



## IMproving Perinatal Access, Coordination, and Treatment: Behavioral Health (IMPACT BH) Expression of Interest (EOI) Process Q&A

Thank you for your interest in the IMPACT BH Expression of Interest process. CPCQC is sharing our responses to frequently asked questions that apply to a wide number of potential applicants. If the answer you're looking for is not below, you may email us at [khibshman@cpcqc.org](mailto:khibshman@cpcqc.org)

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### Quick Links

- [CPCQC's Website](#)
- [IMPACT BH Expression of Interest Resource](#)
- 2/12/26 EOI Office Hour [Recording](#)
- 2/26/26 EOI Office Hour [Recording](#)

### Timeline

February 2, 2026 - CPCQC launched IMPACT BH Expression of Interest process  
February 12, 2026 - IMPACT BH Virtual Office Hour #1  
February 26, 2026 - IMPACT BH Virtual Office Hour #2 ([Zoom Link](#))  
March 6, 2026 at 5:00 pm - IMPACT BH Expression of Interest process closes



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## **Expansion Process**

### **Where can I apply for this program?**

Please submit completed EOIs by Friday, March 6th, 2026, by 5:00 PM MT to [khibshman@cpcqc.org](mailto:khibshman@cpcqc.org). EOIs should be submitted as a PDF and not exceed six pages. Learn more on [page 12](#).

### **Why do we have to complete both an EOI and RFP application?**

The EOI process is to select communities / geographic regions to participate in the next IMPACT BH program cycle beginning on July 1, 2026. The EOI process, however, will not select which local entity will receive and manage IMPACT BH grant funding—this will occur during a subsequent RFP process open only to communities selected through the EOI.

Communities selected through the EOI process will be invited to respond to a formal Request for Proposals (RFP) to identify the local entity responsible for managing IMPACT BH perinatal navigation grant funding. Selected entities will enter into a contract with CPCQC to receive and manage grant funds, with monthly invoicing and reporting on expenditures and program activities. Learn more on [page 14](#).

### **When will we be notified if we are invited to submit an RFP?**

We anticipate mid-March. Learn more on [page 11](#).

### **What happens if we complete the EOI and/or RFP process and the BHA does not reprocore the backbone?**

Participation in IMPACT BH, access to perinatal navigation grant funding, implementation of learning collaboratives, and all related program activities are contingent upon CPCQC maintaining the IMPACT BH backbone contract with the Colorado Behavioral Health Administration (BHA) and the availability of program funding.

If the BHA selects a new IMPACT BH backbone, all EOI and RFP materials will be provided to the new backbone entity. If the BHA does not reprocore the IMPACT BH backbone, the program will not expand in FY27 through the BHA. Learn more on [page 13](#).



**We're interested in applying, but have not established connections with partners identified in the IMPACT BH Expression of Interest resource. Can we still apply?**

*IMPACT BH achieves its greatest impact when the entire local perinatal care network participates. Collective county engagement allows teams to coordinate care across the perinatal continuum, enhance local behavioral health capacity, and drive meaningful improvements in SBIRT and maternal behavioral health outcomes together. Full participation from both clinical and community partners is required to bring IMPACT BH to a county or region.*

*Competitive EOIs must include signatures from at least one primary perinatal navigation provider and one primary local perinatal clinic. Applicants may continue to strengthen local perinatal continuum of care connections after submitting an EOI. Learn more on [page 13](#).*

**What type of documentation or proof is needed to demonstrate partner participation?**  
*Please include signatures and contact information from all local entities interested in participating in IMPACT BH in your community or service area. Learn more on [page 13](#).*

### **Eligibility**

**What if we live in an urban community?**

*Rural Coloradans in the perinatal period face elevated risks of [severe maternal morbidity](#) and [mortality](#), along with significant barriers to care—including closures of hospital labor and delivery units and mental health services. In response, CPCQC launched IMPACT BH in 2022 in partnership with the Colorado Behavioral Health Administration to support rural communities in strengthening and integrating local perinatal behavioral health systems.*

*IMPACT BH primarily focuses on expanding and enhancing perinatal mental health and substance use services across rural and frontier Colorado. However, CPCQC also welcomes Expressions of Interest from urban communities that can demonstrate a thoughtful approach to improving local perinatal behavioral health services and supporting rural patients who access care in urban settings.*



HCPF defines a Rural county as having populations under 100,000, while urban counties have 100,000 or more, and frontier counties have a population density of under 6 persons per square mile. To determine if your county is considered rural or frontier, visit [HCPF's](#) website.

**What if our local clinic and/or perinatal navigation provider cannot participate in the learning collaborative?**

*Participation from both clinical and community partners is required to bring IMPACT BH to a county or region. If a primary local clinic and/or perinatal navigation provider cannot participate in the learning collaborative, we encourage your community to focus on building local interest in IMPACT BH and apply next year for the FY28 program cycle. Learn more on [page 7](#).*

**What if we don't know which CPCQC hospital quality improvement program our local birthing hospital is participating in?**

*100% of Colorado's labor and delivery units participate in a [CPCQC-led perinatal hospital quality improvement program](#). We encourage you to contact your local birthing hospital to learn more about which program they are participating in and how IMPACT BH could help enhance continuity of care across local hospital, clinic, and community-based perinatal services. You may also contact [qi@cpcqc.org](mailto:qi@cpcqc.org) to inquire.*

**What if our closest birthing hospital is not participating in Turning the Tide or SPARK?**

*IMPACT BH is a perinatal behavioral health system integration program. Turning the Tide and SPARK—two of CPCQC's hospital quality improvement programs—both focus on improving perinatal behavioral health response and care during birth episodes. Turning the Tide helps participating hospitals improve perinatal substance use identification and response. SPARK helps participating hospitals improve postpartum discharge transitions, including identification of perinatal suicidal ideation and intimate partner violence.*

*IMPACT BH communities often find that hospital participation in Turning the Tide and/or SPARK helps enhance IMPACT BH implementation, as local birthing hospitals are already poised to engage in local efforts to improve perinatal behavioral health systems.*



However, CPCQC still welcomes IMPACT BH Expressions of Interest from communities whose local birthing hospital(s) are participating in SOAR (safe Cesarean reduction) and/or NEST (infant safe sleep).

**What if we don't have a birthing hospital in our county? What if there is limited outpatient clinic care in our county and/or people typically travel outside of the county for prenatal/postpartum care?**

*IMPACT BH is designed to strengthen perinatal behavioral health services across rural and frontier Colorado — including communities considered “maternity care deserts” without a local birthing hospital.*

*If this describes your county, you are still encouraged to apply. Communities may partner across county lines with neighboring counties that have labor and delivery services and submit a joint application.*

*Alternatively, maternity care desert communities may apply by engaging a local outpatient clinic and community-based organization that serves pregnant and postpartum women. In these cases, we strongly encourage establishing collaborative relationships with nearby birthing hospitals to support care coordination and continuity of care.*

*IMPACT BH prioritizes strengthening systems of care — regardless of where births occur — and values cross-county collaboration to ensure families have access to timely, coordinated perinatal behavioral health services.*

**Can a larger health system apply on behalf of multiple hospital or clinic sites?**

*No. A larger health system or parent organization may not apply on behalf of multiple hospital or clinic sites under a single application. IMPACT BH is structured to be implemented within defined geographic regions and is designed to strengthen local, place-based perinatal behavioral health systems.*

*Applications should reflect a specific community or regional partnership, inclusive of the relevant clinical and community-based partners serving that geographic area. Health systems are welcome and encouraged to participate as key partners within a local application, but*



awards will be made at the community/regional level rather than at the enterprise-wide system level.

### **Program Structure**

**How are communities expected to increase perinatal behavioral health SBIRT rates? Do communities work on this independently or does CPCQC provide specific training and technical assistance?**

*CPCQC provides training and technical assistance to help IMPACT BH communities improve perinatal mental health and SUD SBIRT practices in clinical and community settings. In the upcoming grant cycle, we will be piloting a new learning collaborative model to accomplish this goal. We will work with incoming IMPACT BH partners this spring to finalize the new learning collaborative structure, ensuring that the new approach is a good fit for our partners.*

**What is the time commitment of the new learning collaborative model?**

*We will collaborate with incoming partners to finalize the structure and cadence of both the Learning Collaborative and Quality Improvement (QI) coaching. We anticipate approximately one hour per month for participation in the Learning Collaborative. In addition, clinic and community partners will participate in QI coaching sessions of approximately one hour each, with frequency determined in partnership based on need and capacity.*

*Beyond meeting time, partners should also plan for additional internal time to implement workflow adjustments, practice changes, and other improvement activities identified through the collaborative process.*

**Who is expected to represent a clinic in the Learning Collaborative, and does it need to be a physician?**

*IMPACT BH encourages identification of a clinic physician champion who is committed to advancing perinatal behavioral health and supporting implementation of IMPACT BH within the clinic. Physician leadership is important to ensure alignment with clinical standards, workflow changes, and sustainability.*



*However, the physician champion does not need to attend every learning collaborative session. A nurse champion or other designated clinical leader may serve as the primary participant in the learning collaborative and engage regularly in quality improvement (QI) activities.*

**What are IMPACT BH Perinatal Continuum of Care (PCOC) working groups? Do they need to be newly established, or can existing groups be utilized?**

*IMPACT BH has historically supported communities in launching Perinatal Continuum of Care (PCOC) working groups. IMPACT BH communities either established a new, dedicated working group focused specifically on perinatal behavioral health, or integrated perinatal behavioral health topics and objectives into an existing community or clinical working group.*

*In FY27, the IMPACT BH learning collaboratives will likely serve as the primary mechanism for the Perinatal Continuum of Care (PCOC) component of the program. Through these collaboratives, hospitals, clinics, public health agencies, and community-based organizations will come together to strengthen perinatal behavioral health services, enhance coordination across sectors, and address locally identified gaps in care.*

*CPCQC will work closely with incoming communities to ensure the pilot FY27 learning collaborative model is feasible for participating communities, leverages existing partnerships, and supports sustainable improvements in care delivery.*

## **Funding**

**How much is the funding for this program?**

*Grant amounts will depend on available funding in FY27. However, we anticipate providing around \$50k of perinatal navigation grant funding to each participating community.*

**Can multiple local partners receive funding through IMPACT?**

*Each IMPACT community will receive one grant award. A single lead entity is selected through the RFP process to serve as the fiscal agent and hold the funding on behalf of the community.*

*The awarded funds may be shared among participating partners. Final award amounts and approved budgets will be determined through the RFP review and contracting process.*



*Please note that this grant is structured as a reimbursement model. Awarded entities will be required to submit appropriate documentation of expenses in order to receive payment.*

**When will we submit a budget?**

*During the RFP process*

**What indirect rate is allowed?**

*15%*

**Can IMPACT funding be used to cover staff time and program-related expenses?**

*Yes. IMPACT BH can fund staff time and many program-related expenses for local perinatal support programs. IMPACT BH funds are federal dollars, and all activities must comply with applicable Office of Management and Budget (OMB) requirements. IMPACT BH may not cover the cost of Social Determinants of Health (SDoH), food, unapproved travel, and direct services otherwise eligible for Medicaid reimbursement*

**Office Hour #2 Notes**