

EXHIBIT K-1
COMMUNITY COALITION PARTNERSHIP (CCP)
STATEMENT OF WORK

I. PURPOSE

The purpose of the Community Coalition Partnership (CCP) is to implement emerging, promising, or evidence-based strategies that prevent negative outcomes associated with substance use and promote behavioral health. Strategies shall address underlying factors that lead to substance use and behavioral health challenges, including adverse childhood experiences, social determinants of health, or other youth, family and community risk and protective factors.

II. GOALS

- A. Increase and facilitate participation and commitment in community mobilization activities that work to prevent negative outcomes associated with substance use and promote behavioral health.
- B. Create communities that foster behavioral health and wellness and address environmental factors that lead to substance use.
- C. Increase community awareness regarding substance use.
- D. Promote collaborative efforts among all program types to effectively inform and engage local community members by addressing common goals and objectives pertaining to risk and protective factors associated with substance use and behavioral health

III. SERVICE AREA

- A. Grantee shall provide services and focus CCP strategies in the counties (service area) listed below, as approved by HHSC:
Region:
Counties:
- B. Grantee may request to add and/or delete counties referenced in Section III (A); however, all requests for additional counties must be within the same region. The counties per HHS region are documented at the following link:
<https://hhs.texas.gov/sites/default/files/documents/about-hhs/hhs-regional-map.pdf>
- C. Grantee's request to revise the service shall comply with the following requirements:
 - 1. Submit email requests to the assigned contract manager and the SA Mailbox, SUD.Contracts@hhs.texas.gov.
 - 2. The requests must include the following information:
 - i. Legal Entity Name;
 - ii. Contract number;
 - iii. Program ID;
 - iv. Current service area;
 - v. Revised service area;

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vi. Justification for service area change.

- D. HHSC may revise the Service area in accordance with **Exhibit C, HHS Additional Provisions**, Section 4. Miscellaneous Provisions, A. Minor Administrative Changes. All revisions to the service area are considered a minor administrative change and do not require an amendment. HHSC shall provide a written notification to document revisions to the service area.

IV. POPULATION OF FOCUS

The CCP should implement strategies to enhance outcomes for the general population across the lifespan within the approved service area.

V. GRANTEE RESPONSIBILITIES

Grantee shall:

- A. Implement the following Center for Substance Abuse Prevention (CSAP) strategies:
1. Community-Based Processes;
 2. Environmental Strategies;
 3. Informational Dissemination; and,
 4. Alternatives.
- B. Conduct prevention services and activities through the operation of one or more coalition(s) that utilize(s) the Strategic Prevention Framework (SPF) process as a guide.
1. **Assessment** -- the first step of the Strategic Prevention Framework (SPF) that helps prevention professionals identify important substance use and related problems, and their contributing factors. It identifies relevant risk and protective factors from a variety of data sources. This step provides information to help prioritize specific substance use problems, identify factors related to the problems, as well as assesses community resources and readiness to address them.
 - a. Grantee will:
 - i. Complete a Community Needs Assessment (CNA) in year one and updated in year four of the contract term for review and approval by HHSC that guides the identification of community prevention priorities based on local data and resources.
 - ii. Complete Asset-based Mapping in year one of the contract for review and approval by HHSC term that catalogs key services, benefits, and resources in the community to determine the strengths and gaps in the community to develop work related to the making systemic change

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2. **Capacity Building** -- Step two of the SPF helps prevention professionals identify resources and build readiness to address substance use and related problems, and their contributing factors. Work involves mobilizing both human and structural resources to build a prevention system that can effectively address local problems and assess the willingness and motivation of a community to address the identified problems. Key components of this step involve raising community awareness, engaging diverse stakeholders, strengthening community collaboration, and enhancing the prevention workforce through training and professional development

Grantee will secure, or provide written documentation of effort to secure, coalition membership from community stakeholders, local residents, or other community sectors. Grantee will maintain personal records in the event of a Quality Assurance (QA) check from HHSC.

3. **Planning** -- Step three of the SPF involves developing a strategic plan to address the identified priority problems and prevention goals of a community. Key components of this step involve identifying and prioritizing the relevant risk and protective factors to be addressed, selecting effective, evidence-based environmental strategies to be implemented, and building a logic model that provides a clear rationale for selecting programs or processes.

Grantee will complete a Community Health Improvement Plan (CHIP) in year one of the contract term for review and approval by HHSC that will be referenced throughout the cycle to plan long-term, systemic efforts to address substance use prevention efforts in their community.

4. **Implementation** -- Step four of the SPF helps prevention professionals deliver evidence-based strategies/interventions. This step involves putting the strategic plan into action through a clear implementation plan that outlines the goals to accomplish, specific steps to achieve the goals, and persons/organizations responsible. It lays out expected timelines and external partners and identifies the organizational supports that are necessary for successful implementation. Implementation plans should also include ways to monitor progress and Fidelity of the strategies being implemented, address preceding capacity-building steps, and factor in adaptations necessary to consider cultural diversity.

Grantee will complete an Implementation Plan (IP) yearly in the contract term for review and approval by HHSC detailing how all required services and strategies will be implemented locally.

5. **Evaluation** -- The final step of the SPF involves systematic collection and analysis of information about program activities, characteristics, and outcomes to describe the challenges and successes of implemented strategies. Evaluation results are used to improve the effectiveness of a prevention program.

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Grantee will:

1. Complete an Evaluation Report yearly in the contract term for review and approval by HHSC by working with an external, subcontracted evaluator to provide an annual status update on the progression of the yearly programmatic activities.
 2. Collect and assess yearly coalition member feedback that communicate members' satisfaction on structure, processes, and participation, interests and concerns and submit results with evaluation report.
6. **Sustainability** -- is one of the two guiding principles throughout the SPF and is defined as the process of achieving and maintaining long-term results.

Grantee will:

1. Document plans for sustainability of coalition efforts through the completion of the Community Health Improvement Plan.
 2. Submit an annual sustainability checklist as part of the yearly evaluation report that highlight resources, systems, or tools in place to maintain and preserve the progress of the coalition.
- C. Based on results from assessment results conducted by the coalition, choose 1-2 Strategic Focus Areas (SFAs) that aligns with the results of the assessment. See **Exhibit M, Strategic Focus and Menu of Strategies** for sample SFAs. SFAs shall be documented in the Implementation Plan and Community Improvement Plan.
- D. Develop coalition goals in alignment with the strategic focus areas that will guide work through the duration of the grant as documented in the Implementation Plan and Community Improvement Plan.
- E. Implement evidence-based system changes aligning with the SFA by using a combination of Center for Substance Abuse Prevention (CSAP) strategies to shift related policies, practices, norms, and community conditions to achieve intended outcomes. See **Exhibit M, Strategic Focus and Menu of Strategies** for sample strategies.
- F. Attend trainings specified by HHSC program specialist which can include but not limited to Peer-to-Peer conversations, Coalition Mentorship partners, Coalition Bootcamp, etc. Grantee is responsible for maintaining documentation for HHSC review upon request.
- G. Coalition representation should include and engage stakeholders in appropriate ways. Grantee shall maintain documentation of coalition representation for HHSC review upon request. Representation may include but are not limited to the following sectors:
1. Youth and young adults
 2. Parents
 3. Business sector
 4. Media
 5. Schools
 6. Organizations that serve youth or young adults

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7. Law enforcement agencies
 8. Faith-based organizations
 9. Civic and volunteer groups
 10. Healthcare professionals
 11. State, local, or tribal government agencies with expertise in the field of substance use
 12. Military
 13. Institutes of High Education
 14. Other local organizations
- H. All proposed strategies must be approved by HHSC prior to implementation and documented in the IP.
- I. Work with Youth Prevention Programs (YPs) in region to include strategies to target youth and family initiatives. Provider shall document collaboration using the approved HHSC required tool and in quarterly reports, as outlined in Section III A in the General Statement of Work.
- J. Collaborate with Prevention Resource Centers (PRCs) to use data to expand and create data-driven systemic changes within the community. Provider shall document collaboration using the approved HHSC required tool and in quarterly reports, as outlined in Section III A in the General Statement of Work.
- K. Conduct media awareness activities to promote prevention and behavioral health in alignment with CSAP strategies and coalition goals. Grantee will spend no more than 10 percent of the total CCP budget per fiscal year on media awareness activities (local regional media campaigns and support for the Statewide Media Campaign). Documentation will be maintained in the quarterly reports, as outlined in Section III A in the General Statement of Work.

VI. COMMUNITY COALITION PARTNERSHIP STAFFING AND TRAINING REQUIREMENTS

- A. In addition to the staffing requirements outlined in the **General Statement of Work**, Community Coalition Partnership Programs must:
1. Employ a minimum of one (1) Program Director at 0.25 (one-quarter) Full-Time Equivalent (FTE) per coalition funded.
 2. Employ a minimum of one (1) Coalition Coordinator at 1.0 FTE per coalition funded.
 3. Subcontract with a professional external evaluator for evaluation of each CCP to measure processes, outcomes, and create evaluation reports. Grantee will allocate no more than 10% of award to the local evaluation.
- B. CCP staff shall receive coalition competency training listed below within 90 days of employment and maintain documentation for HHSC review upon request:
1. Strategic Prevention Framework Overview
 2. Needs Assessment and Logic Models

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3. Capacity Building
 4. Sustainability Training
 5. Strategic Planning
- C. CCP staff shall attend required meetings held by HHSC and maintain documentation for HHSC review upon request, including:
1. Annual Prevention Providers Meeting: Program Director and each Coalition Coordinator must attend.
 2. Annual Directors' Meeting: Program Directors for prevention programs are required to attend, unless otherwise approved by HHSC.
 3. Provider must participate in technical assistance calls or program-specific meetings as requested by HHSC.

VII. PERFORMANCE MEASURES

The following Performance Measures will be used to assess in part, Grantee's effectiveness in conducting the activities described in Contract. Grantee shall submit reports via CMBHS as outlined in the General Statement of Work. Grantee shall ensure all performance measures are submitted monthly by the due date. The proposed target levels of performance will be negotiated and agreed upon by the Applicant and HHSC.

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Number of new and recruited coalition members
Number of coalition member participation hours
Number of in-kind hours of volunteer work from community members
Number of youths participating in coalition projects
Number of adults participating in coalition projects
Number of social media messages focused on prevention and behavioral health promotion messaging (include statewide media campaign)
Number of media awareness activities (not including social media) focused on prevention and behavioral health promotion

VIII. DELIVERABLE AND REPORTING REQUIREMENTS

- A. In addition to the deliverables outlined in the General Statement of Work, Section XII, the Grantee shall submit the CCP program report/deliverables.

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B. The CCP program deliverables described above are as follows:

1. **Community Needs Assessments (CNAs):** Using approved HHSC templates, the Grantee will complete various needs assessments that establishes the current needs within their communities due May 15 of year one and updated in year four of the grant cycle.
2. **Asset-Based Mapping:** Using approved HHSC template, Grantee will submit asset-based mapping tool cataloging key services, benefits, and resources within the community due May 15 with CNA in year one of the grant cycle.
3. **Community Health Improvement Plan (CHIP):** Using approved HHSC template to submit a CHIP that details the long-term, systemic efforts to address substance use prevention efforts in their community due August 31 of the first grant year.
4. **Evaluation Report:** Using an approved HHSC template, the Grantee will collaborate with their external, subcontracted evaluator to provide an annual evaluation plan of the yearly programmatic activities due October 15 of grant years two to four.
5. **Coalition Member Feedback Results:** Using an approved HHSC template, the Grantee will submit coalition member feedback results included in the evaluation report that communicate members' satisfaction on structure, processes, and participation, interests and concerns due October 15 of grant years 2-4.
6. **Sustainability Checklist:** Using an approved HHSC template, the Grantee will submit a checklist included in the evaluation report that highlight resources, systems, or tools in place to maintain and preserve the progress of the coalition due October 15 of grant years two to four.
7. **Final Evaluation Report:** Using a System Approved template, Grantee will submit a final evaluation report describing the impact, successes, and challenges of the coalition due October 15 with close-out documents.

Deliverable	Description	Due Date	Submission Location
Community Needs Assessments (CNAs)	Grantee will use an approved HHSC template to complete various needs assessments that establishes the current needs within their communities	May 15 of years 1 and 4 of the grant term	
Asset-based mapping	Grantee will use an approved HHSC template to catalog key services, benefits, and resources within the community	May 15 of grant years 1 and 4 with community needs assessment	
Community Health Improvement Plan (CHIP)	Grantee will use an approved HHSC template to detail the long-term, systemic efforts to address substance use prevention efforts in their community	August 31 in year 1 of grant term	

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Evaluation Report	Grantee will use an approved HHSC template to provide an annual evaluation plan of the yearly programmatic activities	October 15 of grant years 2-4	
Coalition Member Feedback Results	Grantee will use an approved HHSC template to communicate members' satisfaction on structure, processes, and participation, interests and concerns	October 15 of grant years 2-4 with the evaluation report	
Sustainability Checklist	Grantee will use an approved HHSC template to highlight resources, systems, or tools in place to maintain and preserve the progress of the coalition	October 15 of grant years 2-4 with evaluation report	
Final Evaluation Report	Grantee will use an approved HHSC template to describe the impact, successes, and challenges of the coalition	October 15 with close-out documents at the of the grant cycle	