REQUEST FOR PROPOSALS

Military and Veteran Family & Caregiver Community Creative Arts Therapies Pilot Program

Section A. INTRODUCTION

Purpose and Background:

Creative Forces®: NEA Healing Arts Network seeks a contracting entity/contractor to propose and implement a creative arts therapies pilot program for military and veteran families and caregivers. This pilot program could be a clinical program, a psychoeducational program, non-clinical arts engagement or a hybrid of these. The program could be designed for delivery in a community or school-based setting, but the primary population served must be military-connected and proposed clinical programming should occur outside of DoD and VA facilities. Program design and implementation should occur directly by or in consultation with a Creative Arts Therapist. During the pilot implementation phase, the contractor will be required to develop a logic model and measurement framework based on the designed pilot. The contractor will also be responsible for providing a culminating report of the project as well as recommendations for future arts-based military family programming. This contract is supported through the Creative Forces: NEA Military Healing Arts Network (the Network, or “Creative Forces”) project. Americans for the Arts (AFTA) serves as the Administrator for Creative Forces, which implements standardized Creative Arts Therapies programs for service members, veterans and families in Creative Forces clinical settings across the country. Creative Forces currently is expanding programmatic activities and community-engagement opportunities to involve other military treatment facilities, Veterans Health Administration medical facilities, and arts and community organizations. Funding for Creative Forces is provided by the National Endowment for the Arts (NEA) to AFTA as a Cooperative Agreement. Creative Forces® is a registered trademark of the National Endowment for the Arts.

The mission of the Creative Forces Network is to improve the health, wellness, and quality of life of trauma-exposed military service members and veterans, as well as their families and caregivers, by increasing knowledge of and access to clinical creative arts therapies and community arts engagement.

Furthermore, the Creative Forces Network aims to promote research collaborations among the National Endowment for the Arts and the U.S. Departments of Defense and Veterans Affairs, to advance knowledge, leverage subject-matter expertise and promote utilization of best practices to benefit targeted patient populations.

The program has three components: 1. Clinical. Creative Forces places creative arts therapies at the core of patient-centered care in military medical facilities, and in telehealth programs for patients in rural and remote areas; 2. Community Engagement. Creative Forces provides increased community-based arts opportunities for military and veteran family populations around clinical site locations, and; 3. Capacity. Creative Forces invests in capacity-building efforts, including the development of manuals, training, and
research on the impacts and benefits of the treatment methods, as well as the development of an online National Resource Center/Enterprise Software Platform.

The Creative Forces Program model for development of new target population responses includes the following four phases: 1. Discovery, 2. Pilot and Logic Model Development, 3. Model Implementation and Evaluation and 4. Revision and Replication. This RFP and its deliverables represent a post-discovery pilot design and implementation phase which includes logic model development and will inform future clinical, community and capacity efforts with new target populations.

This contract will entail the implementation of a community-based creative arts therapies-informed pilot program to improve health, wellness and resilience in military and veteran families. The areas of art therapy (AT), music therapy (MT), dance/movement therapy (DMT), Drama Therapy, Psychodrama, and Poetry Therapy should be considered for implementation when developing the proposal, and may include a focus on one or a combination of these therapies led by credentialed creative arts therapist(s) in their respective field(s). The pilot program may be implemented in a community clinic, school, non-clinical space such as a museum or public venue, or via a digital platform*. The proposal must identify whether the pilot will be clinical (treatment-based), psychoeducational (education-based), non-clinical (wellness-based) or a hybrid of these. Examples of pilot programs that would be considered include creative arts therapies treatment delivered in a community medical setting, creative arts therapist(s) providing arts-based psychoeducation in a non-clinical or community public setting, or creative arts therapist(s) training non-clinical arts providers to deliver safe, effective arts engagement for the target population.

* In light of the current pandemic, proposals that include the implementation of the pilot in alignment with social distancing are encouraged.

A logic model and measurement framework, that is informed by the pilot implementation, will be developed as a deliverable for this contract. This logic model and measurement framework is intended to support Phase 3 (Model Implementation and Evaluation) of New Target Population Response development. The logic model should be formed at the onset of the pilot and then refined during the pilot implementation phase in order to capture what has been observed and/or discovered during the pilot. The logic model and measurement framework should be developed by, or in collaboration with an individual(s) with logic model and program evaluation expertise.

The pilot program proposal, as well as logic model efforts, may be informed by the National Endowment for the Arts’ Creative Forces Military and Veteran Family Needs Assessment and Literature Review: Considerations for Arts Providers which is available upon request. To request a copy please email creativeforces@artsusa.org.

A final report that describes the pilot, logic model and measurement framework, outcomes of the pilot program (including lessons learned) and recommendations for future programming is required by the contract end date. This final report will be included as part of an online Creative Forces National Resource Center document library scheduled to be in place in 2020 to support capacity-building efforts for the initiative and to enable more responsive support for populations served through Creative Forces clinical programming, research activities, and arts engagement efforts in clinical and community settings.
Section B. PROJECT SCOPE AND DELIVERABLES

This contract will lead to the implementation of a community-based creative arts therapies informed pilot program to improve health, wellness and resilience in military and veteran families, logic model development and final report. These deliverables will inform the expansion of Creative Forces clinical and community programs of Creative Forces, over the next one to two years.

Specific target population that the contractor shall address include:

- Family members and caregivers of military service members (including National Guard and Reserve, and Coast Guard) and/or veterans.

B1. Contractor will implement the pilot that was submitted with their proposal. Duration of the pilot should be a minimum of 4 months and should not exceed 6 months. Any changes to the pilot that were discussed at the project kick off meeting should be incorporated as discussed.

- B1.1 Implement a community-based creative arts therapies informed pilot program to improve health, wellness and resilience in military and veteran families.

- B1.2 Modify pilot as required to maximize benefit to target population. Changes to pilot design should be discussed with Creative Forces Project Lead and documented to support the final report.

- B1.3 Generate monthly reports that include program progress, benchmarks of success, and any changes to the pilot program structure, number of individuals served, and any other applicable metrics.

B2: Contractor will develop or collaborate with field expert to develop a Logic Model and Measurement Framework. This logic model and measurement framework will be informed by the pilot implementation phase and is intended to support Phase 3 (Model Implementation and Evaluation) of New Target Population Response development.

- B2.1 The logic model should be formed at the onset of the pilot and then refined during the pilot implementation phase in order to capture what has been observed and/or discovered during the pilot.

- B2.2 The logic model and measurement framework should be developed by, or in collaboration with an individual(s) with logic model and program evaluation expertise.

- B2.3 Provide status update on logic model development per monthly reporting.

- B2.4 The final logic model should outline the program model that can be implemented and measured during the next phase of Target Population Response Development described in section A.

B3: Contractor will write and submit a final report, not to exceed twenty pages, that will help to shape further Target Population response development and will reside within the NRC Document Library.
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- B3.1 Summary of program implementation, including initial and final program structure (e.g., clinical program, psychoeducational program, etc) lessons learned, challenges encountered, and solutions proposed or identified.

- B3.2 The final pilot program logic model and measurement framework.

- B3.3 Program outcomes and metrics including but not limited to:
  - Number of participants served and demographics of those served i.e. # of Spouses, Children, associated branch of service (including if Guard or Reserve affiliated), # of male/female, age
  - Program outcomes survey data and participant self-report scales, if used
  - Anecdotal case examples and participant feedback

- B3.4 Identification of gaps in existing pilot programming and outcomes needs

- B3.5 Recommendations for future programming

Section C. REQUIREMENTS FOR ALL REPORT DELIVERABLES

Each report deliverable resulting from this contract will include a Microsoft Word version. Consistent with other NEA publications, this report should follow The Chicago Manual of Style and the NEA style guide, which will be provided to the contractor at the time of award. All sources shall be fully cited in report deliverables. Electronic versions of all tables, charts, graphs, and data visualizations should be submitted in the program that was used to create them (e.g., Excel, Photoshop, Tableau), and the contractor shall work with NEA staff to determine an appropriate and compatible file format to use. The contractor shall be responsible for ensuring compatibility of submissions.

The contractor shall perform the following tasks:

C.1 Project Coordination.

a) Organize and attend a project kick-off meeting with the Functional Project Lead and the AFTA Creative Forces Project Administrator. The Creative Forces Military Medical Advisor, Clinical Research Advisor and LEAD CATs and additional Creative Forces personnel as identified will be invited to attend the kick-off meeting. The contractor shall prepare a memorandum summarizing the discussion and all decisions. This meeting may take place on-site or via video or teleconference.

b) The contractor will provide contact information and bios for all personnel assigned to project. The contractor and Creative Forces will both identify project leads that serve as the primary point of contact for coordination of the project.

c) The contractor shall prepare a detailed timeline and work plan for accomplishing deliverables. The contractor shall submit this draft timeline and work plan to the Creative Forces Functional Project Lead for review and edits. The contractor will have one week to submit a finalized plan incorporating the edits provided.
C.2 Communications. The contractor will organize and hold regular teleconferences with the project team and prepare minutes documenting these meetings. Approximately 3 – 5 teleconferences shall be held over the course of the period of performance and may be held more or less frequently at the discretion of the Functional Project Lead or upon request by the contractor. Contractor shall submit a mid-project progress report not exceeding 1 page by 17 August 2020.

C.3. Pilot Implementation. The contractor will implement the model proposed in the response to this RFP. Modifications to the pilot will be communicated to the Functional Project Leads as soon as possible and will be documented in monthly and final reports.

C.4. Logic Model and Measurement Framework. The contractor shall seek logic model and measurement framework expertise for the development of pilot program hypotheses, interventions, and outcomes. This logic model should outline the program model that can be implemented and measured during the next phase of Target Population Response Development described in section A.

C.5 Pilot Project Final Report. The contractor shall produce a final pilot program report including all content outlined in Section B, above with recommendations for future programming.

The contractor is responsible for preparing a written report summarizing the findings. The report, excluding attachments, will not exceed twenty pages and will be written in plain language suitable for a general audience. The contractor shall submit a proposed outline of the paper for AFTA and NEA approval prior to preparing the first draft. The AFTA and the NEA may review up to two drafts prior to accepting the final deliverable.

Section D: DELIVERY SCHEDULE

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<tr>
<th>Project Phase/Task</th>
<th>Deliverable</th>
<th>Due Date (after award)</th>
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<tr>
<td>1. Project Kick Off Meeting</td>
<td>Planning meeting with AFTA Creative Forces Project Administrator, and Functional Project Lead. (optional attendees include Creative Forces Military Medical Advisor, all LEAD CATs, and additional Creative Forces personnel as identified. Memo summarizing discussion &amp; decisions submitted by contractor to AFTA CF Project Administrator</td>
<td>Within the first week after contract is awarded</td>
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<td>2. Timeline/work plan</td>
<td>a. Draft of timeline &amp; work plan</td>
<td>a. 1 week</td>
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<td>b. Finalized timeline &amp; work plans</td>
<td>b. 2 weeks</td>
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<td>3. Pilot</td>
<td>Implement Pilot</td>
<td>NLT 2 weeks after award and on going through the duration of the contract</td>
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<td>b. Teleconferences with Functional Project Lead a minimum of three times throughout the project.</td>
<td>b. To be outlined at start of contract</td>
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5. Product Review | Report delivered to Project Team for review and editing (one week review time allowed) | 30 November 2020
6. Final Product Delivery | Report delivered with edits addressed | 14 December 2020

Section E: CONTRACT PERIOD AND AMOUNT

The work contained under this contract shall begin on or about 1 May 2020 and conclude on or about 14 December 2020. All work must be completed by 21 December 2020. The cost for support services and deliverables of this RFP shall not exceed $100,000.

Section F: EVALUATION FACTOR FOR AWARD

Evaluation Criteria

1. Understanding of the Project (40 points)
2. Technical Approach (20 points)
3. Personnel Qualifications and Experience (30 points)
4. Price (10 points)

Understanding of the Project (40 points)

The contractor demonstrates a thorough understanding of the project, as shown through discussion of the rationale and purpose for the project. The contractor and subcontractor provide evidence and work samples of similar projects or prior work with the Target Population.

Technical Approach (20 points)

The contractor’s approach is succinct and logical in format, consistent with the tasks to be accomplished, and fully addresses the purposes described in the statement of work. The proposed technical approach clearly specifies and describes the intended work under each task and presents a work schedule by task that includes a timetable for deliverables. The proposal discusses the contractor’s proposed approach to all deliverables. The contractor identifies potential challenges to the project’s success and presents strategies for addressing them.

Personnel Qualifications and Experience (Past Performance) (30 points)

The contractor demonstrates that the proposed personnel, including subcontractors (if applicable), possess experience in the development, implementation, and management of community creative arts therapies pilot programming, or similar programming with military-connected populations. The contractor provides evidence of having conducted tasks like the work outlined in the RFP (with examples cited, and links to relevant work products).

Price (10 points)
The proposed budget is appropriate to the administration of the project. Americans for the Arts will evaluate the Contractor’s proposed prices to decide that the costs are fair and reasonable in relation to the services provided. The Contractor shall provide a reasonable breakdown of their costs to allow Americans for the Arts to assess the various components of the overall price. The breakdown shall clearly identify and provide costs by key personnel and task as well as the breakdown between labor costs and other direct costs.

Section G: SUBMISSION REQUIREMENTS

Submit:
- Cover Letter
- Proposal, which will clearly outline the following:
  - Description of target population eligible to participate in the pilot program, including number of potential enrollees to pilot
  - Description of the unique challenges and needs for the family and caregiver population in the proposed geographic region
  - Identification of community medical clinic, or non-clinical community space(s) where pilot program implementation will occur with partner letter of support/intent
  - Description of proposed pilot program structure, staffing, and supply needs with associated costs
  - Information regarding reach: access or barriers to creative arts therapies (clinical and psychoeducation) and non-clinical arts engagement pilot program opportunities
- Budget
- Resumes for key personnel, including at a minimum the Project Lead, Project Creative Arts Therapist, and Project Logic Model/Program Evaluation Lead

Submit Proposals To:
- By email: creativeforces@artsusa.org.
- By mail: Attn: Creative Forces Project Administrator, 1000 Vermont Avenue, NW, 6th Floor, Washington DC 20005

Deadline for Submission:
- By email: Received no later than 5pm EDT, April 17, 2020
- By mail: Postmarked no later than April 17, 2020

Submitting Questions:

All questions pertaining to this solicitation may be directed to creativeforces@artsusa.org. All responses to applicant questions will be posted to the RFP public site at https://www.americansforthearts.org/about-americans-for-the-arts/careers-at-americans-for-the-arts/join-our-team.
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All questions must be submitted no later than 4pm EDT on April 10, 2020 in order to guarantee posting to the public site. All responses will be publicly posted to the website on an ongoing basis.