



Request for Proposals (RFP): Contractor to Design a Learning Collaborative and Quality Improvement Coaching Model for IMPACT BH Clinical and Community Partners

Issuing Organization: Colorado Perinatal Care Quality Collaborative ([CPCQC](#))

Program: [IMPACT BH](#) (Improve Perinatal Access, Coordination, and Treatment for Behavioral Health)

1. Overview

The Colorado Perinatal Care Quality Collaborative (CPCQC) seeks proposals from qualified contractors to support the design of a quality improvement learning collaborative model for the IMPACT BH program, with a specific focus on rural Colorado communities.

CPCQC is Colorado's leading institution for improving perinatal health outcomes. The organization works with medical organizations, providers, policymakers, and community partners to strengthen the quality and reach of perinatal care. CPCQC currently engages 100% of Colorado's labor and delivery units, covering 96% of all Colorado births, in structured quality improvement (QI) learning collaboratives to improve infant and maternal outcomes. Recognizing that high-quality care must extend beyond hospital settings, IMPACT BH expands CPCQC's support into communities, strengthening connections across perinatal behavioral health systems to support families throughout the full perinatal period.

Beginning in FY27, CPCQC plans to pilot a new learning collaborative model through IMPACT BH. The pilot learning collaboratives will be designed to help participating Colorado communities increase early detection and effective response to perinatal mental health and substance use needs by strengthening screening, brief intervention, and referral to treatment (SBIRT) practices across local clinical and community settings. The pilot quality improvement learning collaboratives will offer training and technical assistance from subject matter experts on a variety of perinatal behavioral health SBIRT topics, including but not limited to:

- Perinatal mood, anxiety and substance use disorder identification through universal screening
- Identification of and response to health-related social needs during the perinatal period
- Brief intervention, including for complex clinical concerns such as suicidal ideation and intimate partner violence
- Referral to local, statewide, and national resources to help maternal and infant dyads access appropriate support
- Sustaining SBIRT advancements through improved workflows, billing practices, and connection to statewide resources



This RFP aims to identify a contractor who can both design the learning collaborative model (March–June) and, pending available funding, transition into implementing the pilot learning collaboratives and associated QI coaching from July 1, 2026, through June 30, 2027. During the pilot year, the contractor is expected to co-lead the collaborative implementation in partnership with CPCQC and provide quality improvement coaching to participating clinical and community IMPACT BH partners.

Proposers should demonstrate the ability to support both phases of work—design and pilot implementation—and to partner closely with CPCQC to support sustainability and long-term knowledge transfer.

Estimated Budget: \$35,000 ceiling for learning collaborative and quality improvement coaching development, March–June 2026. Budget for pilot learning collaborative model and quality improvement coaching implementation to be determined and contracted pending available funding.

2. Background & Rationale

About IMPACT BH

IMPACT BH is a collective impact initiative launched in 2022 by CPCQC in partnership with the Colorado Behavioral Health Administration that helps Colorado communities strengthen and integrate local perinatal behavioral health systems.

Recent [data](#) underscore the urgency of this work. In Colorado, approximately one in three births involves a mother with a diagnosed mental health condition, most commonly depression or anxiety. Despite this high prevalence, nearly two-thirds of postpartum women with a mental health diagnosis do not receive mental health services during or after pregnancy, and only a small fraction receive care at levels consistent with clinical recommendations. Compounding these gaps, the [Colorado Maternal Mortality Review Committee](#) identified suicide and unintentional overdose as the leading causes of maternal mortality in the state between 2016 and 2020, highlighting the critical intersection of mental health, substance use, maternal outcomes, and infant outcomes.

IMPACT BH is responding to these challenges by strengthening early identification, access to care, and cross-sector coordination across clinical and community settings—particularly in rural communities where resources and infrastructure are often limited.

3. Project Purpose & Objectives



The purpose of this RFP is to engage a contractor to design and prepare a learning collaborative and associated quality improvement coaching pilot program for approximately 3-5 FY27 IMPACT BH communities. The collaborative model will:

- Be grounded in evidence-based practices and responsive to partner feedback, ensuring relevance and feasibility for primarily rural clinical and community-based settings.
- Adapt *Alliance for Innovation on Maternal Health (AIM)* perinatal mental health, substance use disorder, and postpartum discharge patient safety bundles and associated [High Impact Practice Sets for Outpatient Settings](#) to community and outpatient settings
- Employ a quality improvement framework consistent with the [IHI Breakthrough Series model](#), upon which CPCQC's hospital-based learning collaboratives are based, carefully adapted for rural clinical and community-based organizations to maximize engagement, learning, and sustainable change.
- Support alignment with CPCQC's AIM bundle implementation approach by mapping adapted community-level practices to core bundle domains, measures, and improvement drivers used in hospital-based collaboratives.

4. RFP Release and Timeline

- **RFP Release Date:** Tuesday, February 10, 2026
- **Proposal Submission Deadline:** Friday, February 27th (by 5:00 PM MT); Emailed to CPCQC Director of Integrated Behavioral Health at khibshman@cpcqc.org
- **Anticipated Selection Notification:** Early March 2026
- **Contract Start Date:** Late March 2026

CPCQC reserves the right to adjust the timeline as needed

5. Scope of Work

The contractor will provide strategic consultation and recommendations across the following domains:

Learning Collaborative Design & Quality Improvement Supports

- Determine an appropriate structure for clinical and community learning collaboratives and associated QI coaching structure in partnership with CPCQC, inclusive of community-based organizations, outpatient clinics, public health, and other key local partners (e.g., emergency departments, community mental health centers).



- Guide the optimal structure: whether to design a single, county-based collaborative serving all partner types or separate collaboratives for CBOs and outpatient clinics. Recommendations should be evidence-informed, concise, and focus on feasibility and impact.
- Advise on cohort size, composition, engagement expectations, cadence, and associated QI coaching
- Recommend adaptations of IHI-informed learning collaborative and coaching elements for primarily rural communities and clinical settings
- Review CPCQC's existing QI tools and propose practical adaptations or new QI tools (e.g., simple PDSAs, tracking logs, reflection prompts) to be implemented within the learning collaboratives and associated QI coaching sessions, in partnership with CPCQC QI team

Data Strategy

- Working in conjunction with CPCQC's data team to ensure alignment with existing QI data collection tools and processes, advise on feasible data collection, analysis, and visualization approaches appropriate for diverse, primarily rural CBO, public health department, and outpatient clinic capacities; recommend a minimum data set and low-burden data collection tools.

Recruitment, Readiness & Onboarding

- Advise on recruitment strategies, readiness criteria, and partner engagement messaging.
- Support the development of intentional recruitment approaches that reflect geographic, cultural, and organizational diversity.
- Provide recommendations for onboarding, orientation, and ongoing support (e.g., coaching, office hours).
- Provide proposed project plan and timeline outlining all steps above (recruitment, partner engagement, onboarding, orientation, etc.) with timeline to begin July 1, 2026

Sustainability

- Advise on the development of a sustainability structure for former IMPACT BH communities, including recommendations for post-collaborative supports, maintenance of cross-sector partnerships, and transition from intensive coaching to lighter-touch or peer-supported models.
- Identify strategies to sustain and monitor gains achieved through IMPACT BH beyond the learning collaborative period, with attention to feasibility, resource requirements, and alignment with CPCQC's broader perinatal behavioral health strategy.

Partner Collaboration



- Collaborate with former, current, and prospective learning collaborative participants, as appropriate, to ensure the model meets grantee needs and reflects real-world constraints.

6. Deliverable: Comprehensive IMPACT BH Learning Collaborative Model Plan & Toolkit

The contractor will produce a comprehensive, implementation-ready IMPACT BH Learning Collaborative Model Plan & Toolkit to guide CPCQC's design and launch of an IMPACT BH clinical and community learning collaborative and quality improvement coaching model

The Toolkit should provide a clear, practical blueprint tailored to primarily rural Colorado communities and inclusive of community-based organizations, outpatient clinics, public health, and other key local partners.

Learning Collaborative Model Design

- A recommended learning collaborative model tailored to rural Colorado communities and inclusive of community-based organizations, outpatient clinics, public health, and other key local partners.
- Clear articulation of recommended cohort structure, size, participation expectations, learning session cadence, and action periods.
- Adapted IHI Breakthrough Series-informed components appropriate for community and cross-sector settings.
- Sample or template QI tools designed to complement CPCQC's existing QI tool and meet the needs of IMPACT BH partners (e.g., tracking logs, reflection prompts, simple PDSA worksheets, monthly check-in forms)

Recruitment, Readiness & Onboarding Framework

- Recruitment strategy and readiness criteria for participating organizations, including considerations for equity, maternal behavioral health service availability, and rural context.
- Recommended partner engagement messaging and outreach approaches.
- Onboarding and orientation framework, including readiness assessments and early support strategies complementing existing CPCQC readiness assessments
- Proposed project plan and timeline including Recruitment, Readiness, and Onboarding items above

Data Strategy & Measurement Guidance



- Recommended minimum data set aligned with AIM perinatal mental health, substance use disorder, and postpartum discharge patient safety bundles and associated [High Impact Practice Sets for Outpatient Settings](#). The recommended minimum data set should prioritize alignment with CPCQC's existing AIM-aligned measures and internal data tools and processes where feasible, while identifying pragmatic proxy measures suitable for community-based partners.
- Guidance on feasible, low-burden data collection, analysis, and visualization approaches suitable for organizations with varying data infrastructure.
- *Note: Consultation with CPCQC Data Team shall take place on all items above to ensure cross-organization alignment of data measures, tools, and pipelines*

Sustainability and Transition Frameworks

- Practice Change Sustainability Framework: Detailed strategies for embedding successful practices into routine operations, supporting leadership and workforce continuity, aligning with existing policies and funding streams, and enabling future scale and replication across rural Colorado communities.
- IMPACT BH Program Sustainability Framework: A concise, written recommended sustainability approach for former IMPACT BH communities outlining post-learning collaborative support and data collection models, including options for lighter-touch coaching, peer learning, and cross-community connection.
- Transition Recommendations: Clear recommendations for transitioning communities from intensive IMPACT BH coaching to sustainable maintenance structures, including roles, cadence, and support expectations.

Pilot Readiness & Knowledge Transfer

- Consolidated written recommendations package synthesizing all design, data, recruitment, and engagement guidance to inform CPCQC curriculum development and pilot launch.
- High-level workflow and implementation considerations for the July 2026–June 2027 pilot year.
- Participation in key meetings, including project kickoff and final transition/handoff meeting with CPCQC.

7. Desired Qualifications

CPCQC is seeking contractors with:



- Demonstrated experience designing and leading QI learning collaboratives in a variety of clinical and community settings, including implementing associated QI coaching, preferably using IHI-informed models.
- Experience working with community-based organizations, outpatient clinics, and cross-sector partners on clinical practice change
- Knowledge of perinatal mental health, substance use, SBIRT, and/or maternal health systems.
- Experience developing practical, low-burden data strategies in resource-constrained settings.
- Strong facilitation, written communication, and partnership-building skills.

8. Additional Information

Learning collaborative curriculum will be developed by CPCQC and subject matter experts. The contractor's role is focused on collaborative design, structure, and implementation readiness—not curriculum development.

CPCQC reserves the right to modify the scope of work based on funding availability, program needs, and partner feedback.

9. Submission Instructions

- Proposals must be submitted electronically as a single PDF document.
- Submissions should not exceed **5 pages**, excluding resumes and budget.
- Proposals must clearly address all required elements outlined in the RFP
- Late or incomplete proposals may not be considered.
- Submissions must be emailed to CPCQC Director of Integrated Behavioral Health, Kylie Hibshman, LCSW, PMH-C at khibshman@cpcqc.org

10. Proposal Format

Proposals should be organized using the following sections:

1. Narrative Proposal: Up to 5 pages total

- a. Statement of Interest and Organizational Background
- b. Relevant Experience and Qualifications



- c. Proposed Approach and Work Plan
- d. Staffing Plan and Availability

2. Budget & Budget Narrative: *Up to 2 pages* (separate)

3. Resumes: *Up to 2 pages per key staff* (appendix)

4. References / Work Samples: Optional appendix or links

11. Review Process

- Proposals will be reviewed by a CPCQC review committee of staff with expertise in quality improvement, perinatal behavioral health, community partnerships, and rural health.
- CPCQC may request clarification, additional information, or interviews with shortlisted proposers.
- Selection is contingent on demonstrated alignment with CPCQC's mission, feasibility within budget, and the proposer's ability to partner collaboratively with CPCQC.