors are requested to provide, as part of their proposal, a description of what services they offer to provide related to each of the following topics, what additional services they offer to provide as of the first day of

service delivery under the contract, and what they commit to doing to ensure that the services provided over the life of the contract remain consistent with the Contractor's commercial services offered to others, industry standards, legal decisions, and customer needs:

### 1. Stand-alone Drug Free Workplace Services

Stand-alone Drug Free Workplace Services including Substance Abuse Professional Services are provided to meet the needs of the National Guard in a variety of circumstances such as when there is need for this service to be separate from the counseling services. The Contractor is required to perform these stand-alone services consistent with the requirements established for delivery of Substance Abuse Professionals Services.

The Government will issue delivery orders if and when these services are needed during the life of the contract.

### 2. Stand-alone Behavioral Health Education and Training Services

Stand-alone Behavioral Health Education and Training Services, both on-site and through distance learning, including development and/or presentation using various techniques, media, and means of communication are provided to promote awareness and understanding of behavioral health principles that contribute to a healthy lifestyle as ways of preventing and ameliorating a variety of personal problems that negatively affect performance and conduct on the job. A variety of approaches are important because people learn in different ways and because the NG has a widely dispersed workforce who needs to be treated in an equitable manner regardless of where they are located.

The Government will issue delivery orders if and when these services are needed during the life of the contract.

### 3. Stand-alone Targeted Assessment, Screening and Referral Services

Stand-alone Targeted Assessment, Screening and Referral Services are provided for selected discrete types of personal problems such as TBI, PTSD, alcohol or depression. These targeted services typically are elected when an NG Commander perceives that significantly more members are affected by the selected problems than are addressing the problem through other existing services. A variety of methodologies may be employed in providing this service encompassing health awareness and promotional campaigns, easily accessible and confidential screening methodologies such as internet access links, professionally valid screening instruments, interpretation of results, consultation with

participants, and effective referral to qualified sources of assistance when needed.

The Government will issue delivery orders if and when these services are needed during the life of the contract.

#### 4. Stand-alone Preventive and Intervention Services

Stand-alone Preventive and Intervention Services are provided based on results of a variety of assessments, e.g., surveys of health and productivity within a given NG state/territory workforce. At NGB's discretion, the vendor will conduct assessments including but not limited to surveys. This is a proactive approach to identifying specific productivity problems of prevalence sufficient to warrant prioritization of resources to address these problems.

The Government will issue delivery orders if and when these services are needed during the life of the contract.

#### 5. Stand-alone Behavioral Health Return to Work Services

Stand-alone Behavioral Health Return to Work Services are provided to extend to all members who have been off work because of illness or injury, services based on the concepts of effective return to work counseling that are practiced within the psychological health services. These services utilize a behavioral health approach to promoting an effective transition back to civilian status and help reduce additional issues associated with return to work concerns.

The Government will issue delivery orders if and when these services are needed during the life of the contract.

#### 6. Other stand-alone PH Optional Services

Other stand-alone PH Optional Services are an extension of PH services provided to fill gaps in services, and to provide a more complete solution to meeting the National Guard's psychological health needs. These services may involve any service that requires special emphasis to meet NG members, state's or territory's needs.

The Government will issue delivery orders if and when these services are needed during the life of the contract.

#### 7. Web Based Services and Tele-psych Health Capabilities

Internet-based counseling services recognize the increasing reliance on the internet as a source of information and communication. Website services complement the traditional mental health services by providing a "self serve" option that enables any NG member to obtain accurate information and help on sensitive issues. In performance of this requirement, the Contractor may provide all necessary personnel, infrastructure, and technical support to implement and maintain a comprehensive, professionally accurate, and user friendly website and counseling services for NG personnel. The Website must be compliant with Section 508 of the Rehabilitation Act of 1973, as Amended 29 U.S.C. 794 (d).

#### a. Contractor Services

Offerors must describe, as part of their proposal, the access and navigational procedures required of users, and the depth and breadth of web-based services and counseling offered for use as of the effective date of service delivery under the contract. Also as part of their proposal, the contractor must describe procedures and timeframes for updating and refreshing the website, and a time delineated plan for meeting all the NG preferences for web-based services as described in "b." below. Additionally, as part of this time delineated plan, the contractor may propose further enhancements, alternative features, or other means of fully and effectively serving employees and family members through the website. The Contractor shall also partner with NGB to ensure the website content and tele-psych health counseling is appropriate for the NG.

Any material contained on this website is understood to have been developed at private expense by the Contractor and its subcontractors and constitutes limited rights/data/restricted computer software consistent with the provisions of FAR 52.227-14. Access to this website, tele-psych health counseling and its links may be authorized under this contract. Use of this website services conveys no additional rights beyond those noted in the contract.

The Government reserves the right to require that the Contractor remove materials from the website.

#### b. NGB Preferences

##### (1) On-Line Library

The Contractor shall have a comprehensive on-line library that enables employees to view and print professionally accurate informational, educational, and health and wellness promotional resources on a variety of psychological health/mental health related topics. The

Contractor shall maintain an up-to-date library of current information through regularly scheduled content refreshment.

#### (2) Self-Assessment Tools

The Contractor shall have self-assessment tools for each category of personal problems for which self-assessment is useful, e.g., Traumatic brain injury (TBI), post traumatic stress disorder (PTSD) alcohol and other drugs, depression, anxiety, self-esteem, relationship satisfaction, Type A personality, etc. These instruments or links shall ask questions, summarize responses, and provide recommendations for addressing problems.

#### (3) Self Guided Skill Enhancement Tools

The Contractor shall have a robust set of skill enhancement tools to help employees manage certain conditions or situations, e.g., stress management, resiliency, dealing with difficult people, coping mechanisms etc. These tools must be updated and refreshed on a regularly scheduled basis.

#### (4) Counseling

The Contractor may be required to provide live counseling sessions on an as needed basis and at times pre-approved by the Project Officer. The Contractor shall advertise any such capability to NG members through the website and/or electronic mail. The rules for tele-psych health counseling use shall be guided by the Project Officer.

#### (5) Support Groups

The Contractor may be required to provide live counselor facilitated support groups on a variety of mental health topics as participation warrants and at times pre-approved by the Project Officer, e.g., recovering from TBI, PTSD, alcohol, gambling, drugs, etc. The Contractor shall advertise the availability of any such support groups to NG members through the website and by electronic mail.

#### (6) Supervisor/Commander Links

The Contractor shall provide separate supervisor/commander links that are designed to provide training on supervisory related issues. These sites shall include online interactive training and will allow managers and commanders to learn at their own pace and participate on demand. Managers and leadership shall also be able to schedule consultation appointments with psychological health professionals.

#### (8) Question and Answer Service (Tele-psych health)

The Contractor shall include on the Website a readily apparent and easily understood means for NG members and family members to ask questions via the Website for responding to NG member behavioral health questions related to a wide variety of mental health topics. Counselors shall provide answers to NG member questions within one (1) business day unless the message is of an emergent nature. Questions that are emergent in nature shall be responded to immediately.

#### (9) Resource Links To Other Websites

NGB shall provide a link to the Contractor provided psychological health website, and the Contractor shall include links to the NGB and respective DoD resource websites and to other relevant mental health and personal development resources. Whenever feasible the links to other Government related websites may be included.

The Contractor must describe, as part of their proposal, what due diligence processes will be conducted to ensure the trustworthiness and appropriateness of other websites linked from the Contractor's website. This description must include processes prior to establishing links to other websites and ongoing processes throughout the time links are active.

#### (10) Website Branding and Page Customization

The Contractor shall provide for flexibility in website branding including:

- (a) The Contractor shall brand the website for NGB to allow for seamless integration of the Contractor's system with NGB/DoD. NGB would provide the branding information including web templates and all associated graphics,
- (b) The Contractor shall customize selected website pages to meet NG member's needs.

#### (11) Website Access

The Contractor shall provide easy entrance to the website through an authorizing code that will be provided to NG members. Members must view the entrance and navigational process as user-friendly and not as a deterrent to use of the website. User-friendly features include ability



to select an option from the first website page that allows them to proceed and have full access to the website without registering or providing additional information. If the user elects to register, e.g., to enable the Contractor to alert them to new information on topics of special interest to the user, then the user will be alerted to the availability of the new information when the user next accesses the first page of the website.

(12) Website Privacy

The Contractor shall maintain the privacy and confidentiality of website users including adherence to the following privacy guidelines:

(a) The Contractor shall not make the list of site members or users available to any third parties without the written permission of the Project Officer.

(b) For tele-psych health counseling services, all rights, privileges, applicable laws and regulations required for face to face counseling apply to tele-psych health counseling.

(c) For services offered via the website that "push" content, e.g., bulletins or mass electronic mailings, members shall have the option of opting out of the service.

(d) NGB owns all customer organization and employee membership information and all site logs. When requested by the Project Officer, the Contractor shall provide the Project Officer with membership information and site logs.

(e) The Contractor must treat any Government-provided NGB/DoD or NG member information as proprietary. Such information may only be used for the purposes of supporting this contract. Under no circumstances should this information be shared with any third parties without the written permission of the Project Officer.

(13) Website Advertisements

Neither sites branded for NGB/DoD, nor program content elected as an option under this contract may contain advertisements from the Contractor or company. All advertisements and links to other websites that contain advertisements must have the prior approval of the Project Officer.

(14) Reports

The Contractor shall submit website and tele-psych health counseling utilization reports with the contents mutually agreed upon by the Contractor and Project Officer. Quarterly and annual reports to be submitted via electronic mail to the Project Officer, within fifteen (15) business days of the end of the reporting period.

The Government will issue delivery orders if and when these services are needed during the life of the contract.

## 8.0 GOVERNMENT FURNISHED FACILITIES AND EQUIPMENT/ PROPERTY

**\*The Government shall provide safe and secure space and facilities to ensure that all DPHs are able to carry out the administrative expectations of this contract within environments that ensure privacy.** The physical office space may be either on-site or off-site, depending upon the availability of Government space and the needs of the NG members being served.

The equipment at, and facilities of, each professional office shall be provided by the Government in accordance with guidelines and standards of DoD, General Service Administration, Public Building Service 9/66 or other guidelines or standards applicable to the Federal organization for which services are provided. Each office shall be maintained as a professional environment that ensures the safety, privacy and confidentiality of all employees who seek assistance.

The Government shall provide appropriate equipment and furnishings and shall provide necessary space, heating, lighting, ventilation and all utilities including telephone(s), and telephone lines required for safe and efficient operation of the physical facility.

The Government shall authorize the Contractor to use the provided equipment and furnishings as well as additional furnishings and equipment of a similar type if required for program expansion. Any such additional acquisitions shall be requested by the Contractor and shall be approved in writing by the Contracting Officer prior to purchase or rental of such furnishings and/or equipment. At the discretion of the Project Officer, any such furnishings and/or equipment may be withdrawn at any time. The Government shall provide necessary periodic cleaning of floors, windows, furnishings and fixtures necessary to conform to applicable health, safety and sanitary requirements.

Following the prior written approval of the Project Officer, the Contractor may use its own items at no cost or liability to the Government for maintenance, service, repair and/or replacement provided the use of such equipment does not require additional, or result in overloading of existing utility resources. All such equipment shall conform to accepted safety standards.

The Contractor shall assume both the responsibility and liability for loss or damage of equipment and/or facilities provided by the Government if the damage or loss is caused by other than normal operating usage or is attributable to negligence of Contractor employees and/or agents.

Within ten (10) days of the start of the contract and within ten (10) days prior to the expiration of this contract, one (1) representative of each the Government and the Contractor shall conduct an inventory to determine the contents of each DPH office, if the office is Government property and/or if there is any Government furnished property in the office. All capital and non-capital items shall be listed on Standard Form 565 or on a form authorized by the Project Officer. All inventoried items are to be marked with appropriate labels in accordance with FPM regulations.

NGB retains the right to conduct periodic surveys/inspections of DPH space occupied by the Contractor.

**All Government furnished property shall be subject to Federal Acquisition Regulation (FAR) Clause 52.245-5 entitled Government Property (Cost-Reimbursement, Time-and-Material or Labor-Hour Contracts.**

## 9.0 CONTRACTOR'S COOPERATION

When required, the Contractor shall cooperate with other NGB contractors and subcontractors to ensure the seamless delivery of high quality services to NG members.

## 10.0 GENERAL SUPPLIES, STATIONERY AND FORMS

The Contractor shall be required to use Government approved forms for records, data collection, compliance with the Confidentiality and Privacy Acts and any other uses deemed necessary by the Government. Any form which the Contractor proposes to use shall be pre-approved in writing by the Project Officer. If NGB requests that specific forms or other materials be used, NGB shall provide camera-ready artwork which shall then be produced and distributed by the Contractor.

The Contractor shall be responsible for purchasing and supplying each professional office with all general supplies and Government approved training, promotional materials, and stationery necessary for program operations, in fulfillment of this contract. Specific Government organization logos or other insignia will be provided by the Project Officer. Under no circumstance may the Contractor's corporate name or logo appear on any material used, unless pre-authorized by the Project Officer.

### 11.0 PERIOD OF PERFORMANCE

The period of performance shall be for a basic period of 12 month with four 12-month option periods. The Government may exercise options to extend the period of performance in accordance with FAR 52.217-9, upon written notification by the Contracting Officer within 30 days of contract expiration or within 30 days of funds becoming available for that fiscal year.

### 12.0 PLACE OF PERFORMANCE

The Contractor shall perform the required services at the locations listed in Attachment 1.

### 13.0 DELIVERABLE SCHEDULE

The Contractor shall prepare and deliver the following items in the quantities specified to the Project Officer. This individual will be identified upon contract award.

Any deliverable or products produced under this contract will be accepted or rejected in writing by the Project Officer. To complete this contract, the Contractor must furnish the deliverables specified below:

### 13.1 DELIVERABLES

	<b>Deliverables</b>	<b>Due Date</b>	<b>Section Reference</b>
1.	Prepare and submit to Project Officer request for OMB clearance of client satisfaction surveys- <b>if necessary</b> .	When requested by Project Officer	3.0
2.	Contractor shall fully and promptly comply with requests by Project Officer to obtain security clearance for personnel working under this contract	Submit application for security clearance within one week of each request	5.3 (2) b.

	<b>Deliverables</b>	<b>Due Date</b>	<b>Section Reference</b>
3.	Submit to Project Officer a review of DPH placement and recommendations for staffing	Annually, beginning no later than 11 months after contract award	5.1 a. (1)
4.	Submit to Project Officer for approval written protocols and procedures to ensure availability of DPH and Affiliate Counselor supervision and psychiatric consultation	Within thirty (30) days after award of the contract	5.1 a. 1 (c) (d)
5.	Submit to Project Officer for approval written protocols and procedures to ensure availability of all Key Personnel during business hours	Within thirty (30) days after award of the contract	5.1 b (1)
6.	Submit to Project Officer for approval written protocols and procedures defining DPH/Affiliate Counselor duties in responding to after-hours and emergency calls	Within thirty (30) days after award of the contract	5.1 b (2)
7.	Notify Project Officer of backup for Project Director when on leave	Two (2) days prior to Project Director leave	5.1 b (3)
8.	A written voice mail text to be used by each DPH	5 days of contract award	5.2 (a) (6) pg. 23
9.	Include in policies and procedures required and accurate communication of messages among DPHs and NG member callers	Within 30 days after contract award	5.2
10.	Submit to Project Officer for approval written protocols and	Within thirty (30) days after award of the	5.2 c

	<b>Deliverables</b>	<b>Due Date</b>	<b>Section Reference</b>
	procedures for telephone access	contract	
11.	Submit to Project Officer written protocols for telephone case management	Within thirty (30) days after award of the contract	5.2 (5)
12.	Submit to Project Officer for approval a written voice mail message to be used by DPHs	Within five (5) days after award of the contract	5.2 (3)
13.	Submit to Project Officer a complete listing of all qualified affiliate counselors as well as SAPs with: a. accepting TRICARE payment b. VA system and military culture knowledge	Within thirty (30) days of contract award and quarterly, fifteen (15) days after the period being reported or as requested by Project Officer	5.4 (3) e
14.	Submit to Project Officer an Affiliate Counselor Usage Report	Quarterly, fifteen (15) days after the period being reported	5.6 and 5.10
15.	Submit copies of DPH candidate's resumes etc. to Project Officer	Upon request by Project Officer	5.3 (2) b
16.	Contractor shall provide a thorough orientation of the NG to any Key Personnel or Affiliate assigned to the contract	Within ten (10) working days after hire (Key Personnel) or prior to providing services to NG beneficiaries	5.3 (2) c
17.	Submit via electronic mail to Project Officer for approval written protocols and procedures defining each Key Personnel role	Within thirty (30) days after award of the contract	5.4
18.	Develop protocol for direct services and case management of sensitive or high profile cases and submit to Project officer	Within 30 days after contract award	5.5 e

	<b>Deliverables</b>	<b>Due Date</b>	<b>Section Reference</b>
19.	Contractor shall provide an orientation of NG health networks and protocols to new Affiliates	Prior to Affiliates providing services	5.6 (pg. 45)
20.	Submit to Project Officer a sample Client Satisfaction Survey	Within thirty (30) days of contract award	5.5 (g) (p.44)
21.	Submit to Project Officer quarterly program utilization reports by DPH and referred/affiliate counselors	Within fifteen (15) business days of the end of the reporting period	5.2 (c)
22.	Submit to Project Officer for review and approval Standard Operating Policies and Procedures Manual for the DPHs, including telephonic back-up procedures, telephonic counseling, available supervision and psych consultation	Within thirty (30) days after award of the contract	5.2 e pg. 23-24 5.1 (c) 5.4 5.2 (5) p. 23
23.	Contractor shall distribute Policies and Procedures Manual to all Key Personnel to include military benefits programs and specific benefits eligibility for NG	Within fifteen (15) days of approval by Project Officer	5.4 d (1) p.36
24.	Submit to Project Officer a description of the state specific DPH account management plan	Within thirty (30) days of award and updated annually	5.7 a (p. 47)
25.	Submit to Project Officer DPH and Affiliate Counselor database	Within thirty (30) days after award of the contract, quarterly, within fifteen (15) days after the period being reported, and as requested	5.6

	<b>Deliverables</b>	<b>Due Date</b>	<b>Section Reference</b>
26.	Submit to Project Officer for review and approval a reference resource to be used by DPHs to facilitate referral of NG members	Within thirty (30) days after award of the contract	5.4 d
27.	Assist with the planning and coordination of "Customer" State NG Meetings and "significant matters" minutes from those meetings to Project Officer	As requested by the Project Officer, minutes due fifteen (15) days after the meeting is held	5.7 b (p. 48)
28.	Submit to Project Officer for approval protocols and procedures for Critical Incident Event response (CIE)	Within fifteen (15) days after award of contract	5.8
29.	Contractor shall provide on-site crisis intervention teams	Within timeframes specified by Project Officer for any special or critical incident	5.8 c
30.	Notify Project Officer of Critical Incident and provide additional written information and/or reports	Notify within twenty-four (24) hours of any special or critical incident and provide written information and/or customer reports at request of Project Officer	5.8 d
31.	Provide to Project Officer the NG Commander's comments and suggested corrective follow-up report for Critical Incidents if applicable.	Within seventy-two (72) hours after the occurrence of any critical or special incident	5.8 d
32.	Submit to Project Officer for approval training modules for the Commander Training	Within thirty (30) days after award of the contract	5.8 (1) (a)
33.	Submit to Project Officer for approval a training module for the NG member orientation	Within thirty (30) days after award of the contract	5.8 (1) (b)



	<b>Deliverables</b>	<b>Due Date</b>	<b>Section Reference</b>
34.	Submit to Project Officer curricula of each behavioral health and wellness training session	Within thirty (30) days after award of contract	5.9 (p. 53)
35.	Submit to Project Officer a qualitative and quantitative report of behavioral health and wellness training	Quarterly, fifteen (15) days after the period reported	5.8 (1)
36.	Submit to Project Officer for approval both a plan and sample survey form for comprehensive behavioral health and wellness evaluation form	Within thirty (30) days after award of contract	5.8 (1)
37.	Develop programs and materials for presentation on new behavioral health and wellness presentation topics. Obtain Project Officer approval of drafts	Be prepared to deliver the presentations two (2) months after notification of topic by NGB	5.9 (a)
38.	Define adjustments to standard status reports that will be necessary	Within 15 days after award	5.10
39.	Provide customized and executive summary reports	Ad hoc, quarterly or annually at request of Project Officer	
40.	Provide Management Reports	Monthly	5.10
41.	Provide Management Reports for specific state/territory	Upon Request by Project Officer	5.10
42.	Provide reports for each state/territory	Within 3 weeks after end of each fiscal quarter	5.10
43.	Send reports to state DPH by email or by mailing hard copies	Within 3 weeks after end of each fiscal quarter as elected by Project Officer	5.10

	<b>Deliverables</b>	<b>Due Date</b>	<b>Section Reference</b>
44.	Additions to or removal of data fields	Upon Request by Project Officer	5.10
45.	Provide paper invoice and detail electronic file	Monthly	5.10
46.	Data exchanges use standardized transfer format protocol via secure data link per MIS Security requirements	Negotiated routine and scheduled basis	5.10
47.	Perform electronic transfer to NGB of case and status data	Six working days after end of each month	5.10
48.	Provide NGB with complete and total backup of data from the MIS	Upon termination of contract or on special request	5.10
49.	Provide ad hoc reports	Intermittently within 3 working days after request by Project Officer	5.10
50.	Replace personal computer systems and commercial hardware per established level of effort	Base and third option years of contract	5.10
51.	Contractor shall promptly and fully participate in in-depth study of security of contractor's records system and MIS	Upon request by Project Officer	5.10
52.	Submit written MIS plan to Project Officer for approval	Annually, (60) days before end of the contract year	5.10
53.	Develop mutually agreeable Interconnection Memorandum of Understanding	Within 30 days of contract award	5.10
54.	Provide a mutually acceptable Interconnection Security Agreement	Within 60 days of contract award	5.10

	<b>Deliverables</b>	<b>Due Date</b>	<b>Section Reference</b>
55.	Provide security status report	Quarterly	5.10
56.	Contractor shall design a promotional campaign and update it annually	Submit to Project Officer within 60 days after contract award and update annually thereafter	5.11
57.	Submit a sample bulletin to Project Officer for review	Within thirty (30) days after award of the contract	5.11 a
58.	Submit to Project Officer for review and approval a written CQI Program Plan	Within thirty (30) days of contract award	6.0 (a)
59.	Submit to Project Officer CQI Work Plan	Annually, within thirty (30) days of the beginning of the fiscal year	6.0 (b)
60.	Submit to Project Officer Quarterly CQI Reports	Quarterly, within fifteen (15) days after the period being reported	6.0 (c)
61.	Submit a report detailing corresponding counselor activity deliverable activity, invoices, charges etc.	Monthly, with voucher	5.10 (5)
62.	Submit to Project Officer Annual Work Plan Evaluation	Annually, within thirty (30) days of the end of the fiscal year	6.0 d
63.	Contractor shall submit written response to NGB on-site reviews and plan and implement corrective action plan	Within fifteen (15) days of the on-site review	6.0 e

#### 14.0 OBSERVANCE OF FEDERAL HOLIDAYS

Government holidays are -

- |     |                               |                         |
|-----|-------------------------------|-------------------------|
| 1.  | New Year's Day                | January 1 <sup>st</sup> |
| 2.  | Martin Luther King's Birthday | Third Monday in Jan.    |
| 3.  | President's Day               | Third Monday in Feb.    |
| 4.  | Memorial Day                  | Last Monday in May      |
| 5.  | Independence Day              | July 4th                |
| 6.  | Labor Day                     | First Monday in Sept.   |
| 7.  | Columbus Day                  | Second Monday in Oct.   |
| 8.  | Veteran's Day                 | November 11             |
| 9.  | Thanksgiving Day              | Fourth Thursday in Nov. |
| 10. | Christmas Day                 | December 25             |

ZE- ADDITIONAL INSTRUCTIONS  
**ADDITIONAL INSTRUCTIONS**

**1. GOVERNMENT CONTRACTING PERSONNEL:**

- a. The Contracting point(s) of contact for this contract will be the following:

**Contract Specialist:**

[Redacted]

Office: 703-607-1266

**Address:**

National Guard Bureau (NGB-ZC-AQ)  
1411 Jefferson Davis Highway, Suite 8100  
Arlington, VA 22202-3231  
Fax: 703-607-1742

- b. All contracting actions and/or correspondence should be forwarded through the COR appointed in the contract schedule.

**2. CONTRACTING OFFICER'S REPRESENTATIVE (COR):**

- a. The Contracting Officer has appointed the following individuals as the primary and alternate COR for this contract:

**Primary COR:**

[Redacted]

703-607-5309

**Address:**

National Guard Bureau  
NGB-J1-PH  
1411 Jefferson Davis Hwy  
Arlington, VA 22202

- b. The COR will act as the Contracting Officer's representative for technical matters, providing technical direction and discussion as necessary with respect to the specification or statement of work, and

- monitoring the progress and quality of the contractor's performance. The COR is NOT an Administrative Contracting Officer (ACO) and does not have authority to take any action, either directly or indirectly, that would change the pricing, quantity, quality, place of performance, delivery schedule, or any other term and condition of the contract, or to direct the accomplishment of effort that goes beyond the scope the statement of work in the contract.
- c. When, in the opinion of the contractor, the COR requests efforts outside the existing scope of the contract, the contractor shall promptly notify the contracting officer in writing. The contractor under such direction shall take no action until the contracting officer has resolved the issue or has otherwise issued a modification to the contract.

### **3. ACCOUNTING FOR CONTRACT SERVICES:**

The Secretary of the Army has implemented Accounting for Contract Services. This initiative has been put in place to obtain better visibility of the contractor service workforce. The Assistant Secretary of the Army (Manpower and Reserve Affairs) and the Assistant Secretary of the Army (Acquisition, Logistics and Technology) have implemented guidance to comply with this DoD Business Initiative Council (BIC) sponsored initiative. These contract reporting requirements are mandatory. By acceptance of this contract and performance under this contract, the contractor agrees to comply with these reporting requirements.

The Office of the Assistant Secretary of the Army (Manpower & Reserve Affairs) operates and maintains a secure Army data collection site [Contractor Manpower Reporting (CMR) System] where the contractor will report ALL contractor manpower (including sub-contractor manpower) required for performance of this contract. The contractor is required to completely fill in all the information in the format using the following web address:

<https://contractormanpower.army.pentagon.mil>

The required information includes: (1) Contracting Office, Contracting Officer, Contracting Officer's Technical Representative; (2) Contract number, including task and delivery order number; (3) Beginning and ending dates covered by reporting period; (4) Contractor name, address, phone number, e-mail address, identity of contractor employee entering data; (5) Estimated direct labor hours (including sub-contractors); (6) Estimated direct labor dollars paid this reporting period (including sub-contractors); (7) Total payments (including sub-contractors); (8) Predominant Federal Service Code (FSC) reflecting services provided by contractor (and separate predominant FSC for each sub-contractor if different); (9) Estimated data collection cost; (10) Organizational title associated with the Unit Identification Code (UIC) for the Army Requiring Activity (National Guard Bureau UIC is W00QFF); (11) Locations where contractor and sub-contractors perform the work (specified by zip code in the United States and nearest city, country, when in an overseas location, using standardized nomenclature provided on website); (12) Presence of deployment or contingency contract language; and (13) Number of contractor and sub-contractor employees deployed in theater this reporting period (by country). As part of its submission, the contractor will also provide the estimated total cost (if any) incurred to comply with this reporting requirement. Reporting period will be the period of performance not to exceed 12 months ending September 30 of each government fiscal year and must be reported by 31 October of each calendar year. Contractors may use a direct XML data transfer to the database server or fill in the fields on the website. The XML direct transfer is a format for transferring files from a contractor's systems to the secure web site without the need for separate data entries for each required data element at the web site. The specific formats for the XML direct transfer may be downloaded from the web site.

### **4. GENERAL INVOICE PREPARATION & SUBMITTAL INSTRUCTIONS:**

- a. An invoice is a written and/or electronic request for payment under the contract for supplies delivered or for services rendered. In order to be proper, an invoice must include, as applicable, the following:
  - i. Name and address of the contractor
  - ii. Invoice Date

- iii. Contract Number, or other authorization for supplies delivered or services performed (including order number and contract line item number)
  - iv. Name and address of contractor official to who payment is to be sent (must be the same as that in the contract or on a proper notice of assignment)
  - v. Name (where practical), title, phone number and mailing address of person to notified in the event of a defective invoice.
  - vi. Any other information or documentation required by other requirements of the contract (such as evidence of shipment)
- b. Invoices should match terms and CLIN structure of the contract for ease of payment by Defense Finance and Accounting Service (DFAS).
  - c. Invoices shall be processed for approval and payment within 5 working days of the completion of work.
  - d. Receipt of payments by a representative of the contractor's designated bank shall constitute a full accord and satisfaction of the Government's obligation under the contract to the extent of the amount of the payment made.
  - e. This contract requires invoice submittal in accordance with Wide Area Workflow (WAWF). Submit one electronic original of all invoices to DFAS. **IMPORTANT:** DFAS must receive electronic submittal from the contractor in compliance with DFARS 252.232-7003. The COR(s) will certify all invoices for payment. For payment inquiries after submittal, please contact the DFAS Customer Service Desk or visit the Vendor Pay Inquiry System at the following web address: <http://www.dfas.mil/money/vendor/>

#### 5. WIDE AREA WORKFLOW INVOICE INSTRUCTIONS:

*Contractor shall submit payment request using the following method(s) as mutually agreed to by the Contractor, the Contracting Officer, the contract administration office, and the payment office.*

- Wide Area Workflow (WAWF) (see instructions below)*
- Web Invoicing System (WInS)(<https://ecweb.dfas.mil>)*
- American National Standards Institute (ANSI) X.12 electronic data interchange (EDI) formats (<http://www.X12.org> and <http://www.dfas.mil/ecedi>)*
- Other (please specify)\_\_\_\_\_*

*DFAS POC and Phone: DFAS INDIANAPOLIS, 1-888-332-7366*

***WAWF is the preferred method to electronically process vendor request for payment. This application allows DOD vendors to submit and track Invoices and Receipt/Acceptance documents electronically. Contractors electing to use WAWF shall (i) register to use WAWF at <https://wawf.eb.mil> and (ii) ensure an electronic business point of contact (POC) is designated in the Central Contractor Registration site at <http://www.ccr.gov> within ten (10) calendar days after award of this contract/order.***

*Questions concerning payments should be directed to the Defense Finance and Accounting Service (DFAS) DFAS INDIANAPOLIS, 1-888-332-7366. Please have your purchase order/contract number ready when calling about payments.*

You can easily access payment and receipt information using the DFAS web site at <http://www.dfas.mil/contractorpay.html>. Your purchase order/contract number or invoice number will be required to inquire about the status of your payment.

The following codes and information will be required to assure successful flow of WAWF documents.

**TYPE OF DOCUMENT [Check the appropriate block]**

- [Commercial Item Financing](#)
- [Construction Invoice](#) (Contractor Only)
- [Invoice](#) (Contractor Only)
- [Invoice and Receiving Report \(COMBO\)](#)
- [Invoice as 2-in-1 \(Services Only\)](#)
- [Performance Based Payment](#) (Government Only)
- [Progress Payment](#) (Government Only)
- [Cost Voucher](#) (Government Only)
- [Receiving Report](#) (Government Only)
- [Receiving Report With Unique Identification \(UID\) Data](#) (Government Only)

UID is a new globally unique "part identifier" containing data elements used to track DoD parts through their life cycle.

- [Summary Cost Voucher](#) (Government Only)

CAGE CODE: **1TWN7** DUNS NUMBER: **044463003** TAX ID: **20-1275838**

ISSUE BY DODAAC: **W9133L**

ADMIN BY DODAAC: **W9133L**

INSPECT BY DODAAC: **W909UJ**

ACCEPT BY DODAAC: **W909UJ**

SHIP TO DODAAC: **W909UJ**

LOCAL PROCESSING OFFICE DODDAC: **N/A**

PAYMENT OFFICE FISCAL STATION CODE: **HQ0105**

*EMAIL POINTS OF CONTACT LISTING: (Use Group e-mail accounts if applicable)*

INSPECTOR: [REDACTED]

ACCEPTOR: [REDACTED]

RECEIVING OFFICE POC: [REDACTED]

CONTRACT ADMINISTRATOR: [REDACTED]

CONTRACTING OFFICER: [REDACTED]

ADDITIONAL CONTACT: [REDACTED]

ZF- SITE LOCATIONS

## Appendix 1 – Site Locations

**There are 54 states and territories projected that will require a contract employee at the time of award. The distribution of contractor employees will be coordinated with the contractor after award. All states and territories will eventually be provided with a DPH under this contract. Some states may require more than one contractor employee. The addition of contractor employees to a particular state is based on number of Uniformed Service Members and Families supported in that state. The number of states requiring a contractor employee may increase or decrease during the life of the contract, depending on mission within the states**

ST	ADDRESS
AK	P.O. Box 5800, Camp Denali, Bldg 49000, Ft. Richardson, AK 99505-5800
AL	P.O. Box 3711, Montgomery, AL 36109-0711
AR	Camp Robinson, North Little Rock, AR 72199-9600
AZ	5636 East McDowell Road, Phoenix, AZ 85008-3495
CA	P.O. Box 269101 9800 Goethe Road, Sacramento, CA 95826-9101
CO	6848 South Revere Parkway, Centennial, CO 80112-6703
CT	360 Broad Street, Hartford, CT 06105-3795
DC	2001 East Capitol Street, Washington, DC 20003-1719 wendy.messick@dc.ngb.army.mil
DE	First Regiment Road, Wilmington, DE 19808-2191
FL	P.O. Box 1008, St. Augustine, FL 32085-1008



GA P.O. Box 17965, Atlanta, GA 30316-0965

GU JFHQ-Guam, 430 Army Drive Bldg 300 Rm 113, Barrigada, GU 96913-4421

HI 3949 Diamond Head Road, Honolulu, HI 96816-4495

IA 7700 Northwest Beaver Drive, Johnston, IA 50131-1902

ID 3882 W. Ellsworth, Bldg 440 Gowen Field, Boise, ID 83705

IL 1301 N. MacArthur Blvd, Springfield, IL 62702-2399

IN 9301 E. 59th Street, Lawrence, IN 46216

KS 2800 SW Topeka Blvd, Topeka, KS 66611-1287

KY 100 Minuteman Parkway, Frankfort, KY 40601-6168

LA 949 F. Street, Camp Beauregard, Pineville, LA 71360

MA 50 Maple Street, Milford, MA 01757-3680

MD 5th Regiment Armory, 29th Division Street, Baltimore, MD 21201-2288

MI 3411 North Martin Luther King Blvd, Lansing, MI 48906-2934

ME DODEVM Camp Keyes, Augusta, ME 04333-0033

MN Veteran's Service Bldg, 20 W. 12th Street, St. Paul, MN 55155-2098

MO 2302 Militia Drive, Jefferson City, MO 65101-1203

MS P.O. Box 5027, Jackson, MS 39296-5027  
roy.robinson@ms.ngb.army.mil

MT P.O. Box 4789, Fort Harrison, MT 59636-4789

NC 4105 Reedy Creek Road, Raleigh, NC 27607-6410

ND Fraine Barracks, PO Box 5511, Bismarck, ND 58506-5511

NE 1300 Military Road, Lincoln, NE 68508-1090

NH 4 Pembroke Road, Concord, NH 03301-5652

NJ 3650 Saylor's Pond Road, Room A216, Ft. Dix, NJ 08640-7600

NM 47 Bataan Blvd, Santa Fe, NM 87505-4695

NV 2460 Fairview Dr, Carson City, NV 89701-6807

NY 330 Old Niskayuna Road, Latham, NY 12110-2224

OH 2825 W. Dublin Granville Road, Columbus, OH 43235-2789

OK 3501 Military Circle, Oklahoma City, OK 73111-4398

OR P.O. Box 14350, Salem, OR 97309-5047

PA JFHQ-PA, Annville, PA 17003-5002

PR Post Office Box 9023786, San Juan, PR 00902-3786

RI 645 New London Avenue, Cranston, RI 02920-3097

SC 1 National Guard Road, Columbia, SC 29201-4766

SD 2823 W. Main Street, Rapid City, SD 57702-8186

TN P.O. Box 41502, Nashville, TN 37204-1501

TX Post Office Box 5218, Austin, TX 78763-5218

UT 12953 S. Minuteman Drive, Draper, UT 84020-1776

VA 316, Fort Pickett, Blackstone, VA 23824-6316

VI 4031 LaGrande, Princesse Lot 1b, Christiansted, St. Croix, VI 00820-4353

VT 789 Vermont National Guard Rd, Colchester, VT 05446-3099

WA Camp Murray, Bldg 33, Tacoma, WA 98430-5000

WI P.O. Box 8111, Madison, WI 53708-8111

WV 1703 Coonskin Drive, Charleston, WV 25311-1085

WY 5410 Bishop Blvd, Cheyenne, WY 82003-1709