



## **Impact Grant Request for Proposal**

Submission Deadline: Monday, May 15, 2023

Submit PDF via email: [mloehr@ccnia.org](mailto:mloehr@ccnia.org)

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# SECTION 1

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## Instructions

### A. Introduction

The Care Connections of Northern Iowa Mental Health and Disability Services Region (CCNIA MHDS) serves a six-county area in Iowa. The geographic area includes Clay, Kossuth, Osceola, Palo Alto, Winnebago, and Worth Counties.

Our mission is “To support improved access to behavioral healthcare through local resources to promote full citizenship for people with mental illness and intellectual disabilities.”

To build and enhance current services and sustainability of services in the region, CCNIA MHDS is issuing this request for proposal to offer a one-time Impact Grant opportunity of up to \$300,000 per applicant for a minimum distribution of one million dollars (\$1,000,000). The six focus areas for submitted proposals are:

1. Immediate Access to Care for Mental Health Needs
2. Improve Access to Children’s Mental Health Services
3. Evidence-Based Practice Implementation or Expansion
4. Accessibility & Facility Improvement
5. Services for Individuals with Mental Health Needs Experiencing Homelessness
6. Workforce Shortage Strategies

The CCNIA MHDS minimum requirements are described in Section 2: Specifications of this RFP. Services or obligations that will be assigned, delegated, or subcontracted in whole or in part, must be identified in the RFP response. Submissions that do not meet the minimum requirements may be disqualified. This one-time grant opportunity is not renewable.

### B. Response Requirements

Organizations submitting a response must complete the following documents, using the suggested naming conventions:

- Appendix A & B: *[Applicant Name] Submittal Letter and Profile.pdf*
- Appendix C: *[Applicant Name] Services Response Form.pdf*
- Appendix D: *[Applicant Name] Budget.pdf*
- Appendix E: *[Applicant Name] References.pdf*

Email documents and attachments to [mloehr@ccnia.org](mailto:mloehr@ccnia.org) Include “CCNIA MHDS Impact Grant” and the applicant’s name in the subject line. Applicant will receive a confirmation email indicating that the email was received within the next business day.

### C. Timeline

1. Responses should be submitted no later than **Monday, May 15th, 2023, 5:00 p.m. Central Time** for consideration.
2. Responses will be evaluated between May 16<sup>th</sup> through May 24<sup>th</sup>. During this time, applicants may be asked to accommodate further discussions with the selection committee to ensure an understanding of the proposal. Applicant(s) will be notified in writing or by phone if this is requested. A request for further discussion does not imply that the applicant will be a finalist, nor does it imply that an applicant who does not receive a request will not be a finalist.
3. Organizations selected to receive an impact grant will be notified via email on or around June 1, 2023.
4. All other applicants will be notified via email by June 2, 2023.

### D. Eligible Organizations

Organizations currently providing services in the CCNIA MHDS Region are eligible to respond to this RFP, such as:

- Nonprofit organizations
- For-profit organizations
- Residential providers of mental health, intellectual/developmental disability services
- CCBHC (Certified Community Behavioral Health Clinic) or Community Mental Health Centers (CMHC)
- Providers that are approved to bill Iowa Medicaid for MHDS Services
- Hospitals located in the CCNIA MHDS region.

### E. Questions

For technical assistance please refer questions to [mloehr@ccnia.org](mailto:mloehr@ccnia.org)

### E. Evaluation

Responses will be evaluated by a selection committee based on the following criteria:

1. Ideas and requests that illustrate vision and/or innovation, creativity, flexibility, and unique solutions to difficult barriers.
2. Expertise in the development and application of the service.
3. Capacity and readiness to implement and operate the service.
4. Inclusiveness of all RFP requirements in the budget and its consistency and competitiveness with market Rates.
5. Professional references that speak to the relevance of work and client-provider relationship.

CCNIA MHDS reserves the right to contact references and consider other sources of information as part of the evaluation process. Furthermore, CCNIA MHDS may waive informalities and minor irregularities on responses received.

Grants may be awarded to applicants with the desired services and anticipated outcomes. However, this RFP does not commit CCNIA MHDS to making awards or paying any costs associated with preparing a response. CCNIA MHDS may reject any or all responses and/or cancel this RFP and re-solicit proposals if such action is deemed to be in the Region's best interest. CCNIA MHDS reserves the right to partially fund a proposal based upon the total dollars available.

Applicants may submit up to a total of three proposals and they must be in different focus areas.

## SECTION 2

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### Specifications

#### A. Overview

The CCNIA MHDS Region, is issuing this RFP to support their mission and vision in the Care Connections Region. There are six areas of focus:

1. Immediate Access to Care for Mental Health Needs
2. Improve Access to Children’s Mental Health Services
3. Evidence-Based Practice Implementation or Expansion
4. Accessibility & Facility Improvement
5. Services for Individuals with Mental Health Needs Experiencing Homelessness
6. Workforce Shortage Strategies

The purpose of the impact grant is to improve access to services and programs for people in need of mental health or developmental disability services and positively impact its sustainability.

Preference will be given to organizations providing trauma-informed care, evidence-based practice or promising practices, improving access to services, advancing the CCNIA MHDS Region’s mission and vision, and prioritizing individuals with complex needs. Although cost is a significant consideration, access to service and reliability, staff knowledge, client-centered approach, and ability to work equitably and effectively with a diverse population are also critical to the selection criteria.

#### B. Locations

Use of the Impact Grant funds is limited to: Clay, Kossuth, Osceola, Palo Alto, Winnebago, and Worth Counties in Iowa. Impact Grant funds are intended to serve adults with mental health and/or intellectual including those with multi-occurring substance use issues, as well as children with SED, as defined in Iowa Code section 225C.2.

#### C. Focus Area Details

##### 1. Immediate Access to Care for Mental Health Needs

Simplify and expedite access for individuals who need mental health care. Examples include but are not limited to, quick access to crisis therapy or medication management.

##### 2. Improve Access to Children’s Mental Health Services

Establish, expand, or enhance programming and support for children who have a SED diagnosis. An example includes but is not limited to, start-up costs for a new program (does not include ongoing costs). *Crisis Stabilization residential for children would receive first-priority funding.*

### 3. Evidence-Based Practice Implementation or Expansion

Incorporate or enhance utilization of evidence-based practices (EBP) for better outcomes for individuals. Examples include, but are not limited to, purchasing new EBP curriculum or sending staff to professional development or changing from one EBP to another.

*Priority Funding Evidence-Based Practices Supported by CCNIA Region:*

*Assertive Community Treatment • Peer Self–Help Drop-in Center • Positive Behavior Supports • Supported Employment • Family Psychoeducation • Illness Management and Recovery • Integrated Treatment of Co-occurring SA/ MH Disorders • Permanent Supportive Housing*

### 4. Accessibility & Facility Improvement

Cosmetic updates to building or parking areas not paid for by other programs, including Medicaid. Physical infrastructure updates enhance the long-term sustainability of the organization. Examples include, but are not limited to, adding a wheelchair ramp or privacy walls for telehealth services.

### 5. Services for Individuals with Mental Health Needs Experiencing Homelessness

Improve outcomes for individuals currently experiencing homelessness by increasing support for basic needs and services. Examples include, but are not limited to, training peer support specialists or therapy services in a homeless shelter.

### 6. Workforce Shortage Strategies

Implement organizational employee recruitment and retention strategy. Examples include, but are not limited to, hiring consultant to assist with strengthening new employee orientation or extending job shadowing opportunities. Requests for support for pay increases or bonuses will not be considered.

## D. Key Considerations

Key considerations should be addressed when describing the activities in the Services Response Form (Appendix C). Below are example descriptions.

#### 1. Trauma-Informed Care

Trauma-Informed Care is an approach in the human service field that assumes that an individual may have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life - including service staff. On an organizational or systemic level, Trauma-Informed Care changes organizational culture to emphasize respecting and appropriately responding to the effects of trauma at all levels.

#### 2. Evidence-Based Practice or Promising Practices

According to the National Association of Social Work, "Evidence Based Practice (EBP) is a process in which the practitioner combines well-researched interventions with clinical experience, ethics, client preferences, and culture to guide and inform the delivery of treatments and services."

<https://www.socialworkers.org/news/research-data/social-work-policy-research/evidence-based-practice>

Examples for consideration can be found at <https://www.samhsa.gov/resource-search/ebp> that may be in alignment with the RFP requirements.

*Priority Funding Evidence-Based Practices Supported by CCNIA Region:*

*Assertive Community Treatment • Peer Self–Help Drop-in Center • Positive Behavior Supports • Supported Employment • Family Psychoeducation • Illness Management and Recovery • Integrated Treatment of Co-occurring SA/ MH Disorders • Permanent Supportive Housing*

### 3. Improve Access to Services

Improved Access to Services provide the opportunity for individuals to receive quality treatment and/or necessary support in a timely manner. Examples include, but are not limited to:

- utilization of technology,
- access to quality and experienced providers,
- improved data-driven decision-making,
- immediate or drop-in services, or
- time from referral to service.

#### **Advance the CCNIA MHDS Region Mission & Vision**

CCNIA MHDS Region's mission is *support improved access to behavioral healthcare through local resources to promote full citizenship for people with mental illness and intellectual disabilities.*

### 4. Prioritize Individuals with Complex Needs

Individuals with complex needs are understood to be experiencing significant, multiple, rare, or persistent mental health challenges that impact their functioning in most areas such as in the home, work, education and in the community that lead to frequent use of high acuity services. Individuals with acute needs who are unable to access services, medication, and/or support from professionals may result in additional acute hospitalizations, incarceration, or placement disruptions.

## E. Awardee Obligations

### 1. Management and Staff

The awardee is eligible to perform services within the State of Iowa:

- Currently licensed, accredited or certified by the State of Iowa, or
- Currently enrolled as a Medicaid provider, or
- Currently accredited by a recognized state or national accrediting body (Joint Commission on Accreditation of Health Care Organization-JCAHO; Council on Rehabilitation Facilities-CARF; etc.)

Employees should have access to the necessary supervision and professional development to adequately fulfill the services described. Awardees are assumed to have the capacity necessary to fulfill the services described in a timely manner.

### 2. Reporting

Applicants will identify successful outcomes for the activities described in the proposal and explain how this is measured and analyzed. This may include, but is not limited to, individuals served, resources used, average wait time, and increased staff knowledge.

Awardees will submit a final report of the outcome data to CCNIA MHDS no later than June 30, 2023. The report should also include the challenges and opportunities in narrative format for purposes of continuous improvement as well as examples that demonstrate improved outcomes for the individuals served.

### 3. Marketing

Applicants should briefly describe plans for outreach to potential individuals that would benefit from this



funding if selected; before, during, and going forward. This may not be relevant for all proposals submitted.

#### **F. Staff Qualifications**

Describe the staff qualifications needed to successfully implement the service. This may include biographies of key personnel involved in the provision of services under this RFP in Appendix B.

#### **G. Implementation Plan**

Briefly describe the approach to project management that will be used to implement and complete the proposal within the contracted timeframe, including activities and responsible personnel.

Impact Grant funds will be allocated to awardees in May and June 2023. Selected awardees must begin expending the award dollars before June 30, 2023, and utilize all award funds by June 30, 2024.

#### **H. Budget / Cost**

The cost and fees associated with the successful implementation of the services and/or activities should be described in the submitted proposal. There is no minimum amount that would be considered. No match is required.

# APPENDIX A

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## SUBMITTAL LETTER

CCNIA MHDS Region  
Impact Grant 2023  
c/o Melissa Loehr, Care Connections

Dear Ms. Loehr:  
Please find attached our response to your Request for Proposal (RFP) from:

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Organization Name (Applicant)

In submitting this response, I hereby certify that the proposal documents have been read and fully understood and that I am authorized to offer and agree to furnish the requirements set forth in this RFP. Furthermore, I certify that the materials requested by the RFP are enclosed, all information provided is true, accurate, and complete to the best of my knowledge, and this response is submitted by, or on behalf of, the party that will be legally responsible for service delivery should a contract be awarded.

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Signature of Authorized Official

Date

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Printed Name of Authorized Official

Title

---

Organization Physical Address

---

Organization Mailing Address (if different)

Website Address

---

Type of Entity/Structure

Federal Employer ID#

---

Printed Name of Contact Person

Title

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Email Address

Phone

## APPENDIX B

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### APPLICANT PROFILE / REQUIREMENTS

APPLICANT'S LEGAL NAME: \_\_\_\_\_

Limit responses to the following questions or statements to no more than three pages, single spaced in Arial 10-point font. The Applicant Profile / Requirements should be submitted with the Submittal Letter one PDF as per the requirements specified in Section 2.

1. Briefly describe the organization's history, mission, and accomplishments.
2. Describe your organization's administrative structure, including senior management and staff resources that will be dedicated to the CCNIA MHDS's Impact Grant 2021. Provide biographies of key personnel involved in the provision of services under this RFP.
3. Comment on any partnership(s) with other providers related to direct services or obligations that will be assigned, delegated, or subcontracted in whole or in part.
4. Include whether the organization has had a contract within the last five years that was terminated for cause due to breach or similar failure to comply with the terms of the contract. If yes, provide a detailed explanation.
5. Describe the organization's experience with the target population. Also include information about the applicant's knowledge of and experience with underserved populations.
6. Include timeline with key expenditures anticipated. **Program must be started prior to June 30, 2023.**
7. Accessibility & Facility Improvement (Focus Area One): Discuss whether the organization currently owns or rents the location that would benefit from the award. If it is a rental location, please share the rental agreement terms for length of the lease.
8. The applicant, if awarded an Impact Grant, agrees to use all of the award dollars on services, programs and locations located in the six counties in CCNIA Region.  
 \_\_\_\_\_ Check this box to indicate acknowledgment of this requirement. (initials)
9. The applicant is responsible for obtaining and maintaining general and professional liability insurance in an amount to be determined while providing services to the CCNIA MHDS.  
 \_\_\_\_\_ Check this box to indicate acknowledgment of this requirement. (initials)
10. Applicants shall hold members and agents of the CCNIA MHDS harmless from liability of any nature or kind, including cost and expenses for infringement or use of any patent, copyright, or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract.  
 \_\_\_\_\_ Check this box to indicate acknowledgment of this requirement. (initials)

11. The applicant, if selected, must be in good standing with the State of Iowa with all necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP.

\_\_\_\_ Check this box to indicate acknowledgment of this requirement. (initials)

## APPENDIX C

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### SERVICES RESPONSE FORM

Describe how you will meet the requirements set forth in this RFP. Answers should correlate with Section 2 – Specifications. Define what success looks like if selected as an awardee. Limit narrative to no more than two pages, including any tables, schedules, or examples, in single-spaced, 10-point Arial font. The Services Response Form should be submitted as one PDF as per the requirements specified in Section 1.

## APPENDIX D

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### Budget

Describe the anticipated budget needed to meet the requirements set forth in this RFP. Answers should correlate with Section 2 – Specifications. Applicants must submit a potential budget that clearly state the total cost and the activities associated with the cost. Limit the budget to a narrative description of no more than one page in single-spaced, 10-point Arial font and one page with a financial table for a total of two pages. The Budget response should be submitted as one PDF as per the requirements specified in Section 1.

1. **Employees.** List each position by title. Indicate whether positions are direct service or administrative. Show your standard Full Time Equivalent (FTE) percentage per position over the contracted timeframe OR annually for each employee. FTEs should be calculated according to the proportion of time worked in a 40-hour week. For example, 0.75 FTE is 30 hours worked per week.
2. **Employee Benefits.** Benefits should be based on actual known costs or an established formula.
3. **Other Direct Expenses.** Include expenses other than personnel that are necessary to initiate, maintain, and operate the program and/or service. This may include, but is not limited to, travel costs, materials, and/or supplies.
4. **Administrative Costs.** Include administrative and indirect costs associated with the program/and/or service.
5. **Marketing and Communications.** This may include, but is not limited to, brochures, social media, etc.
6. **Equipment.** This may include, but is not limited to, computer equipment, new furniture, signs, etc.
7. **Other.** Any other expenses not included in the above expense categories. Provide explanation.

## APPENDIX E

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### REFERENCES

Provide 2 professional references relevant to the scope of work included in this RFP. The CCNIA MHDS may contact the references to determine the applicant's performance on such work.

Each reference should include the following information:

- Company Name
- Address
- Contact Person
- Contact Person's Title
- Telephone Number
- Email Address
- Services Provided
- Date(s) of Service