

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF COMMUNITY ACCESS

Adolescent Mental Health Pilot Project

REQUEST FOR PROPOSAL 58824022

Project Period: 02/01/2024 - 01/31/2027

Contract Period: 02/01/2024 - 01/31/2027

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SECTION 1 -- GENERAL AND ADMINISTRATIVE ISSUES

1.01 Purpose

The purpose of this Request for Proposal (RFP) # 58824022 is to solicit applications to provide peer to peer practice consultation with primary care providers (PCP) in Iowa to increase PCP's ability to manage adolescent mental health in the primary care setting through long-term practice changes. This project is part of the Title V Child and Adolescent Health Program and will enhance and work in cooperation with the current Title V Child and Adolescent Health contractors in Iowa.

The Agency is actively working to strengthen our capacity to address health inequities in Iowa. Health equity is defined as supporting opportunities for everyone to live the healthiest life possible through the reduction of barriers in environmental, social, economic and other conditions which impact health.

1.02 Project Period and Contract Term

The **project period** shall be from 02/01/2024 to 01/31/2027.

The Agency expects the **contract term** to be a three year term from 02/01/2024 to 01/31/2027. The first two years will be for implementation of the project and the third year for evaluation of the project.

The issuance of this RFP in no way constitutes a commitment by the Agency to award a contract.

1.03 Eligibility Requirements

Applicants must meet each of the following eligibility requirements for consideration.

Eligible Applicants

Nonprofit organizations, governmental entities, and institutions of higher learning are eligible to submit an application in accordance with this RFP.

Electronic Communication Requirements

Applicant is required to maintain and provide to the Agency, upon application, a current and valid email account for electronic communications with the Agency.

Official email communication from the Agency regarding this application will be issued from iowa.grants@mail.webgrantscloud.com. Applicants are required to assure these communications are received and responded to accordingly.

1.04 Service Delivery Area

Applicants shall define the service delivery area they intend to serve. The service delivery area must be within the state of Iowa. Applicants may choose to serve one of the Child & Adolescent Health Program Collaborative Service Areas (<https://hhs.iowa.gov/family-health/CSA>) or may define their own service area and provide a rationale for choosing the service area.

1.05 Available Funds

The Agency anticipates up to \$317,500 split between approximately 2-4 awards. Actual total awards and individual contract funding levels may vary from that listed or funding may be withdrawn completely, depending on availability of funding or any other grounds determined by the Agency to be in the Agency’s best interests. The Agency may choose to fund a portion of an application. In this case, the Agency will negotiate with the successful applicant(s) to implement a portion of the originally submitted scope of work and budget proposal.

The source of funding is Federal Title V Block Grant Funds. Applicants may apply for up to \$317,500 for a three year period, \$150,000 for Year 1, \$122,500 for Year 2 and \$45,000 for the 3rd year. Applicants shall apply for the amount needed to conduct their project. Applicants can apply for the full amount if their project is large enough in scope, however, the Agency is seeking to fund a variety of projects to learn lessons for future statewide implementation. Final determination of amount of funding will be determined based on the number of applicants and projects being funded from the total allocation of \$317,500.

Successful applicants must match grant funds at a rate of 1:4, one dollar of local funds for every four dollars of grant funds. For additional information on match funds see Section 2.01.

1.06 Schedule of Important Dates (All times and dates listed are local Iowa time.)

The following dates are set forth for informational purposes. The Agency reserves the right to change them.

EVENT	DATE
RFP Issued	September 20, 2023

Applicant's Conference	October 12, 2023
Written Questions and Responses	
Round 1 Questions Due: Responses Posted By:	October 4, 2023 October 10, 2023
Round 2 Questions Due: Responses Posted By:	October 18, 2023 October 24 2023
Final Questions Due: Responses Posted By:	November 1, 2023 November 7, 2023
Applications Due	November 14, 2023 by 4:00 PM Local Iowa Time
Post Notice of Intent to Award	December 21, 2023

A. RFP Issued – The Agency will post the RFP under Grant Opportunities quick link at www.iowaGrants.gov on the date referenced in the Schedule of Events table above. The RFP will remain posted through the Applications Due date.

B. Applicant's Conference – The applicant's conference is optional. An applicant's conference will be held via Zoom on October 12, 2023 at 1:00pm Central Time. The purpose of the conference is to review the RFP with prospective applicants and to allow them an opportunity to ask questions regarding the RFP. Representation or attendance at the conference is not required. However, the conference provides the only opportunity for prospective applicants to receive answers to verbal questions. Questions asked at the conference that cannot be adequately answered during the conference may be deferred.

To attend, please join the virtual meeting at the date and time listed above at the following link*:

<https://us05web.zoom.us/j/82281002186?pwd=5jhPA90EQbFRAQveInycO3e2zlgIn.1>

Meeting ID: 822 8100 2186

Passcode: 4zPUaX

*This link will also be posted in the website Links section of this Funding Opportunity and will be removed after the conference is held.

Following the Applicant's conference, the link to the recorded meeting will be provided for future

reference at the website Links section of this Funding Opportunity.

C. Written Questions and Responses – Written questions related to the RFP must be submitted through www.iowaGrants.gov no later than the dates specified in the table above. Applicants must be registered with IowaGrants in order to submit a question (Refer to Section 3.01 and the ‘New User Registration Instructions for IowaGrants.gov’ document posted under the Attachments section of this Funding Opportunity).

Written questions submitted after the date specified for final questions in the table above will not be considered and a response will not be provided by the Agency.

To submit a question:

- Registered Users login to www.iowaGrants.gov as a returning user;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Click on ‘Ask A Question’ link located at the top right-hand side of the Opportunity Details page, and enter a single question in the ‘Post Question’ box;
- Click the ‘Save’ button;
- A post question confirmation box will appear stating the question is under review.

Additional questions may be submitted by repeating the process above for each individual question. If the question or comment pertains to a specific section of the RFP, the section and page must be referenced. Verbal questions will not be accepted. Questions will not be displayed in IowaGrants until written responses are posted by the Agency.

The Agency will prepare written responses to all pertinent, timely and properly submitted questions according to the schedule of events table above. The Agency’s written responses will be considered part of the RFP.

To view posted questions and responses:

- Login to www.iowaGrants.gov;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Scroll to the bottom of the Opportunity Details page, under the **Questions** subsection to view the posted questions and answers.

It is the responsibility of the applicant to check this Funding Opportunity in www.iowaGrants.gov periodically for written questions and responses to this RFP.

D. Application Creation – The application will consist of multiple required forms (refer to Section 3) available within the Electronic Grant Management system at www.iowaGrants.gov. Each form of the application must be completed in its entirety or IowaGrants will not permit the application to be submitted.

Each individual within the applicant organization who desires access to the application must be registered in IowaGrants (refer to section 3.01 and the ‘New User Registration Instructions for IowaGrants.gov’ document posted under the Attachments section of this Funding Opportunity). **The first user to initiate an application for a Funding Opportunity is designated by the system as the primary user (Registered Applicant) for that application.** This primary user can add additional registered users as Grantee Contacts within their organization to the Funding Opportunity for completion/edit/review of forms and submission of the application. If multiple users are editing the same form within an application at the same time, the last saved version will override any changes made by other users.

IowaGrants will permit multiple registered users of the applicant organization to create separate applications for the same Funding Opportunity, thereby creating multiple applications for the same Funding Opportunity. The applicant is responsible for ensuring only one entire application is completed and submitted for each requested service area (refer to Sections 1.04 and 1.14) in response to this RFP.

E. Applications Due – Applications must be submitted by 4:00 p.m. (local Iowa time) **November 14, 2023** in the Electronic Grant Management System at www.iowaGrants.gov. Attempted submission of a completed application after the stated due date and time will not be allowed by the system. This Funding Opportunity will not be available as a Current Opportunity on the Electronic Grant Management System after the stated due date and time. If submission of an application is attempted after the stated date and time, the applicant will receive a notice stating “The Funding Opportunity is closed”.

Applications submitted to the Agency in any manner other than through Electronic Grant Management System of the IowaGrants website (e.g. electronic mail to any other address, faxed, hand-delivered, mailed or shipped or courier-service delivered versions) will be rejected, not reviewed by the Agency and a rejection notice will be sent to the applicant. Any information submitted separately from the application will not be considered in the review process.

The date and time system of the IowaGrants Electronic Grant Management System shall serve as the official regulator for the submission date and time of an application.

The due date and time requirements for submission of the application within the

Electronic Grant Management System of IowaGrants website are mandatory requirements and will not be subject to waiver as a minor deficiency.

Submission Confirmation Screen: After an applicant submits an application, a confirmation screen containing an Application ID number will appear on your computer screen. It is the applicant's sole responsibility to complete all Funding Opportunity Forms and submit the application in sufficient time.

F. Release of Names of Applicants – November 16, 2023. The names of all applicants who submitted applications by the deadline shall be released to all who have requested such notification via an email request to John McMullen at john.mcmullen@idph.iowa.gov. The announcement of applicants who timely submitted an application does not mean that an individual application has been deemed technically compliant or accepted for evaluation.

G. Notice of Intent to Award – A Notice of Intent to Award the contract(s) will be posted for 10 business days on the Agency Web page <https://hhs.iowa.gov/funding-opportunities/notice-of-intent> under *Award Notifications* link by 4:30 pm on the date specified in the Schedule of Events table above. Applicants are solely responsible for reviewing the Notice of Intent to Award to determine their award status.

H. Contract Negotiations and Execution of the Contract – Following the posting of the Notice of Intent to Award, the Authorized Official for the successful applicant(s) will receive a contract document via email from the Agency. The successful applicant has ten (10) working days from the date of receipt in which to negotiate and sign a contract with the Agency. If a contract has not been executed within ten (10) working days of applicant's receipt, the Agency reserves the right to cancel the award and to begin negotiations with the next highest ranked applicant or other entity deemed appropriate by the Agency. The Agency may, at its sole discretion, extend the time period for negotiations of the contract.

1.07 Inquiries

Inquiries related to the RFP shall be submitted in accordance with Section 1.06 (C).

For assistance regarding IowaGrants, please contact the Agency IowaGrants Helpdesk at iowagrants.helpdesk@idph.iowa.gov or by calling 1-866-520-8987 (available between 8:00 AM and 4:00 PM on weekdays, excluding state holidays).

Unauthorized contact regarding this RFP with other state employees may result in disqualification. In no case shall verbal communications override written communications. Only

written communications are binding on the Agency.

The Agency assumes no responsibility for representations made by its officers or employees prior to the execution of a legal contract, unless such representations are specifically incorporated into the RFP or the contract.

Any verbal information provided by the applicant shall not be considered part of its application.

1.08 Amendments to the RFP

The Agency reserves the right to amend the RFP at any time. In the event the Agency decides to amend, add to, or delete any part of this RFP, a written amendment will be posted at www.iowaGrants.gov under the Attachments section of this Funding Opportunity. The applicant is advised to check this website periodically for amendments to this RFP. In the event an amendment occurs after the Funding Opportunity is closed, the Agency will email the written amendment to the individuals identified in the submitted application as the Project Officer (Registered Applicant) and the Authorized Official listed in the Cover Sheet- General Information Form.

1.09 Open Competition

No attempt shall be made by the applicant to induce any other person or firm to submit or not to submit an application for the purpose of restricting competition.

1.10 Withdrawal of Applications

An application created in IowaGrants.gov cannot be deleted. An application may be withdrawn by request of an applicant at any time prior to the due date and time. An applicant desiring to withdraw an application shall submit notification including the application ID, title of the application, and the applicant organization name via email to iowagrants.helpdesk@idph.iowa.gov.

After this funding opportunity closes, the Agency may withdraw applications that have not been submitted.

1.11 Resubmission of Withdrawn Applications

A withdrawn application may be resubmitted by an applicant at any time prior to the stated due date and time for the submission of applications.

To access a withdrawn application:

- Registered Users login to www.iowaGrants.gov as a returning user;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Click on 'Copy Existing Application';
- Select the application that you want to copy by marking it under the 'Copy' column (Note: all applications whether in editing, submitted or withdrawn status will be displayed to be copied);
- Click the 'Save' button.

The application that was copied will be open in this funding opportunity. Be sure to re-title the application if necessary by going into the General Information form and editing it. Continue to complete the application forms and submit following the guidance provided in sections 1.06 (D) and (E), and in section 3 of this RFP.

Withdrawn applications for this RFP posting must be submitted by the due date provided in section 1.06 in order to be considered for funding. Withdrawn, submitted, or editing status applications are also available to copy to other Funding Opportunities in IowaGrants at any time.

1.12 Acceptance of Terms and Conditions

- A. An applicant's submission of an application constitutes acceptance of the terms, conditions, criteria and requirements set forth in the RFP and operates as a waiver of any and all objections to the contents of the RFP. By submitting an application, an applicant agrees that it will not bring any claim or have any cause of action against the Agency or the State of Iowa based on the terms or conditions of the RFP or the procurement process.
- B. The Agency reserves the right to accept or reject any exception taken by an applicant to the terms and conditions of this RFP. Should the successful applicant take exception to the terms and conditions required by the Agency, the successful applicant's exceptions may be rejected and the Agency may elect to terminate negotiations with that applicant. However, the Agency may elect to negotiate with the successful applicant regarding contract terms which do not materially alter the substantive requirements of the RFP or the contents of the applicant's application.

1.13 Costs of Application Preparation

All costs of preparing the application are the sole responsibility of the applicant. The Agency is not responsible for any costs incurred by the applicant which are related to the preparation or submission of the application or any other activities undertaken by the applicant related in any way to this RFP.

1.14 Multiple Applications

An applicant may submit only *one* application for a service area.

1.15 Oral Presentation

Applicants may be requested to make an oral presentation of the application. The determination of need for presentations, the location, order, and schedule of the presentations is at the sole discretion of the Agency. If an oral presentation is required, applicants may clarify or elaborate on their applications, but may in no way change their original application.

1.16 Rejection of Applications/Cancellation of the RFP

- A. The Agency reserves the right to reject, in whole or in part, any or all applications, to advertise for new applications, to arrange to receive or itself perform the services herein, to abandon the need for such services, and to cancel this RFP if it is in the best interests of the Agency.
- B. Any application will be rejected outright and not evaluated for any of the following reasons:
 - 1. The applicant is not an eligible applicant as defined in section 1.03.
 - 2. An applicant submits more than one application for the same service area for the same funding opportunity.
 - 3. An application is submitted in a manner other than the Electronic Grant Management System at www.iowaGrants.gov.
- C. Any application may be rejected outright and not evaluated for any one of the following reasons:
 - 1. The applicant fails to include required information or fails to include sufficient information to determine whether an RFP requirement has been satisfied.
 - 2. The applicant fails to follow the application instructions or presents information requested by this RFP in a manner inconsistent with the instructions of the RFP.

3. The applicant provides misleading or inaccurate answers.
4. The applicant states that a mandatory requirement cannot be satisfied.
5. The applicant's response materially changes a mandatory requirement.
6. The applicant's response limits the right of the Agency.
7. The applicant fails to respond to the Agency's request for information, documents, or references.
8. The applicant fails to include any signature, certification, authorization, or stipulation requested by this RFP.
9. The applicant initiates unauthorized contact regarding the RFP with a state employee.

D. Any application may be rejected outright and not evaluated if the proposed project does not align with the purpose and goals of the project as stated in Section 2: Background and Scope of Work; Goals and Outcomes.

1.17 Restrictions on Gifts and Activities

Iowa Code Chapter 68B contains laws which restrict gifts which may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Applicants are responsible for determining the applicability of this chapter to their activities and for complying with these requirements.

In addition, Iowa Code Chapter 722 provides that it is a felony offense to bribe a public official.

1.18 Use of Subcontractors

- A. The Agency acknowledges that the selected Applicant may contract with third parties for the performance of any of the Contractor's obligations. The Agency reserves the right to provide prior approval for any subcontractor used to perform services under any contract that may result from this RFP.
- B. Current individual employees of the State of Iowa may not act as subcontractors under this contract.
- C. The applicant is fully responsible for all work performed by subcontractors. No subcontract into which the applicant enters into with respect to performance under the contract will, in any way, relieve the applicant of any responsibility for performance of its duties.

1.19 Reference Checks

The Agency reserves the right to contact any reference to assist in the evaluation of the application, to verify information contained in the application and to discuss the applicant's qualifications and the qualifications of any subcontractor identified in the application.

1.20 Criminal Background Checks

The Agency reserves the right to conduct criminal history and other background investigations into the applicant, its officers, directors, managerial and supervisory personnel, clerical or support personnel, and health care professional personnel retained by the applicant for duties related to the performance of the contract. Such information may be used in determining contract awards. The applicant shall cause all waivers to be executed by appropriate persons to effectuate the investigations.

1.21 Information from Other Sources

The Agency reserves the right to obtain and consider information from other sources concerning an applicant, including the applicant's product or services, personnel, and subcontractors, and the applicant's capability and performance under other Agency contracts, other state contracts and contracts with private entities. The Agency may use any of this information in evaluating an applicant's application.

1.22 Verification of Application Contents

The Agency reserves the right to verify the contents of an application submitted by an applicant. Misleading or inaccurate responses may result in rejection of the application pursuant to Section 1.16.

1.23 Litigation and Investigation Disclosure

The applicant shall disclose any pending or threatened litigation, administrative, or regulatory proceedings or similar matters which could affect the ability of the applicant to perform the required services. Failure to disclose such matters at the time of application within the Business Organization Form (Refer to Section 3 of this RFP) may result in rejection of the application or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of an application must be disclosed within 30 days in a written statement to the Agency.

1.24 Financial Accountability

The applicant shall maintain sufficient financial accountability and records. The applicant shall disclose each irregularity of accounts maintained by the applicant discovered by the applicant's accounting firm, the applicant, or any other third party. Failure to disclose such matters, including the circumstances and disposition of the irregularities, at the time of application within the Business Organization Form (Refer to Section 3 of this RFP) may result in rejection of the application or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of an application must be disclosed within 30 days in a written statement to the Agency.

1.25 RFP Application Clarification Process

The Agency may request clarification from applicants for the purpose of resolving ambiguities or questioning information presented in the application. Clarifications may occur throughout the application evaluation process. Requests for clarification will be issued to the primary user (Registered Applicant) through email from an IDPH Service Contract Compliance Officer. Clarification responses shall be in writing in the format provided by the Agency and shall address only the information requested. Responses shall be submitted to the Agency within the time stipulated at the time of the request. An applicant will not be permitted to modify or amend its application if contacted by the Agency for this reason.

1.26 Waivers and Variances

The Agency reserves the right to waive or permit cure of non-material variances in the application's form and content providing such action is in the best interest of the Agency. In the event the Agency waives or permits cure of nonmaterial variances, such waiver or cure will not modify the RFP requirements or excuse the applicant from full compliance with RFP specifications or other contract requirements if the applicant is awarded the contract. The determination of materiality is in the sole discretion of the Agency.

1.27 Disposition of Applications

All application submissions become the property of the Agency.

If the Agency awards funds to an applicant, the contents of all applications will be in the public domain at the conclusion of the selection process and will be open to inspection by interested parties subject to exceptions provided in Iowa Code Chapter 22 or other provision of law.

1.28 Public Records and Requests for Confidential Treatment of Application Information

The Agency's release of public records is governed by Iowa Code chapter 22. Applicants are encouraged to familiarize themselves with Chapter 22 before submitting an application in response to this RFP.

The Agency will copy and produce public records upon request as required to comply with Chapter 22 and will treat all information submitted by an applicant as non-confidential records unless applicant requests specific parts of the application be treated as confidential at the time of the submission as set forth herein AND the information is confidential under Iowa or other applicable law.

All information submitted by an applicant will be treated as public information following the conclusion of the selection process unless the applicant properly requests that information be treated as confidential at the time the application is submitted.

Failure of the Applicant to request information be treated as confidential as specified herein shall relieve Agency personnel from any responsibility for maintaining the information in confidence. Applicants may not request confidential treatment with respect to pricing or budget information and transmittal letters. An applicant's request for confidentiality that does not comply with this section or an applicant's request for confidentiality on information or material that cannot be held in confidence as set forth herein are grounds for rejecting an application as non-responsive.

A. Confidential Treatment of Information is Requested by the Applicant

An applicant requesting confidential treatment of information contained in its application shall be required to submit two copies of its application (one complete application (containing confidential information) and one redacted version (with confidential information excised) and complete and submit Form 22 with both applications; as outlined herein:

1. Complete and Submit Form 22 with both applications

APPLICANT NOTE: SUBMISSION OF THIS FORM 22 IS REQUIRED ONLY IF REQUESTING CONFIDENTIAL TREATMENT OF APPLICATION INFORMATION.

In order to request information contained in an application to be treated as confidential, the applicant must complete and submit FORM 22 with both applications. Failure of the applicant to accurately and fully complete FORM 22 with the application submission may result in the application to be considered

non-responsive and not evaluated. The Form 22 is available to download from a link located in the attachments section of the standard application form titled Application Certification and Conditions (refer to section 3 of this RFP). Applicant must download Form 22 from a link within this form, complete it, and upload it into the specific field of the electronic Application Certification and Conditions form in both applications.

Form 22 will not be considered fully complete unless, for **each** confidentiality request, the applicant: (1) enumerates the specific grounds in Iowa Code chapter 22 or other applicable law that supports treatment of the material as confidential, (2) justifies why the material should be maintained in confidence, (3) explains why disclosure of the material would not be in the best interest of the public, and (4) sets forth the name, address, telephone, and e-mail for the person authorized by applicant to respond to inquiries by the Agency concerning the confidential status of such material. Requests to maintain an entire application as confidential will be rejected as non-responsive.

2. An applicant that submits an application containing confidential information must submit two copies of its application (one complete application and one redacted version of the application) for this RFP. Completed Form 22 shall be uploaded in the Application Certifications and Conditions form in **both** copies.

One copy of the application must be completed and submitted in its entirety, containing the confidential information. This is the application that will be reviewed.

The applicant must submit one copy of the application labeled “Redacted Copy” from which the confidential information had been excised. In order to do this, the applicant shall rename the copy with the word ‘Redacted’ added as the **first** word in the application title, using the exact same title as the first copy of the application. The applicant must then revise each form within the copied/redacted application removing the confidential information and inserting the word ‘redacted’ in the required fields. The confidential material must be excised from the redacted version in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the application as possible.

Both copies of the application must be submitted by the applicant by the due date and time outlined in Section 1.06 (D).

B. Public Requests

In the event the Agency receives a public request for application information marked confidential, written notice shall be given to the applicant seventy-two (72) hours prior to the release of the information to allow the applicant to seek injunctive relief pursuant to Iowa Code Section 22.8. The information marked confidential shall be treated as confidential information to the extent such information is determined confidential under Iowa Code Chapter 22 or other provisions of law by a court of competent jurisdiction. If the Agency receives a request for information that applicant has marked as confidential and if a judicial or administrative proceeding is initiated to compel the release of such material, applicant shall, at its sole expense, appear in such action and defend its request for confidentiality. If an applicant fails to do so, the Agency may release the information or material with or without providing advance notice to the applicant and with or without affording applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

Additionally, if applicant fails to comply with the request process set forth herein, if applicant's request for confidentiality is unreasonable, or if applicant rescinds its request for confidential treatment, Agency may release such information or material with or without providing advance notice to applicant and with or without affording applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

The applicant's failure to request confidential treatment of material pursuant to this section and the relevant law will be deemed by the Agency as a waiver of any right to confidentiality which the applicant may have had.

1.29 Copyrights

By submitting an application, the applicant agrees that the Agency may release the application for the purpose of facilitating the evaluation of the application or to respond to requests for public records. By submitting the application, the applicant consents to such release and warrants and represents that such release will not violate the rights of any third party. The Agency shall have the right to use ideas or adaptations of ideas that are presented in the applications. In the event the applicant copyrights its application, the Agency may reject the application as noncompliant.

1.30 Review of Notice of Disqualification or Notice of Intent to Award Decision

The posting of the Notice of Intent to Award on the Agency webpage constitutes receipt of notification of the adverse decision per 641 Iowa Administrative Code Chapter 176.8(1).

Applicants may appeal the adverse decision only for a timely submitted application. The appeal shall be submitted in writing within ten (10) business days of the applicant's receipt of the notification of the adverse decision. The appeal shall be addressed to the contract compliance officer cited in the RFP John McMullen, Agency of Public Health, and shall be submitted via email, including a read receipt verification, to john.mcmullen@idph.iowa.gov. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in the RFP were not followed by the Agency. In the event of an appeal, the Agency will continue working with the successful applicant(s) pending the outcome of the appeal

1.31 Definition of Contract and exclusivity

The full execution of a written contract by both parties shall constitute the making of a contract for services and no applicant shall acquire any legal or equitable rights relative to the contract until the contract has been fully executed by the successful applicant and the Agency. Any contract resulting from this RFP shall not be an exclusive contract.

1.32 Construction of RFP

This RFP shall be construed in light of pertinent legal requirements and the laws of the State of Iowa. Changes in applicable statutes and rules may affect the award process or the resulting contract. Applicants are responsible for ascertaining the relevant legal requirements. Any and all litigation or actions commenced in connection with this RFP shall be brought in the appropriate Iowa forum.

SECTION 2 – BACKGROUND AND SCOPE OF WORK

2.01 Background

Introduction

In Iowa, accessing mental health experts is a significant challenge for both patients and primary care providers (PCP). One way to address this issue is to look towards evidence based practices of PCP to PCP or specialist peer consultation and training. In one study by Garbutt, et al. PCPs found timely consultation with mental health experts, in-house or accessed through state Child Psychiatry Access Project (CPAP) programs, to be very helpful. They also valued a PBRN (Practice Based Research Network) QI project focused on adolescent depression and other Continuing Medical Education (CME) activities.¹

Fully integrated, team-based collaborative care provides a long-term solution for managing teens with anxiety and depression in their medical home. In this model, the PCP works together with a care manager and a mental health specialist to evaluate, manage and monitor the patient's progress using evidence-based medications and therapy. Integrated care improves patient outcomes, improves PCPs efficiency and self-reported competency and satisfaction with care delivery, and increases follow-up with mental health referrals.²

The 2019 American Academy of Pediatrics (AAP) Position Statement “Mental Health Competencies for Pediatric Practice” outlines the exploration of collaborative care models of practice, such as the integration of a mental health specialist as a member of the medical home team, consultation with a child psychiatrist or developmental-behavioral pediatrician, or telemedicine technologies to grow the competence and confidence of primary care providers as an evidence based practice to help increase the access of mental and behavioral healthcare needs among adolescents.³

In addition to the typical challenges and rates of mental and behavioral health needs, the nature of the COVID-19 pandemic and its accompanying uncertainties, fears, isolation, personal loss and economic consequences has caused increased stress, depression, anxiety and suicide risk in adults and children.⁴ Elevated rates of emergency department visits for assessment of suicidal ideation and attempted suicide have been widely reported. This increased need led the

¹ Garbutt J, Dodd S, Rook S, Ericson L, Sterkel R, Plax K. Primary care experiences of providing mental healthcare for children in the USA during the COVID-19 pandemic: a qualitative study. *BMJ Paediatr Open*. 2022 July; 6(1)

² Hine JF, Grennan AQ, Menousek KM, et al.. Physician satisfaction with integrated behavioral health in pediatric primary care. *J Prim Care Community Health* 2017

³ Arthur Lavin, George LaMonte Askew, Rebecca Baum, Evelyn Berger-Jenkins, Thresia B. Gambon, Arwa Abdulhaq Nasir, Lawrence Sagin Wissow, Alain Joffe; Mental Health Competencies for Pediatric Practice. *Pediatrics* November 2019; 144 (5)

⁴ Leeb RT, Bitsko RH, Radhakrishnan L, et al.. Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic - United States, January 1-October 17, 2020. *MMWR Morb Mortal Wkly Rep* 2020

American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children’s Hospital Association to declare a national emergency in children’s mental health, calling attention to the ramifications of the COVID-19 pandemic in addition to the already high unmet mental health needs among children and adolescents.⁵ With the long-standing shortage of mental health professionals to serve adolescents and children, many patients with depression and anxiety are cared for in their medical home by their primary care providers. With limited mental health training, many PCPs lack confidence in their ability to provide effective care for patients with common mental health needs.⁶ Primary care physicians are the sole physician managers of care for an estimated 4 in 10 US children with attention-deficit/hyperactivity disorder (ADHD) and one-third with mental disorders overall.⁷

Regular preventive care visits for adolescents provide opportunities for early identification and appropriate management and intervention for conditions and behaviors that, if not addressed, can become serious and persist into adulthood. Adolescent health promotion, such as the health promotion and anticipatory guidance given during well visits, is important in preventing risk behaviors and improving mental health. Health promotion during adolescence has been shown to contribute to the prevention of late onset of mental health disease.⁸

Goals and Outcomes of the Program

Through peer to peer consultation with practicing PCPs in Iowa, this project seeks to increase PCP’s ability and capacity to manage adolescent mental health in the primary care setting through long-term practice changes. This will be accomplished through various strategies such as providing defined and timely consultation with PCP’s either in person, via telephone, through video conferencing, email, or other forms of communication; promotion and assistance in accessing the Iowa Pediatric Mental Health Care Access Program/Iowa Pediatric Mental Health Collaborative; providing monthly round-table case study collaboratives; and/or providing other innovative ways to provide mentoring and build PCP’s capacity to provide mental health care to adolescents in the primary health care setting.

A successful model supporting early detection of social-emotional and developmental delays in children birth to age five through coordinating referrals, interventions, and follow-up is the 1st

⁵ AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health . American Academy of pediatrics, 2021

⁶ Cheung AH, Zuckerbrot RA, Jensen PS, et al.. Guidelines for adolescent depression in primary care (GLAD-PC): Part II. treatment and ongoing management. *Pediatrics* 2018;141. 10.1542/peds.2017-4082

⁷ Anderson LE, Chen ML, Perrin JM, Van Cleave J. Outpatient visits and medication prescribing for US children with mental health conditions. *Pediatrics*. 2015;136(5).

⁸ Nagamitsu S, Kanie A, Sakashita K, Sakuta R, Okada A, Matsuura K, Ito M, Katayanagi A, Katayama T, Otani R, Kitajima T, Matsubara N, Inoue T, Tanaka C, Fujii C, Shigeyasu Y, Ishii R, Sakai S, Matsuoka M, Kakuma T, Yamashita Y, Horikoshi M. *Adolescent Health Promotion Interventions Using Well-Care Visits and a Smartphone Cognitive Behavioral Therapy App: Randomized Controlled Trial*. JMIR Mhealth Uhealth. 2022 May 23;10(5)

Five Model (<https://hhs.iowa.gov/1stfive>). This project is intended to create a similar model for adolescent mental health care. One small part of this project is to manage the individual patient appropriately in the primary care setting, and successful applicants will familiarize themselves with and utilize the Iowa Pediatric Mental Health Care Access Program/Iowa Pediatric Mental Health Collaborative in addition to consultative practices with a mental health clinician. However, the main bulk of this project is to create practice capacity, including improving the PCP's management practices of mild to moderate mental health conditions in adolescents, implementing mental health screenings during well visits, processes for management of positive screenings within the primary care setting, and processes for referral and follow up to a mental health specialist when appropriate.

The purpose and intended outcomes of the Adolescent Mental Health Pilot Project are:

1. To integrate a mental health screening component to adolescent well visits if it is not already being done.
2. To increase the capacity, ability, and comfort level of Primary Care Providers to safely treat and manage mild to moderate mental health conditions such as depression, anxiety, etc.
3. To explore the effectiveness of peer to peer practice consultation on increasing adolescent mental health care access, utilization and quality.
4. To improve the accessibility of mental health care of adolescents in Iowa.

Primary care providers, parents, caregivers, communities, and adolescents all play a key role in ensuring adolescents are able to identify and access mental health care so that it can be managed before it reaches a crisis-level concern. This funding opportunity focuses on supporting primary care providers in being prepared to promote preventive mental health care to their adolescent patients, identify and provide for mild to moderate mental health care treatments, and assist families and adolescents in accessing mental health care.

As stated in the goals, this funding opportunity seeks to make long-term practice changes among practicing primary care providers in Iowa. To accomplish this, the following types of activities will not be eligible for funding through this RFP:

1. Projects that are duplicative of the Iowa Pediatric Mental Health Collaborative. <https://chsciowa.org/programs/iowa-pediatric-mental-health-collaborative>
2. Strategies focused solely on treating individuals.
3. Strategies focused on settings other than where primary care providers practice such as schools, community events, etc. Applicants may include primary care provider practice staff (office staff, medical assistants, nurses, care coordinators, billing, etc.) in strategies.
4. Conference sponsorships, or training only events. Speaking at a conference or a training event as a recruitment and education strategy may be part of a broader consultation

focused application, as long as the applicant actively follows-up with training participants to engage in consultation.

5. Delivery of direct medical or mental health care or hiring personnel to deliver medical or mental health care.
6. Creation of curriculum, textbooks, books, research, pamphlets, posters, etc. Applications may include educational (teaching tools, tip sheets, clinic flow/appointment diagrams, etc.) and recruitment materials (newsletter article, follow up postcard, etc.) as a minor strategy and cost of a larger project focused on active consultation strategies. All materials developed with RFP funds will be the property of the Agency and be in the public domain, available for free or at cost of printing.
7. Promotion of mental health care outside of the medical home, such as in schools, public health departments, urgent/walk-in clinics, workplaces, etc.

Title V Overview

Title V of the Social Security Act, often referred to as Title V, is a partnership between the federal government and states to support the health and well-being of mothers, children and families. The Iowa Department of Health and Human Services (Iowa HHS) is the recipient of the federal Title V Maternal and Child Health Block Grant. Iowa HHS administers the block grant funds in the form of the Maternal Health and Child & Adolescent Health Programs.

States are required to provide matching funds, often referred to simply as “match”, to the federal funds. These match funds are the non-federal share of costs that states contribute to the Title V funds to accomplish the work of the program. Applicants should plan to work collaboratively with the Iowa Pediatric Mental Health Care Access program/Iowa Pediatric Mental Health Collaborative and Agency programs within the service area defined by the applicant.

CAH Program services are family-centered, community-based, collaborative, comprehensive, accessible, flexible, coordinated, culturally-competent, and developmentally appropriate.

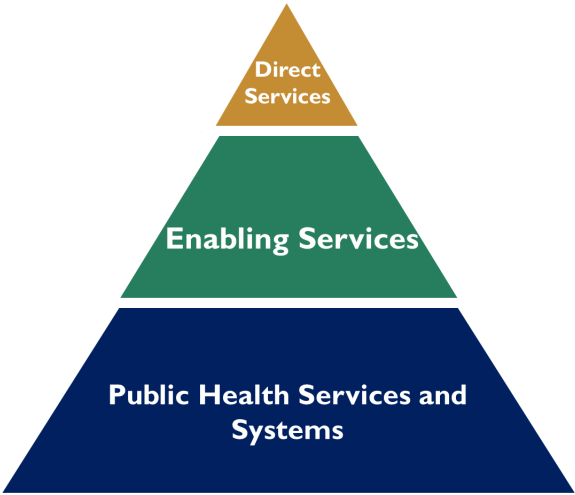
Title V Statewide Needs Assessment

A state-wide Title V needs assessment was completed in 2020 to determine maternal, child, and adolescent health priority needs in Iowa for Federal Fiscal Years 2021-2026. As a result of the information gathered during the needs assessment, the following adolescent focused National Performance Measure (NPM) and State Performance Measures (SPM) were selected to focus the work of state and local contractors.

Adolescent Health	
NPM 10	Percent of adolescents, ages 12 through 17 years, with a preventive medical visit in the past year
SPM 4	Percent of adolescents who report that during the past 12 months they have felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities
Cross-Cutting	
SPM 6	Percent of Title V contractors with a plan to identify and address health equity in the populations they serve
NPM 13.2	Child & Adolescents (ages 1 to 17) dental visits

Maternal and Child Health Pyramid of Services

CAH programs provide public health services and systems, enabling services, and access to gap-filling direct health care services. These services are illustrated in the ‘MCH Pyramid of Core Public Health Services’ found below. Successful applicants will be required to implement programming in the Public Health Services and Systems level of the pyramid. This funding opportunity does not include Enabling or Gap-Filling Direct Care Services. The following section describes the three levels of the MCH Pyramid:



Public Health Services and Systems: Public health services and systems are activities that support the development and maintenance of comprehensive health service systems.

Examples include needs assessments, data collection and analysis, family engagement, community partnerships, development of protocols, quality improvement, and provider consultation. **This RFP is focused at this level of the MCH pyramid.**

Enabling services: Enabling services are services that assist individuals to access health care and improve health outcomes. Enabling services include assisting families with obtaining insurance coverage, health literacy activities, education on the importance of well visits and preventive care, and assistance with establishing a medical and dental home. Assisting clients with transportation, interpretation services, and making appointments also increase access to health care by removing barriers.

Gap-Filling Direct services: Gap-filling direct health care services include routine, preventive medical and oral health care that the client cannot access through a medical home despite the provision of enabling services.

Early Periodic Screening, Diagnosis and Treatment (EPSDT) Overview:

The Iowa EPSDT Medicaid program emphasizes the use of a regular schedule of recommended well visits and screenings to provide preventive health care and to identify physical, developmental, and social-emotional concerns. Iowa EPSDT program guidelines are based upon the American Academy of Pediatrics Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition. The EPSDT program serves as the model of services provided to all children served by the CAH Program, regardless of payer. www.iowaepsdt.org

Health Equity Overview:

Individuals, families, and communities who have systematically experienced social and economic disadvantage face significant barriers to achieving their best health and may be disproportionately impacted by a disease, health behavior or lack of healthcare access. Health disparities occur when a population experiences a greater burden of disease, death, or disability relative to other populations. Social determinants of health, such as access to food, stable housing, educational opportunities, safe neighborhoods, and discrimination, are some of the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes create health inequities. Public health programs that acknowledge the role of social determinants and account for them in the planning and implementation of interventions will greatly contribute to the elimination of health inequities within our population. For further information on health equity in health care see the [HHS Action Plan to Reduce Racial and Ethnic Health Disparities](#).

The CAH program has identified eight priority populations. Specific inclusion of these priority populations in planning, implementation, and evaluation of CAH programming is necessary

to address health inequities. Priority populations may be eligible for and/or require additional services, outreach, and accommodation to assure access to services and increase health equity in Iowa. The priority populations for the CAH program are:

1. African American, Black, or African
2. Asian, Pacific Islander
3. Fathers
4. Hispanic or Latinx
5. Lesbian, gay, bisexual, transgender, queer, intersex (and emerging terms) (LGBTQI+)
6. Native American, Alaska Native
7. Persons with disabilities
8. Refugees or immigrants

It is recommended that all applications include strategies to address health equity for one or more of the eight priority populations.

2.02 Definitions

A. RFP General Definitions. In this RFP, including attachments, the following quoted terms (and the plural thereof, when appropriate) have the meanings set forth in this section.

“Administrative Costs” means those costs and fees that may include, but are not limited to, those that have been incurred for common or joint purposes or objectives, benefitting more than one cost objective, and/or cannot be readily identified with a particular final cost objective. For the purposes of this RFP, examples of Administrative Costs shall include general administration and general expenses such as accounting, expenses of executive officers, personnel administration, costs of operating and maintaining the facility, rent and lease payments, utilities, data collection and data processing costs, printing, communications equipment and services, depreciation, and other costs necessary to support the delivery of services.

“Agency” means the Iowa Department of Health and Human Services.

“Business Day” means any day other than a Saturday, Sunday, or State holiday as specified by Iowa Code § 1C.2.

“Equipment” means any single item with a cost or value of \$5,000 or more and with an anticipated useful life of one year or more.

“Indirect Costs” represent the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. These may

be costs and fees that have been incurred by the Grantee for common or joint purposes or objectives, benefitting more than one cost objective, and/or cannot be readily identified with a particular final cost objective. For the purposes of this RFP, examples of Indirect Costs shall include general administration and general expenses such as accounting, expenses of executive officers, personnel administration, costs of operating and maintaining the facility, rent and lease payments, utilities, data collection and data processing costs, printing, communications equipment and services, depreciation, and other costs necessary to support the delivery of services.

“Indirect Cost Plan or Indirect Cost Allocation” means an accounting function by which estimates are made to distribute indirect costs to programs or functions, in order to approximate their full cost.

“Negotiated Indirect Cost Rate Agreement (NICRA)” is a document published to reflect an estimate of indirect cost rate negotiated between the Federal Government and a Grantee's organization which reflects the indirect costs (facilities and administrative costs) and fringe benefit expenses incurred by the organization.

“Request for Proposal” or “RFP” means a formal Request for Proposal that involves the state Agency soliciting bids to purchase services through a competitive process.

“Performance Measures” means measures that assess the Deliverables or activity under this Contract. Performance measures include, but are not limited to quality, input, output, efficiency, and outcome measures.

B. Definitions Specific to this RFP. In this RFP, including attachments, the following quoted terms (and the plural thereof, when appropriate) have the meanings set forth in this section. The exception being quoted or referenced external text. Utilizing meanings outside this definition may result in the applicant not understanding requirements or not fully meeting requirements. Be sure to utilize the definitions provided here.

“Adolescent” is an individual aged 10 through 21 years of age.

“Long Term Practice Change” is defined as change sustained at 12 months throughout the project period.

“Medical Home and/or Medical Home Model” is providing both preventive and appropriate acute care for children and adolescents in a consistent primary care setting that maintains a comprehensive medical record and coordinates the child’s care.

“Mental Health Screening” is a validated, evidenced based, and standardized tool used to determine the presence of symptoms of any kind of mental health disorder.

“Non-Prescribing Mental Health Clinician” means a master’s or doctorate prepared clinician such as an MSW (e.g., LMSW, LISW), MS (e.g., LMFT, LMHC) or Doctorate of Psychology (PsyD).

“Practice Consultant” means a specific, named mental health clinician with a minimum of 2 years experience training and/or consulting with other health care providers; and a minimum of 2 years experience providing mental health care to adolescents within the last 5 years. May be an employee or subcontracted.

“Prescribing Mental Health Clinician” means a medical doctor (MD), doctor of osteopathic medicine (DO), nurse practitioner (NP), physician assistant (PA) with specialized training in mental health such as a psychiatrist, psychiatric/mental health nurse practitioner, psychiatric/mental health physician assistant.

“Primary Care Provider” (PCP) means a physician or doctor, nurse practitioner, or physician assistant working in internal medicine, general medicine, pediatrics or family medicine currently practicing in primary care in Iowa.

“Priority Population” is an adolescent or their parent/primary caregiver identifying as one or more of these populations: African American, Black, or African; Asian, Pacific Islander; father; Hispanic or Latinx; lesbian, gay, bisexual, transgender, queer, intersex and emerging terms (LGBTQI+); Native American or Alaska Native; person with disabilities; and refugee or immigrant.

“Target Audience” may be all primary care providers or a specific subset of primary care providers in the defined service area. Examples: all PCPs in a specific medical system, PCPs serving a specific percentage or higher of adolescents, nurse practitioners in the service area, etc.

“Well Visit” is a comprehensive visit that follows the Iowa EPSDT schedule and recommendations. The well visit shall include all of the following:

- Comprehensive history and assessment of physical and mental health, development, and nutrition.
- Unclothed/undressed and draped physical exam
- Age-appropriate immunizations as recommended by the Advisory Committee on Immunization Practices

- Hearing and vision screening
- Oral health screening and risk assessment
- Age-appropriate laboratory tests
- Health education and anticipatory guidance

Reproductive health only exams, sports or participation physicals and other exams that do not include all of the elements above do not qualify as a well visit.

2.03 Scope of Work

- A. Work Plans.** Applicants shall identify evidence-based or promising practices and describe how they will meet the minimum program requirements through their proposed project utilizing the RFP forms in IowaGrants.gov. The Applicant will develop and implement Work Plans compliant with the Deliverables and timelines listed in section B within the forms in IowaGrants as described in Section 3 of this RFP.
- B. Deliverables.** In compliance with the Agency-approved work plan within IowaGrants, the successful applicant shall provide the following:
1. Promote the medical home model throughout the project period.
 2. Recruit and enroll practicing primary care providers into the Adolescent Mental Health Pilot Project in years one and two of the project.
 3. Provide peer to peer consultation with practicing primary care providers serving adolescents in Iowa during years one and two, with remediation as needed in year three.
 4. Utilize evidence-based strategies and information in the promotion of high-quality mental health care for adolescents throughout the project period.
 5. Utilize prescribing and/or non-prescribing mental health clinician(s) experienced in providing mental health care to adolescents as a practice consultant(s) throughout the project period.
 6. Utilize strategies intended to support long term practice change defined as change sustained at 12 months throughout the project period.
 7. Conduct an evaluation of the project to explore the impact of peer to peer practice consultation on increasing adolescent mental health visit access, utilization, and quality. Year three of the project will be dedicated entirely to evaluation of the project.
 8. Collect, utilize, evaluate and report data on the number of PCPs implementing practice changes, the number of mental health visits pre and post intervention, and the impact of the intervention through change sustained at 6 and 12 months post intervention, with quarterly reporting throughout the project period.
 9. Up to monthly meetings with Iowa HHS Child & Adolescent Health program staff as requested by Iowa HHS or successful applicant(s) throughout the project period.

10. Up to monthly progress reports throughout the project period.
11. Up to quarterly data reports throughout the project period.
12. Up to annual reports throughout the project period.

Data Collection Requirements:

1. Applicant shall track the number of enrolled PCP's into the project and the date of enrollment.
2. Applicant shall track the number of PCP's implementing practice changes.
3. Applicant shall track the practice changes being made.
4. Applicant shall track the number of well visits that include mental health screening pre and post intervention.
5. Applicant shall track the baseline, interim, and post-intervention number of adolescents accessing mental health care at the PCP, and those being referred for specialized care:
 - a. Baseline is the number of adolescent mental health visits and referrals over a minimum of 30 days pre-intervention.
 - b. Interim is the number of adolescent mental health visits and referrals over a minimum of 30 days after enrollment and at least one consultation session. Applicants can use the 6 months post intervention as their Interim measure.
 - c. Post intervention is the number of adolescent mental health visits and referrals in a minimum of a 30 day period, at 6 and 12 months after intervention. The 12 month data collection should correspond with a similar season as the baseline data to not skew data results based on seasonal well visit utilization.
6. Applicant shall indicate which CPT codes will be used to track this information.
7. Applicant shall track the baseline, interim, and post-intervention adolescent mental health visits by the following:
 - i. Age: 10 through 14 years of age; 15 through 18 years of age and 19 through 21 years of age.
 - ii. Sex
 - iii. Race:
 1. White
 2. Black or African American
 3. American Indian or Alaskan Native
 4. Asian
 5. Native Hawaiian or other Pacific Islander
 6. Another single race (specify)
 7. Mixed or multiple races (more than one race) (specify)
 - iv. Ethnicity:
 1. Hispanic or Latino

2. Not Hispanic or Latino
- v. County of residence

The Agency reserves the right to provide technical assistance to the successful applicant to update and/or amend activity work plans, data collection and forms to mutually agreed upon activities. Contractor shall collaborate with the Agency to develop mutually agreeable activities.

A. Applicant's Personnel for Project Implementation. Staffing must be sufficient to implement the project as described in this RFP. The Contractor shall maintain an accurate listing of staff specified for project implementation, meeting all minimum staffing requirements as required by the Agency, within the personnel form Component, located in the IowaGrants.

Successful applicants shall utilize a named mental health clinician(s) with:

1. A minimum of 2 years experience providing mental health services to adolescents in the last 5 years, and
2. Training or experience in consulting with other health care providers or mental health clinicians.

Applicants shall Indicate the annual hours (based on 2080 hours/year) that the mental health clinician(s) will work in the consultant role, as well as the annual hours worked of the Project Director and Evaluator.

Applicants shall include curriculum vitae, or résumés of the:

- Project Director,
- Mental Health Clinician(s),
- Evaluator,
- Others identified as essential in the proposal on the Personnel Form in Iowa Grants.*

*Personnel includes those individuals in roles who will oversee the professional, managerial, and essential support functions and/or assume responsibility for assuring the validity and quality of the project. Do not include curriculum vitae or résumés for individuals who provide routine administrative support to the project as part of their broader support of the organization. Use full names (first, middle, last) on these documents to distinguish them.

Applicants shall answer the questions on the Mental Health Clinician Background and Demonstrated Experience Form individually for each mental health clinician. Mental health clinicians must be identified by name; they can be employees or subcontractors.

To be hired/to be named/to be determined/to be contracted with or naming a subcontract organization, but not a specific practice consultant does not meet criteria.

B. Required Reporting. The Agency requires reporting of compliance with the resulting Contract and performance of the Deliverables and Work Plans pursuant to proposed action/work plans, provision of services, and incurred expenses by resulting contractors. Successful applicants will be awarded a contract to be managed within an Electronic Grant Management system within www.iowaGrants.gov. The required reports and related information will be submitted within the Grant Tracking system. The reports and submission requirements are subject to change at the sole discretion of the Agency. The Agency shall review and monitor submitted reports, as well as other data and information for completeness, timeliness, and overall performance pursuant to the Contract.

Anticipated reports (progress and data) include:

- Monthly progress and up to quarterly data reports - these reports will require submission of details about progress towards fulfilling activities detailed in the action plan, including disaggregated data required in RFP Section 2.03B; pg 27-28.
- Annual report - this report will require submission details about the contractor fulfilling activities detailed in the action plan over the contract period, and lessons learned.
- Monthly claim and support documentation.

C. Contract Performance Measures. The Agency anticipates the following performance measures to be included in a successful applicant's contract.

1. **Year One Adolescent Mental Health Pilot Project Practice Enrollment Measure:** Successful applicants will enroll the number of providers stated in the application. Successful applicants should be on target to enroll the agreed-upon number of providers by the third quarter Adolescent Mental Health Data Report (Reporting Period August 1, 2024 through October 31, 2024).
 - i. **Due Date:** November 15, 2024
 - ii. **Data to be used for the measure:** Calculated using Contractor data tracked and submitted up through the third quarter Adolescent Mental Health Data Report (reporting period August 1, 2024 through October 31, 2024) for contract year one submitted in IowaGrants.
 - iii. **Disincentive:** 3% of the total initial contract amount.

- iv. **Agency Monitoring of Performance Measure:** If less than 75% of the number of providers stated in the application for Year One have been enrolled by October 31, 2024, the Agency may deduct a disincentive of 3% of the total initial contract amount from the next available claim
2. **Year Two Adolescent Mental Health Pilot Project Practice Enrollment Measure:** Successful applicants will enroll the number of providers stated in the application. Successful applicants should be on target to enroll the agreed-upon number of providers by the third quarter Adolescent Mental Health Data Report (Reporting Period August 1, 2025 through October 31, 2025) for contract year two.
- i. **Due Date:** November 15, 2025
 - ii. **Data to be used for the measure:** Calculated using Contractor data tracked and submitted up through the third quarter Adolescent Mental Health Data Report (reporting period August 1, 2025 through October 31, 2025) for contract year two submitted in IowaGrants.
 - iii. **Disincentive:** 3% of the total initial contract amount.
 - iv. **Agency Monitoring of Performance Measure:** If less than 75% of the number of providers stated in the application for Year Two have been enrolled by October 31, 2025, the Agency may deduct a disincentive of 3% of the total initial contract amount from the next available claim
3. **Adolescent Mental Health Pilot Project Long Term Practice Change Performance Measure:** At 12 months post intervention, 80% of PCP practices have sustained 80% of practice changes to increase the capacity, ability, and comfort level of PCP's to safely treat and manage common mental health conditions, and improve the accessibility of mental health care of adolescents over the baseline pre-intervention period. This performance measure will be calculated using contractor data tracked and submitted. Data must be submitted by October 31, 2026.
- i. **Due Date:** November 16, 2026.
 - ii. **Data to be used for the measure:** Calculated using contractor data tracked and submitted in IowaGrants.
 - iii. **Incentive:** 3% of the total initial contract amount.
 - iv. **Agency Monitoring of Performance Measure:** Upon Agency receipt of the number of providers enrolled in the project as stated in the application for years one and two; and the number of PCP

practices sustaining practice changes at 12 months post-intervention, the Agency will review and verify the Contractor's successful completion of required performance measures as described in Section 2.03C - A, B, C. The Agency may request additional information or documentation to ensure the satisfaction of all items. The Contractor shall follow-up with the additional information within the reasonable timeframe provided by the Agency.

2.04 Contractor Budget(s) and Contract Payment Methodology

A. Contractor Payments. The Contractor is anticipated to be paid an amount not to exceed the amount awarded contractually per year for services as described in section 2.03. The Contractor shall invoice via IowaGrants claim submitted to the Agency monthly for reimbursement of the costs associated with meeting the Deliverables of the Contract. This reimbursement shall be in accordance with the Agency approved budget. The Contractor shall complete and submit an Agency approved line-item budget in an Agency approved format for Year 1 of the Contract, with this Application, see below and Section 3. Each subsequent Contract Year the Contractor shall submit an Agency approved line-item budget in an Agency approved format, at least 90 days prior to the beginning of the Contract Year, to be considered with the Contractor's annual renewal/extension.

1. Incentive Payments. The Contractor may be eligible to receive an annual incentive payment based on the level of performance they achieve in a single contract year, as outlined in the Performance Measure section above. Contractors shall submit Claims for performance incentive payments after review and determination of eligibility by the Agency. Determination of whether the Contractor is eligible for an incentive payment shall be made at the sole discretion of the Agency.

B. Cost Restrictions.

1. The Contractor shall only be eligible to receive reimbursement for services described within the Scope of Work, and for expenses as approved in the budget.
2. Indirect Costs or Administrative Costs Charges Limitations:
 - a. **Indirect Cost Rate Charges:** Applicants may charge an indirect rate in accordance with their federally approved Negotiated Indirect Cost Rate Agreement (NICRA) (please see definitions section), or an Indirect Cost Plan (please see definitions section) recognized by a state cognizant agency (local governments). If the applicant charges indirect costs, a copy of the current, signed federally approved indirect cost rate agreement or the Indirect Cost Plan recognized by a state cognizant agency must be submitted as an attachment to the application. The Agency reserves the

right to negotiate the application of the Indirect Rate per individual contract.

- b. **Administrative Costs Charges:** Applicants may charge Administrative costs (please see definitions section for what constitutes “Administrative Costs”), only in the absence of a federally approved Negotiated Indirect Cost Rate Agreement or an Indirect Cost Plan recognized by a state cognizant agency (local governments). Administrative Costs are capped at (limited to) 15% of the direct costs proposed in the budget. The applicant shall maintain documentation to support the administrative cost allocation. The Agency reserves the right to request the documentation at any time.

3. Equipment may not be purchased with these funds.

4. Unallowable Costs:

- a. Expenditures not allowed with this funding include travel outside state of Iowa, equipment and equipment maintenance, patient care, legal services, research publication, membership dues, alteration and renovation (A&R), personal use of goods and services, alcoholic beverages, tobacco, entertainment costs, conference sponsorship and any other expenses not directly related to the goals and strategies of this application.
- b. Not more than 10% of the budget may be expended on promotional, recruitment and retention incentives for primary care providers.
- c. Direct medical or mental health care services to individuals are not allowed with this funding.

C. Budget.

Line Item Budgets:

Applicants will demonstrate budgets adequate to support the work of the contractor to perform the services outlined in this RFP. The budgets must be presented using the specific line item categories outlined below, and not exceed the available funding allowed for the contract year specified in Section 1.05. A budget justification shall be included, describing the details of how the budget was calculated and justify all the anticipated expenses outlined within the budget, refer to budget form instructions in Section 3 and in the IowaGrants form.

1. Direct Costs Categories

Allowable budget line categories for direct cost expenses include:

- a. Salary and Fringe Benefits
 - o The applicant shall include all staff salary and fringe amounts directly funded, wholly or partially with these funds. A justification for each staff charged to this project shall include the staff position title, the

annual salary and fringe for the position, duties and the full-time equivalent (FTE) portion to be charged to these funds.

- b. Subcontract
 - If services performed for any activities outlined in this RFP are to be subcontracted, the applicant must detail the anticipated subcontract expenses in this category.
- c. Equipment

Equipment may not be purchased with these funds.
- d. Other
 - This category may include items such as office supplies, educational supplies, project supplies, incentives, communication, rent and utilities , training, information technology-related expense, travel*, etc. ONLY if these expenses are not included in Administrative or Indirect Costs; and should reflect any major activities required to accomplish the action plan or work plan. This category also includes any items not meeting the above definition for equipment.

*The Agency will not reimburse the contractor travel amounts in excess of limits established by [Iowa Department of Administrative Services](#). Current in-state travel maximum allowable reimbursement amounts:

- Food for in-state: \$12.00/breakfast, \$15.00/lunch and \$29.00/dinner
- Lodging: \$120.00 plus taxes per night
- Mileage: \$0.50 per mile

Out of state maximum allowable amounts for meals are available upon request. There is no restriction on airfare or lodging but the incurred expenditures are to be reasonable.

2. Indirect or Administrative Costs Category:

Pursuant to the definitions and the limitations set forth in B. of this section above, applicants may input either Indirect or Administrative Costs associated with provision of these services, as applicable.

SECTION 3 -- APPLICATION CONTENT

In compliance with the minimum requirements and scope outlined in Section 2 – Description of Work and Services, applicants must complete each form listed below from within IowaGrants for this Funding Opportunity.

3.01 Application Instructions

Each user will complete the registration process, only if not already registered. Follow the steps outlined in the ‘New User Registration Instructions for IowaGrants.gov’ as posted under the Attachment section of the Funding Opportunity. New Users should allow at least a few days for the registration to be processed.

Refer to Section 1.06 (D) for instructions on Application Creation.

Note: IowaGrants will permit multiple users within the Applicant Organization to register and begin creation of an application for each funding opportunity.

The applicant is responsible for ensuring **only one entire application is completed and submitted for the same service area** (refer to Sections 1.04, 1.06, and 1.14) in response to this RFP.

For general instructions on completing applications in IowaGrants, as well as how to copy previously created applications, refer to the ‘the Agency Application Instruction Guidance’ as posted under the Attachment section of the Funding Opportunity.

- Submitted applications must meet all minimum and eligibility requirements outlined in this RFP.
- Promotional materials or other items not required by this RFP will not be considered during the review process.
- Any information or materials not required to be submitted as an attachment by this RFP application will not be considered in the review process.

Upon starting an application, the first screen that appears is the General Information Form. This is where the applicant will title their application and identify the Organization they are representing. The registered applicant must be representing an eligible entity (refer to section 1.03). After clicking ‘Save’; the applicant can re-open and edit this form to add other users registered with the represented organization in IowaGrants.gov as ‘Additional Contacts’.

The saved **General Information** Form appears as the first form in your application.

3.02 Application Forms:

Applicants must complete each application form listed below following the instructions here and within the Electronic Grant Management System at www.iowaGrants.gov. Each required field of each Application Form must be completed or the system will not allow the form to be saved. Once an application form is completed, the applicant must mark it as complete. All forms must be marked as complete or IowaGrants will not permit the application to be submitted. Follow the instructions for each section and field within the form in IowaGrants. A summary of each Form's contents is listed below.

The following forms are components listed in IowaGrants.org:

Cover Sheet - General Information: This form requires the applicant to identify the Authorized Official, the Fiscal Contact, and additional required information.

Business Organization: This form requires information about the applicant organization, including legal name, address, alternate mailing address for warrant/payments, business structure, history, table of organization, any pending or threatened litigation or investigation which may affect the Applicant's ability to perform the required services (refer to RFP Section 1.23), as well as identification of the applicant's accounting firm and reporting any irregularities discovered in any of the accounts maintained by the applicant (refer to RFP Section 1.24), and disclosure of history of contract default or terminations.

Application Certification and Conditions: This form provides for the certification and assurance of the Applicant's intent and commitment to provide the services included in the application if an award is issued. This form will also identify the individual designated as the Grantee Contact with full responsibility for assignment of individuals to a resulting grant site (if applicable) in IowaGrants. Optional sections of this form include a section for the request for confidentiality in compliance with section 1.28 of this RFP and upload field for transmittal letters and other applicable communications.

The Certification and Conditions Form is **required** to be completed, electronically signed and dated by the Executive Director (ED) or Chief Executive Officer (CEO) of the applicant.

- o Iowa Code Section 554D.103 defines an electronic signature as "an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record." An applicant may insert an electronically scanned signature, a digital signature, or a typed name, symbol, etc. in compliance with this definition for the electronic signature.

An applicant's submission of an application indicates the applicant's agreement to conduct this transaction by electronic means.

Personnel: This form requires specific information about the project personnel related to providing the services described in this RFP. Specifically applicants will identify the title/position, name, role and responsibilities, experience and education, and credential or license # as applicable for each person with time dedicated to this project. Include curriculum vitae, or résumés for the Project Director, Mental Health Clinician(s), and Evaluator(s). Applicants must designate one Project Director, to be the primary contact for the project, more than one person may be named to the other required roles.

At a minimum, applicants must identify the following personnel:

- Project Director
- Mental Health Clinician(s)
- Evaluator(s)

Iowa HHS Subcontract Plan: This form requires specific information about the applicant's proposed plan for subcontracts. Applicant shall identify if subcontracts are proposed, and if so, the applicant shall include the scope of work of subcontracted services; anticipated amount for each proposed subcontract; the name, contact information, experience of subcontractor (if known at the time of application); and the delivery area(s) to be served through the subcontract.

The following forms are contained in the Excel Workbook titled “**Adolescent Mental Health Pilot Project RFP Workbook**”. Each form is a separate tab within the workbook:

Target Audience and Service Area: This form requires the applicant to describe the intended service area and target audience for the project as well as provide rationale for each of their choices.

Organization Background and Demonstrated Experience: This form requires information about the applicant organization's demonstrated experience in provision of similar services in the past, and established community partnerships. Applicants shall include relevant information about their background and experience that has prepared them for the work as described in this RFP. Include community partnerships, partnerships with priority populations, and services the applicant has already developed and established. See the Draft Application Score Tool for Criteria that will be used by the Review Committee to evaluate and score this form.

Mental Health Clinician Background and Demonstrated Experience: This form requires information about the applicant's mental health clinician(s), key personnel in the success of the

project. Applicants shall include relevant information about their background and experience that has prepared them for the work as described in this RFP. Applicants shall answer the questions individually for each mental health clinician. Mental health clinician(s) must be identified by name; they can be employees or subcontractors. To be hired/to be named/to be determined/to be contracted with or naming a subcontract organization but not a specific practice consultant does not meet criteria. See the Draft Application Score Tool for Criteria that will be used by the Review Committee to evaluate and score this form.

Adolescent Mental Health Pilot Project Description: This form requires the applicant to describe their planned project and details for implementing the work and services as described in this RFP. Applicants shall demonstrate within the Project Description their capability to implement the minimum requirements as described in section 2. See the Draft Application Score Tool for Criteria that will be used by the Review Committee to evaluate and score this form

Adolescent Mental Health Pilot Project Recruitment: This form requires the applicant to describe how they will identify providers and their approach to provider recruitment. Applicants shall describe how they will identify providers serving one or more priority populations and shall list how many primary care providers they will enroll in the first and second year of the project.

Adolescent Mental Health Pilot Project Cost per Provider: This form requires the applicant to describe their planned project and details for implementing the work and services related to the cost per provider as described in this RFP. Applicants shall demonstrate within this form their capability to implement the minimum requirements as described in section 2. Specifically, this form requires the applicant to provide the cost per provider and an explanation of cost difference for this project if above or below the Agency anticipated cost per provider of around \$1,000, which is the typical amount the Agency has funded for similar projects.

Adolescent Mental Health Pilot Project Data Collection and Measurement: This form requires the applicant to describe their planned project and details for implementing the work and services related to data collection and measurement as described in this RFP. Applicants shall demonstrate within this form their capability to implement the minimum requirements as described in section 2. Specifically, this form requires the applicant to describe how they will collect required data, how the applicant will measure and report on ongoing project progress during the project and how any additional data will be used and the collected data's contribution to project goals.

Adolescent Mental Health Pilot Project Evaluation: This form requires the applicant to describe their planned project and details for implementing the work and services related to evaluation as described in this RFP. Applicants shall demonstrate within this form their capability

to implement the minimum requirements as described in section 2. Specifically, this form requires the applicant to describe how they will evaluate the impact, outcomes, and lessons learned of the project, including long-term practice change to increase access and quality of adolescent well visits by practicing primary care providers, customization for priority populations, most and least successful strategies and barriers to success.

Adolescent Mental Health Pilot Project Work Plans (3): Within these forms, the applicant will provide specific and detailed annual plans for the applicant's proposed project including goals, objectives, activities planned, expected outcomes, responsible person(s), community and priority population partnerships, and timeframes. Applicants shall demonstrate within the Work Plans their capability to implement the minimum requirements as described in section 2.

The following forms are **components in IowaGrants.org**:

Budgets: These forms require the applicant to describe the details of proposed expenses to implement the project as described in the applicant's application to accomplish the scope of work as described in this RFP. Proposed expenses and budget details must be adequate, yet reasonable to support the work of the application, and must be in compliance with section 2.04 of this RFP. Applicants must complete all three years of the budget.

- Standard Line Item Budget Contract Year 1
- Standard Line Item Budget Contract Year 2
- Standard Line Item Budget Contract Year 3

Minority Impact Statement: This form collects information about the potential impact of the project's proposed programs or policies on minority groups.

SECTION 4 – APPLICATION REVIEW PROCESS AND CRITERIA

4.01 Overview of Review Process

Review/evaluation of applications submitted under this RFP will be conducted in three phases.

Phase I -- Technical Review: The first phase will involve a preliminary review by the Agency staff of an applicant's compliance with the mandatory requirements, such as eligibility and application content for submitted applications. Applications which fail to satisfy technical requirements or application content may be eliminated from the application review. These applications may be rejected. The Agency will notify the applicant of a rejection that occurs during Phase I of the review process. The Agency reserves the right to waive minor variances at the sole discretion of the Agency.

Phase II – Review Committee: Applications determined to be compliant with technical requirements and application content will be accepted for the second phase of evaluation, which shall be completed by a review committee or committees established by the Agency. The membership of the review committee(s) shall be determined by the bureau chief with input and oversight from the respective division director. The review committee(s) shall evaluate applications in accordance with a point system. Each committee member will review the applications and the evaluation criteria outlined in this chapter and assign a point total for each criterion. If an applicant is requested to make an oral presentation of the application pursuant to RFP Section 1.15, the committee members may consider the oral presentation of the applicant in determining the points awarded.

The total score awarded by each committee member will be averaged to arrive at the final score for each application and the applications will then be ranked based on the average of the evaluation scores. The Agency staff may solicit additional input and recommendations from the review committee(s).

In the event competitive applications receive an equal number of points, or when the Agency receives more applications than funding allows for (for example the Agency receives 10 applications and the number of applications and amount of funding must be determined), a second review may be conducted utilizing the same scoring process. In the event a second review is conducted, the respective program's division director will designate two management employees and one non-management employee to conduct a second review.

Phase III -- Agency Review and Award: The third phase will be a final review. The Agency will consider the submitted applications and the review committee's scores and recommendations.

The Agency may also consider geographical distribution, budget information, any information received pursuant to Sections 1.19 - 1.24 of the RFP, and any other information received pursuant to the procurement process. The Agency reserves the right not to award the contract to the applicant with the highest point average. The Agency may also consider geographical distribution, project diversity, cost per provider, budget information, any information received pursuant to Sections 1.19 - 1.24 of the RFP, and any other information received pursuant to the procurement process. The Agency reserves the right not to award the contract to the applicant with the highest point average. The Agency reserves the right to negotiate partial awards.

4.02 Scoring of Applications

A maximum of 200 points may be awarded to each application. A minimum average score of 120 or greater is required for the application to be considered for funding. Applications scoring less than the minimum average score will be rejected.

Accepted applications will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and details are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the RFP objectives.
- D. The overall ability of the applicant, as judged by the evaluation committee, to successfully complete the project within the proposed schedule. This judgment will be based upon factors such as budget, project management plan and availability of staff.
- E. Cost per provider.
- F. Diversity of awards.

Points will be assigned for each item listed as follows:

5 - Applicant's application or capability is exceptional and exceeds expectations for this criterion.

4 - Applicant's application or capability is superior and slightly exceeds expectations for this

criterion.

3 - Applicant's application or capability is satisfactory and meets expectations for this criterion.

2 - Applicant's application or capability is unsatisfactory and contains numerous deficiencies for this criterion.

1 - Applicant's application or capability is not acceptable or applicable for this criterion.

The maximum points to be awarded for each application section are as follows:

IowaGrants Component	Adolescent Mental Health Pilot Project Workbook Tab	Weight	Potential Maximum Score
Cover Sheet- General Information		N/A- Required	N/A
Business Organization		N/A- Required	N/A
Application Certification and Conditions BOH/BOS		N/A- Required	N/A
Personnel		2	10
Iowa HHS Subcontract Plan		N/A- Required	N/A
Adolescent Mental Health Pilot Project Workbook	Target Audience and Service Area	1	5
	Organization Background and Demonstrated Experience	3	15
	Mental Health Clinician Background and Demonstrated Experience	4	20
	Adolescent Mental Health Pilot Project Description	4	20

	Adolescent Mental Health Pilot Project Recruitment	3	15
	Adolescent Mental Health Pilot Project Cost per Provider	2	10
	Adolescent Mental Health Pilot Project Data Collection and Measurement	3	15
	Adolescent Mental Health Pilot Project Evaluation	3	15
	Year 1 Adolescent Mental Health Pilot Project Work Plan	3	15
	Year 2 Adolescent Mental Health Pilot Project Work Plan	3	15
	Year 3 Adolescent Mental Health Pilot Project Work Plan	3	15
Year 1 Budget		2	10
Year 2 Budget		2	10
Year 3 Budget		2	10
Minority Impact Statement		N/A- Required	N/A
Total Maximum Points:			200

SECTION 5 – CONTRACT

5.01 Contract Conditions

Contract Conditions: Any contract awarded by the Agency shall include specific contract provisions including the General Terms and Contingent Terms as posted on the Agency’s website. Refer to the Attachments section on the Funding Opportunity page for the Draft Sample Contract Template. The Draft Sample Contract Template included is for reference only and is subject to change at the sole discretion of the Agency.

The contract terms contained in the general terms and contingent terms are not intended to be a complete listing of all contract terms, but are provided only to enable applicants to better evaluate the costs associated with the RFP and the potential resulting contract. Applicants should plan to include such terms in any contract awarded as a result of the RFP. All costs associated with complying with these requirements should be included in the application. If the contract exceeds \$500,000, or if the contract together with other contracts awarded to the Contractor by the Agency exceeds \$500,000 in the aggregate, the Contractor shall be required to comply with the provisions of Iowa Code chapter 8F.

The Agency requires Contractors to link with the local board of health when providing services supported by the Agency funding. In particular, Contractors are expected to assist the local board of health in carrying out the three core functions of public health as defined in 641 IAC 77.3 (137): assessment, policy development and assurance. Examples of linking with the board of health include, but are not limited to:

- Provide environmental and/or health data to the local board of health for the purposes of, and provide assistance in, assessing and analyzing the health status of the community.
- Submit reports to the local board of health on the effectiveness, accessibility, and quality of services provided.
- Include the local board of health in establishing policies and plans associated with the services provided. This can be accomplished by establishing a liaison between the contractor and the board of health or by attending regular meetings of the board of health.
- Educate the local board of health about the services provided and work with the board to identify target populations in need of the services provided.
- Be active in the Community Health Needs Assessment and Health Improvement Plan process.
- Provide the board of health expert input on the services provided and how those

services relate to; the health priorities of the community and health improvement plans to address those priorities.

The contractor is expected to provide documentation of linkage efforts if requested by the Agency.

Results of the review process or changes in federal or state law may require additions or changes in final contract conditions requirements.

5.02 Incorporation of Documents

The RFP, any amendments and written responses to applicant questions, and the application submitted in response to the RFP form a part of the contract. The parties are obligated to perform all services described in the RFP and application unless the contract specifically directs otherwise.

5.03 Order of Priority

In the event of a conflict between the contract, the RFP and the application, the conflict shall be resolved according to the following priorities, ranked in descending order:

1. the Contract;
2. the RFP;
3. the Application.

5.04 Contractual Payments

The Agency provides contractual payments on the basis of reimbursement of expenses in accordance with Iowa Code 8A.514. In the event the contractor lacks sufficient working capital to provide the services of the contract, an advance not to exceed one month's value of the contractual amount may be provided by the Agency. One-third (1/3) of this advance will be deducted from eligible reimbursement of expenses for the 7th, 8th and 9th months of service.

If the applicant is not a current contractor with the Agency, a completed current and accurate W-9 form will be requested by the Agency upon award of a contract. The Agency shall not provide any reimbursement of expenses until the W-9 is received and accepted.

5.05 Early Contract Termination

If a contract awarded by the Agency pursuant to this RFP is terminated by either party prior to

the end of the project period for any reason, the Agency may procure services for the remainder of the contract period or project period by (1) awarding the contract to a contractor from the same or a contiguous service area; (2) awarding the contract to another entity deemed appropriate by the Agency, or (3) issuing an RFP. An Applicant's submission of an application to this RFP constitutes mutual agreement among the Agency and the Applicant/Contractor pursuant to 641 IAC 176.3 that the Agency has sole discretion in procuring such services.

SECTION 6 – ATTACHMENTS

The following reference documents are posted separately under the Attachment section of this Funding Opportunity.

- A. RFP58824022 Adolescent Mental Health Pilot Project
- B. New User Registration Instructions for IowaGrants.gov
- C. IowaGrants Application Forms Instruction GuidanceO
- D. Draft FY24 Adolescent Mental Health Pilot Project Contract Template
- E. Draft Adolescent Mental Health Pilot Project Application Score Tool
- F. Adolescent Mental Health Pilot Project Workbook
- G. Attachment: SMARTIE Goals

SECTION 7 – LINKS

The following reference documents are available by clicking on the link provided in the website Links section of this Funding Opportunity.

- A. Iowa Department of Health and Human Services General Terms and Conditions:
<https://hhs.iowa.gov/contract-terms>
- B. Iowa Department of Health and Human Services:
<https://hhs.iowa.gov/>
- C. Bureau of Family Health Collaborative Service Areas:
<https://hhs.iowa.gov/family-health/CSA>
- D. Iowa Grants:
www.IowaGrants.gov
- E. Applicant's Conference Zoom Link:
<https://us05web.zoom.us/j/82281002186?pwd=5jhPA90EQbFRAQveInycO3e2zlglln.1>
- F. Award Notifications:
<https://hhs.iowa.gov/funding-opportunities/notice-of-intent#>
- G. Pediatric Mental Health Collaborative
<https://chsciowa.org/programs/iowa-pediatric-mental-health-collaborative>
- H. Primary Care Experiences of Providing Mental Healthcare for Children in the USA During the COVID-19 Pandemic: A Qualitative Study.
<https://pubmed.ncbi.nlm.nih.gov/36053621/>
- I. Physician Satisfaction with Integrated Behavioral Health in Pediatric Primary Care.
<https://pubmed.ncbi.nlm.nih.gov/27638838/>
- J. Mental Health Competencies for Pediatric Practice.
<https://doi.org/10.1542/peds.2019-2758>

- K. Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic - United States.
<https://pubmed.ncbi.nlm.nih.gov/33180751/>
- L. AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health.
<https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>
- M. Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part II. Treatment and Ongoing Management.
<https://pubmed.ncbi.nlm.nih.gov/29483201/>
- N. Outpatient Visits and Medication Prescribing for US Children with Mental Health Conditions.
<https://pubmed.ncbi.nlm.nih.gov/26459647/>
- O. Adolescent Health Promotion Interventions Using Well-Care Visits and a Smartphone Cognitive Behavioral Therapy App: Randomized Controlled Trial.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9171600/>
- P. Iowa 1st Five:
<https://hhs.iowa.gov/1stfive>
- Q. Iowa EPSDT
<https://www.iowaepsdt.org>
- R. Iowa HHS Action Plan to Reduce Racial and Ethnic Disparities:
<https://www.minorityhealth.hhs.gov>