**State of Indiana**

**RFP 410-26-84962**

**988 Contact Center Services**

**Attachment F — Technical Proposal**

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| **Respondent:** |  |

**Instructions:**

Request for Proposal (RFP) 410-26-84962 is a solicitation issued by the State of Indiana in which organizations are invited to compete for a contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization’s proposal will be completed by a team of State of Indiana employees, and your organization’s score will reflect that evaluation. The proposal evaluation can only be based on the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly address all components of Attachment K - Scope of Work.

Technical proposal specifications are listed in Section 2.4 of the RFP main document. Please review the requirements in Section 2.4 carefully. Respondents are encouraged to submit proposals addressing DMHA’s goals that go beyond the general requirements set forth in Attachment K of this RFP. For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors’ activities.

Respondents should insert their text in the provided boxes below the questions/prompts. Respondents are allowed to reference appendices or exhibits not included in the boxes provided for the responses, so long as those materials are clearly referenced and described in the boxes in the template. The boxes may be expanded to fit a response. Every attempt should be made to preserve the original format of this form. A completed Technical Proposal is a requirement for proposal submission. Failure to complete and submit this form may impact your proposal’s responsiveness. Please limit your response to 100 pages or less, not including any appendices.

**1.0 Introduction**

1. Provide an executive summary of your technical proposal and overall response to this RFP.

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1. Confirm you have carefully reviewed all requirements listed in Attachment K. Should your company have any exceptions, substitutions, or conditions for the State’s consideration, please list them below. The State will not accept exceptions, substitutions, or conditions introduced after award, during contract finalization and implementation.

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1. If applicable, identify the subcontractors performing any portion of the work detailed in Attachment K. Please be sure to clearly describe their roles, responsibilities, related qualifications, relevant experience, and how you will maintain oversight of the subcontractors’ activities.

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1. Please provide a list of states in which you currently provide, or have in the past provided, similar services. In connection with this list, please provide information on:
   1. Projects you have initiated in other states that can be replicated in Indiana to help the State meet its goals
   2. Projects you intend to initiate that would be specific to Indiana
   3. Examples of how you have worked with other states in a collaborative manner to address changing needs and priorities
   4. Any sanctions or formal complaints that you have been subject to, and the resolution
   5. Any corrective actions that you have been subject to, and the resolution

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**1.1 Definitions**

1. Confirm that you have read and understand all definitions listed in the RFP Main Document and Section 1.1 of Attachment K.

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1. Please list any additional terms and definitions used by your company or industry that you would like the State to consider incorporating in the contract. The State will not accept terms and definitions introduced after award, during contract finalization, and implementation.

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**2.0 Overview and Vision of 988**

1. Confirm that you have read and understand all definitions listed in the RFP Main Document and Section 2.0 of Attachment K.

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**3.0 Mandatory and Desired Respondent Qualifications**

1. Confirm your understanding of, and agreement with, the requirements outlined in Section 3.0 of Attachment K.

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1. Describe how your organization meets the mandatory qualifications outlined in Attachment K.
   1. How will you ensure all 988 Contact Center operations occur within Indiana?
   2. What, if any, administrative functions for the 988 Contact Center will occur outside of Indiana? Be sure to detail why it is appropriate for these administrative functions occur outside of Indiana.
   3. Provide evidence of certification by one of the listed accreditations in Section 3.1.b.
   4. How will your organization ensure compliance with and continually maintain its accreditation?

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1. Describe how your organization meets the desired qualifications outlined in Attachment K.
   1. If applicable, describe your organization's experience operating 988 Contact Centers or other behavioral health helplines. If your organization does not have direct 988 experience, describe any analogous service delivery experience and how it prepares your team for 988 operations.
   2. If applicable, provide evidence of your organization’s certification by the Federal 988 Lifeline Administrator to operate as a 988 Contact Center. If your organization is not currently certified to operate as a 988 Contact Center, provide a detailed plan to achieve certification prior to receiving calls, chats, and texts from 988, or prior to July 1, 2026, whichever occurs first.

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**4.0 General Contractor Duties**

1. Confirm your understanding of, and ability to comply with, the requirements outlined in Section 4.0 of Attachment K.

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1. Provide a clear implementation plan for building and launching a 988 Contact Center in Indiana that meets all requirements of Attachment K.

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1. Explain how your organization will respond to calls, chats, and texts at the performance levels detailed in Section 15 of Attachment K.

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1. Explain how your organization will maintain service availability twenty-four hours a day, three-hundred-and-sixty-five days a year (24/7/365) for calls, chats, and texts.

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1. How does your organization plan to maintain reliable telecommunications hardware that has the ability to interface with State-provided software?

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1. How does your organization ensure compliance with State and Federal guidelines?
   1. Describe how your organization will ensure alignment with the Indiana 988 Contact Center Manual and other best practices shared by the State.
   2. Describe how your organization will maintain organizational flexibility to comply with ever-changing State and Federal guidance.

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**5.0 Staffing and Training**

1. Confirm your understanding of, and agreement with, the requirements outlined in Section 5.0 of Attachment K.

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1. Provide a detailed staffing organization chart for this project, including administrative and 988 Contact Center staff, in accordance with the 988 Contact Center Manual. The organization chart must include the number and type of staff resources that the Contractor proposes to assign to this project, subsequent operations, and maintenance. If any hiring is necessary, please detail this as well. Ensure that the organization chart is consistent with the assumptions in your proposed cost proposal (assuming five contact centers are chosen). The organizational chart must clearly map out reporting lines and the management structure for all staff.

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1. Describe your initial hiring, onboarding, and training plan for 988 Contact Center staff to be prepared to receive calls, chats, and texts by July 1, 2026, aligned with the requirements of the Federal Administrator and the State.

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1. Provide a long-term staffing plan by shift, including supervisors, crisis specialists, and administrative personnel. Ensure that the staffing plan organization chart is consistent with the assumptions in your proposed cost proposal.
   1. How will your organization address each staff role detailed in Section 5.b of Attachment K?

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1. Describe your ongoing hiring, onboarding, and training processes for 988 Contact Center staff, aligned with the requirements of the Federal Administrator and the State.
   1. How will your organization ensure staff have adequate time and support to complete organization-specific, State, and Federal ongoing trainings?
   2. How will your organization train staff in response to changing State or Federal guidance?

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1. Describe the executive and leadership team that will ensure the success of this project.
   1. Provide resumes for the proposed project executive staff and leadership team to demonstrate that the proposed project team is prepared to meet the requirements in Attachment K.

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1. Describe how your organization will respond to temporary changes in call average volume, which may be caused by the State’s marketing efforts or other external events (i.e., natural disasters).

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1. Describe how your organization will respond to long term changes in call average volume, which may be affected by the number of contact centers awarded as a result of this RFP.

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1. Detail a plan for staff retention and strategies to ensure workforce stability, including how supervisors and leadership will support staff.

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**6.0 Technology**

1. Confirm your understanding of, and agreement with, the requirements outlined in Section 6.0 of Attachment K.

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1. Describe your organization’s capacity to operate on State-furnished technology platforms, inclusive of your internal IT support capacity.

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1. Provide an overview of your plan for onboarding to State-furnished technology platforms, including hardware and connectivity readiness.

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1. Detail your organization’s approach to data security, HIPAA compliance, and system integrity, including procedures for managing outages, cyber incidents, and loss of connectivity.
   1. Provide an initial draft of an Outage Contingency Plan to be used during outages of State-provided software.

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1. Explain how your organization will support the State and its vendors in improving and implementing changes to State-provided software.

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**7.0 Collaboration with the 988 Crisis Response System and External Partners**

1. Confirm your understanding of, and agreement with, the requirements outlined in Section 7.0 of Attachment K.

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1. Describe how your organization will approach collaboration with:
   1. Mobile Crisis Teams (MCTs);
   2. Crisis Receiving and Stabilization Services (CRSS);
   3. Emergency Services (PSAPs, law enforcement, EMS); and
   4. Outpatient Mental Health Resources (CMHCs, CCBHCs)

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1. Provide your approach to developing relationships and increasing collaboration with organizations such as the ones listed above, meeting State and SAMHSA best practices for collaboration.
   1. List and describe any existing partnerships with MCTs, CRSS, Emergency Services, and Outpatient Mental Health Resources that your organization maintains, both nationally and in Indiana.

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1. Provide examples of policies or agreements you will use to support warm handoffs, referrals, and other opportunities for interoperability (*e.g.,* sentinel events, medical crises, etc.).
   1. How will crisis specialists and supervisors determine when it is appropriate to conduct a warm handoff or referral?
   2. How will crisis specialists and supervisors determine which resource is most appropriate for the visitor?

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**8.0 State Marketing Alignment**

1. Confirm your understanding of, and agreement with, the requirements outlined in Section 8.0 of Attachment K.

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1. Explain how you will ensure the State will be apprised of any media or marketing efforts your 988 Contact Center is contacted for or hopes to engage in.
   1. If applicable, describe any current marketing plans you have, how you will ensure they are in alignment with State policies, and any example marketing materials.

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**9.0 State Resources Available to 988 Contact Centers**

1. Provide an overview of how your organization will support and utilize the State’s resources listed in Section 9 of Attachment K.

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**10.0 Quality Assurance and Improvement**

1. Confirm your understanding of, and agreement with, the requirements outlined in Section 10.0 of Attachment K.

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1. Describe your organization’s quality assurance and improvement program, as well as any formal policies your center may have.
   1. Describe how your organization’s program will collaborate and integrate with the State’s Quality Assurance and Improvement procedures.

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1. What measures will you take to respond to identified issues or lapses in quality if and when they arise?

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**11.0 Project Management**

1. Confirm your understanding of, and agreement with, the requirements outlined in Section 11.0 of Attachment K.

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1. Describe how your organization will coordinate and collaborate with DMHA, the Federal Administrator, and other stakeholders.
   1. Who will be the designated a main contact for the State and what is their experience and expertise as it relates to this project and project management in general?
   2. What is your organization's approach to project management?
   3. How does your approach to project management evolve over the term of this project?

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**12.0 Reporting**

1. Confirm your understanding of, and agreement with, the requirements outlined in Section 12.0 of Attachment K.

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1. Describe how you will meet the reporting requirements outlined in Section 12.0 of Attachment K, inclusive of explanations on how you will:
   1. Submit required reports on time;
   2. Use State systems for data tracking;
   3. Prepare required reports for SAMHSA, Vibrant, and the State; and
   4. Provide organizational charts, staffing updates, and policy documentation

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1. Describe your process for ad hoc report requests.

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1. Provide any relevant example reports.

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**13.0 Transition Requirements**

1. Confirm your understanding of, and agreement with, the requirements outlined in Section 13.0 of Attachment K.

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1. Outline your proposed plan to transition from the current 988 Contact Center services detailed in Attachment K.

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1. Please detail your readiness plan to ensure service delivery can begin on July 1, 2026.

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1. How will you comply with the end-of-contract requirements described in Section 13.0 of Attachment K. How will you facilitate a seamless transition from the services you provide? Your response must include:
   1. Knowledge transfer and documentation handoff;
   2. Timeline and communication plan for closing operations; and
   3. Procedures to ensure minimal service disruption.

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**14.0 State Audits**

1. Confirm your understanding of, and agreement with, the requirements outlined in Section 15.0 of Attachment K.

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1. How will you comply with all State Audit requirements outlined in Section 14.0 of Attachment K?

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**15.0 Key Performance Indicators**

1. Confirm your understanding of, and agreement with, the requirements outlined in Section 15.0 of Attachment K.

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1. For each KPI found in Section 15 of Attachment K, describe your approach to meeting or exceeding it.
   1. How will your organization monitor success on a day-to-day basis?
   2. How will your organization balance staff wellness with meeting the KPIs?
   3. How will your organization prioritize the KPIs alongside other organizational and/or state priorities?

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1. In the instance that your organization does not meet a KPI for the month, how will you address the performance issue going forward?
   1. Detail any internal accountability measures you will employ.
   2. Describe your plan to review performance within your 988 Contact Center and implement improvements.

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