|  |
| --- |
|  STATEMENT OF WORK**To Original Contract Routing Number –** |

1. **Entity Name:** [Enter Contractor Name]
2. **Project Description:**

This project serves to support coalition building and infrastructure capacity development for implementation of the Colorado National Collaborative. The project supports priority Colorado counties in developing and implementing a comprehensive array of strategies that support a public health approach to suicide prevention. Infrastructure and a community wide action plan to prevent suicide in the county will benefit the residents of XXX County.

The project requires both public/private and multi-sector cooperation among diverse stakeholder groups, agencies, and organizations including but not limited to:

health care organizations, youth-serving organizations, schools, higher educational institutions, justice and correctional settings, foster care and child welfare systems, faith-based organizations, the firearm community, clubs and associations, LGBTQ+ alliances, service members and veteran services organizations, priority industries and workplaces (construction, oil and gas, emergency services, law enforcement, etc.), senior and older adult serving agencies, substance abuse and mental health programs, housing agencies, child care and food security and social service agencies, other community, regional and state supporting organizations including those with lived experience of suicide loss or attempts.

Suicide continues to be a major health issue in Colorado, and funding this project will lay the groundwork to reduce suicide deaths and non-fatal suicide attempts among Coloradans by 20% by the year 2024.

1. **Definitions:**
2. CDC – Centers for Disease Control and Prevention
3. CDPHE – Colorado Department of Public Health and Environment
4. CNC – Colorado National Collaborative
5. CNC Strategic Plan – Identified key strategies, activities and measurable objectives of the CNC.
6. CNC Action Plan – Detailed tasks and activities with identified benchmarks and or timelines for each CNC strategy.
7. LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, Queer, inclusive of additional sexual orientations and gender identities.
8. OSP – Colorado Office of Suicide Prevention
9. Quarter Timeline:

Quarter 1 - July 1- September 30

Quarter 2 - October 1-December 31

Quarter 3 - January 1-March 31

Quarter 4 - April 1-June 3

1. SMVF – Service Members, Veterans and Families
2. TA – Technical Assistance.
3. **Work Plan:**

|  |
| --- |
| **Goal #1:** Create healthy, thriving and resilient communities, free from violence and injury. |
| **Objective #1:** No later than the expiration date of this contract, reduce suicide deaths and non-fatal suicide attempts among Coloradans in XXX County. |
| **Primary Activity #1** | The Contractor shall build the county infrastructure to implement the comprehensive strategies of the CNC using a public health model approach.  |
| **Sub-Activities #1** | 1. The Contractor shall recruit local and regional stakeholders from industry sectors in the form of a coalition or other cooperative framework for the purpose of planning, implementing, and evaluating the CNC Strategic Plan.
2. The Contractor shall strengthen existing local and regional level relationships with industry sectors in the form of a coalition or other cooperative framework for the purpose of planning, implementing, and evaluating the CNC Strategic Plan.
3. The Contractor shall participate in a leadership capacity with other existing county coalitions that addresses the CNC suicide prevention strategies.
4. The Contractor shall work with the OSP CNC Coordinator to assess coalition needs for establishing local CNC:

a. planningb. coordinationc. leadershipd. governance structures. 1. The Contractor shall work with the OSP CNC Coordinator to identify coalition needs to include:
	1. Review of available state and local data sources.
	2. Comprehensive community-based suicide prevention programs.
	3. Existing suicide prevention guidance at national and state and regional levels.
	4. Research based planning models used in community prevention.
	5. Community public health improvement models.
2. The Contractor shall participate in CNC learning collaborative meetings as they become available on a variety of topics including:

a. coalition developmentb. using datac. Zero Suicide implementationd. lethal means safetye. postvention strategies. 1. The Contractor shall engage additional stakeholders in the county for:

a. shared data collectionb. assessmentc. planningd. implementatione. evaluation of CNC strategies.1. The Contractor shall identify alignment opportunities with county:

a. locally-selected prioritiesb. agencies and systems serving marginalizedc. underserved populations as verified with local data to include but not limited to:  i. LGBTQ+, SMVF, ii. high risk industry and workplaces (construction, oil and gas, first responders) iii. older adults |
| **Primary Activity #2** | The Contractor shall update the local CNC Action Plan for XXX County.  |
| **Sub-Activities #2** | 1. The Contractor shall work with the OSP CNC Coordinator to update the county-level action plan, which includes the strategies of the CNC Strategic Plan tailored to fit the local needs of the county.
2. The Contractor shall use state and local data to develop:

a. a list of priority populations for inclusion in the county CNC Action Plan.  b. a list of priority settings for inclusion in the county CNC Action Plan. 1. The Contractor shall track the CNC Action Plan tasks in cooperation with the coalition.
 |
| **Primary Activity # 3** | The Contractor shall use the Insight Data Dashboard for local data tracking of CNC strategies within XXX County.  |
| **Sub-Activities #3** | 1. The Contractor shall use the Insight Data Dashboard for:
	1. project management
	2. reporting
	3. evaluation of CNC strategies
2. The Contractor shall work with the following to use the Insight Data Dashboard for CNC data tracking for the county

a. the OSP CNC Coordinatorb. OSP CNC Evaluator c. and national CNC TA providers  3. The Contractor shall participate in local CNC data teams to improve coordination of: a. data sharing b. analysis  c. and dissemination of findings to county level stakeholders.  |
| **Primary Activity #4** | The Contractor shall implement OSP-approved evidence-based or evidence-informed strategies.  |
| **Sub-Activities #4** |  1. The Contractor shall align strategies with: a. OSP approved community action plans; b. CNC pillars of Economic Stability, Connectedness, Lethal Means Safety, Access to  Safer Care Training and Education, and Postvention; and c. CDC Technical Package for Suicide Prevention. 2. The Contractor shall work with the OSP CNC Coordinator to identify local opportunities to implement evidence-based or evidence-informed strategies for suicide prevention. a. The Contractor shall work with OSP to identify local opportunities to increase awareness of Mantherapy.org. b. The Contractor shall work with OSP to identify local opportunities to increase use of Mantherapy.orgc. The Contractor shall help the OSP to recruit local health for specialized training activities. d. The Contractor shall help the OSP to recruit behavioral health care providers for specialized training activities. e. The Contractor shall engage the veteran community with coalition activities and suicide prevention strategies. f. The Contractor shall engage the veteran-serving community with coalition activities and suicide prevention strategies. d. The Contractor shall track strategies. e. The Contractor shall include a summary of the selected strategies in the monthly reports. |
| **Primary Activity #5** | The Contractor shall complete a CDPHE approved progress report.  |
| **Sub-Activities #5** | 1.The Contractor shall complete a CDPHE-approved monthly progress report summarizing:* 1. system change efforts
	2. network development
	3. local implementation
	4. summary of # of trainings held including # of participants .
 |
|  |
| **Standards and****Requirements**  | 1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The contractor shall monitor documents and website content for updates and comply with all updates.
2. The Contractor will use local, regional, and state level data to ensure priority populations and settings are identified in relation to the local and regional context (demographics, age, race, gender, and circumstances including social, economic and cultural factors).
3. The Contractorshall reference and use the *CDC Technical Package* *for Suicide Prevention* located at <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf> and the National Action Alliance for Suicide Prevention*,* *Transforming Communities* located at <https://theactionalliance.org/sites/default/files/transformingcommunitiespaper.pdf> for CNC planning and implementation guidance.
4. CDPHE will provide technical assistance to the Contractor on a monthly basis through in-person or remote meetings. Technical assistance topics will include but are not limited to:

a. evidence-based suicide prevention programs; b. coalition building;c. building capacity to implement the comprehensive prevention strategies using a public health model approach; andd. evaluating local efforts to implement effective strategies.1. CDPHE will work with the Contactor to develop:

a. county level data trackingb. collecting tools including the development of local program evaluation measures.1. The Contractor shall coordinate with existing:

a. related coalitionsb. workgroupsc. alliancesd. and agencies in the county. 1. The Contractor shall attend monthly CNC calls as arranged by the OSP CNC Coordinator.
2. The Contractor shall attend CDPHE pre-approved meetings.
3. The Contractor shall attend CDPHE pre-approved trainings
4. The Contractor shall submit all deliverables via email to the OSP CNC Coordinator.
5. The Contractor shall submit the final quarterly data inputs as a non-reimbursable deliverable.
 |
|  |
| **Expected Results of Activity(s)** | 1. Increased capacity for upstream, population-level approaches will increase protective factors, reduce risk factors, and prevent suicide behaviors including suicide attempts and deaths.
2. Improved coordination across sectors and increased engagement with local coalitions.
3. Clear action plan for needed next steps within the community.
4. Quarterly data inputs into the Insight Data Dashboard.
 |
| **Measurement of Expected Results** | 1. Number of coalition and or cooperative meetings per quarter for the purposes of local and regional level planning and coordination.
2. Number of stakeholders and agencies participating in the local CNC coalition.
3. Completion of local CNC data tracking, collecting and monitoring tools.
4. Number of trainings including in-person or virtual webinars, learning collaborative opportunities or other modes or methods per quarter to:
	1. increase awareness of project and;
	2. deepen understanding of using a public health model approach in implementing comprehensive, evidence based prevention strategies.

 5. Finalized community action plan. |
| **Deliverables** |  | **Completion Date** |
| 1. The Contractor shall submit a CDPHE-approved progress report of:
	1. system change efforts
	2. network development
	3. local implementation
	4. summary of # of trainings supported including # of participants.
 | No later than 15 days after the end of each month |
| 1. The Contractor shall submit a CDPHE-approved annual progress report of:

a. system change effortsb. network developmentc. local implementationd. summary of # trainings held including # of participants for Education and Awareness pillar strategiese. summary of community action plan round table for Economic Stability pillar strategiesf. summary of community postvention plan for Postvention pillar strategiesg. summary of round table meeting to identify community needs for the Connectedness pillar | No later than 8/31 , annually  |
| 1. The Contractor shall submit an updated county level CNC Action Plan.
 | No later than 8/31, annually |
| 1. The Contractor shall submit quarterly data inputs into the Insight Data Dashboard.
 | No later than 15 days after the end of each quarter |

1. **Monitoring:**

CDPHE’s monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by the OSP CNC Coordinator. Methods used will include a review of documentation determined by CDPHE to be reflective of performance to include progress reports and other fiscal and programmatic documentation as applicable. The Contractor’s performance will be evaluated at set intervals and communicated to the contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

1. **Resolution of Non-Compliance:**

The Contractor will be notified in writing within **15**calendar daysof discovery of a compliance issue. Within **30**calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and time line for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the time line, the Contractor must email a request to the OSP CNC Coordinator and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure time lines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.