



# **STATE OF INDIANA**

**REQUEST FOR INFORMATION/INNOVATION 26-86686**

**INDIANA DEPARTMENT OF ADMINISTRATION**

**ON BEHALF OF THE  
DEPARTMENT OF CHILD SERVICES**

**SOLICITATION FOR:  
MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV)  
INFRASTRUCTURE AND ADMINISTRATIVE SERVICES**

**RESPONSE DUE DATE:  
MARCH 13, 2026, BY 3:00 PM EASTERN TIME**

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## **TABLE OF CONTENTS**

INTRODUCTION.....	3
BACKGROUND AND OBJECTIVE OF THE RFI.....	3
RESPONSE FORMAT AND ATTACHMENTS.....	7
RFI TIMELINE .....	7
QUESTION / INQUIRY PROCESS .....	7
CLARIFICATIONS AND DISCUSSIONS .....	8
CONFIDENTIALITY.....	8
RESPONSE SUBMISSION INSTRUCTIONS .....	9

# REQUEST FOR INFORMATION/INNOVATION 26-86686

## **INTRODUCTION**

This is a Request for Information/Innovation (RFI) issued by the Indiana Department of Administration (IDOA) on behalf of the Department of Child Services and Healthy Families Indiana (HFI) regarding the infrastructure and administrative services necessary to support the MIECHV HFI system and local implementing agencies (LIAs) including fidelity monitoring and technical assistance for the mental health consultation enhancement, coordinated state evaluation, and grant coordination.

It is the intent of IDOA to solicit responses to this Request for Information/Innovation in accordance with the specifications contained in this document and associated attachments. Neither this RFI nor any response (proposal) submitted hereto is to be construed as a legal offer.

**THE STATE MAY ELECT TO LIMIT PARTICIPATION IN ANY FUTURE COMPETITIVE SOLICITATION TO VENDORS THAT RESPOND TO THIS RFI.**

## **ENTERPRISE STANDARDS & POLICIES**

Respondents should assume alignment with State enterprise standards: Information Security Framework (NDA access), MuleSoft API Management and GoAnywhere MFT for secure data exchange, Access Indiana SSO for user-facing functionality, WCAG 2.1 AA and State Assistive Technology standards, and adherence to the State's AI Policy and AI Readiness Assessment for any AI usage.

## **BACKGROUND AND OBJECTIVE OF THE RFI**

Healthy Families Indiana (HFI) currently has 29 sites providing HFI services in Indiana. 10 of those sites and 33 counties currently receive MIECHV funding and are required to provide Mental Health Consultation (MHC) services and participate in Continuous Quality Improvement activities as a result. The Healthy Families Indiana Central Administration requires administrative support in monitoring the programmatic expectations for the MIECHV funded HFI sites.

Healthy Families Indiana (HFI) Mental Health Consultation (MHC) services are currently provided at HFI sites funded by the Maternal Infant Early Childhood Home Visiting (MIECHV) grant. The MHC services are provided by licensed mental health clinicians embedded within each local HFI agency that serves MIECHV-funded families and is an enhancement to the Healthy Families America model.

Healthy Families Indiana (HFI) is engaged in the second round of a Coordinated State Evaluation focusing on family engagement in home visiting and requires evaluation support.

Respondents are invited to provide detailed information and recommendations on the following areas MIECHV Grant Coordination, Mental Health Consultation Technical Assistance, Evaluation support for the MIECHV Coordinated State Evaluation (CSE). Respondents may provide response to one or more of the components listed. A detailed overview of the work to be completed for each component are outlined below:

### **MIECHV Grant Coordination**

#### **The respondent shall**

1. Review and evaluate federal guidance and policies with regards to MIECHV
2. Provide training and guidance on MIECHV to MIECHV Local Implementing Agencies

3. Provide quality assurance activities around services provided under MIECHV (defined by "are we doing what we said we would do in grant applications", does not include duplicative work or replace Quality Assurance contract/work for fidelity to HFA/HFI model)
4. Review and analyze data related to outcomes and benchmarks of MIECHV funded services
5. Serve as a liaison with Indiana Department of Health (IDOH)
6. Attend regular meetings with the IDOH and other vested partners
7. Represent DCS at all meetings involving MIECHV grants
8. Research and report on program and policy information for federal and state agencies.
9. Participate in training opportunities with regards to MIECHV grants
10. Keeps abreast of changes, information and findings relative to MIECHV
11. Participate in DCS Prevention team meetings beyond those meeting with primary purpose of MIECHV oversight/activities, as requested and appropriate, including but not limited to Child Welfare Services general meetings
12. Participate in HFI Leadership Committee, HFI Central Administration meetings, HFI Evaluation Advisory Board meetings.
13. Participate in other HFI committee meetings as able.
14. As a member of HFI Central Administration, review and provide feedback on HFI policy
15. Continuous Quality Improvement (CQI)
  - a. Coordinate with CQI vendor to assure training, technical assistance, and CQI coaching and activities meet the needs of the HFI sites serving MIECHV funded families in alignment with MIECHV and DCS Prevention quality improvement goals
  - b. Coordinate DCS Data Governance approval of CQI projects related to MIECHV
16. Mental Health Consultation
  - a. Coordinate with Mental Health Consultation contractor to assure technical assistance, data collection and mental health consultation model fidelity activities meet the needs of the HFI sites serving MIECHV funded families in alignment with DCS Prevention
  - b. Review data related to Mental Health Consultation
  - c. Coordinate training as necessary to support fidelity to Mental Health Consultation model and data entry
17. Coordinated State Evaluation (CSE)
  - a. Coordinate with External evaluator regarding CSE plans, data collection, progress reports, activities and general HRSA reporting
  - b. Assure the Indiana MIECHV State Team is informed with regard to CSE activities
  - c. Coordinating Indiana compliance with expectation of the CSE
  - d. Review CSE documentation and coordinate approval of the Indiana MIECHV State Team
  - e. Participate in CSE activities which include annual in-person meetings and monthly to bi-monthly virtual meetings with HRSA TA
18. My Healthy Baby
  - a. Attend My Healthy Baby data-related meetings as agreed up to 7 hours each month
  - b. Review data information related to HFI sites serving MIECHV-funded families contributing to the My Healthy Baby initiative
19. Provide assistance to DCS to coordinate the expansion of MIECHV funded home visiting services to additional Indiana counties MIECHV Match funds
  - a. Assist DCS with review and monitoring use of MIECHV match funds
  - b. Review LIA activities related to MIECHV match funds each month
  - c. Attend MIECHV match-related meetings with the IDOH;
  - d. Participate in MIECHV match-related training opportunities;
  - e. Keep abreast of changes, information and findings relative to MIECHV match.
20. Additional Deliverables related to MIECHV Grant Coordination provided by Contractor as requested by DCS and in capacity deemed mutually appropriate by both DCS and Contractor\*
  - a. \*Assist DCS in conducting regular meetings with DCS MIECHV Local Implementing Agency ("LIA")
  - b. \*Review and advise on DCS MIECHV grant budget
  - c. \*Review and advise on DCS MIECHV LIA annual contractual amount and families served
  - d. \*Review monthly utilization for DCS MIECHV LIAs

- e. \*Assist DCS with coordination of subsequent MIECHV grant applications
- f. \*Assist DCS in coordinating MIECHV grant reporting and informal requests from Project Officer
- g. \*Participate or stay informed regarding state level consortiums that specifically impact home visiting in Indiana as time permits and in collaboration with DCS staff
- h. \*Assist DCS with guidance and review of external evaluation activities for MIECHV

## **Healthy Families Indiana (HFI) Mental Health Consultation (MHC) Technical Assistance (TA)**

1. The Contractor shall implement data-driven strategies to monitor, analyze, and refine Mental Health Consultation (MHC) fidelity by providing direct support to MIECHV- funded sites implementing MHC.
2. The Contractor shall provide:
  - a. Quarterly fidelity monitoring and reporting to support implementation in real-time: The Contractor shall review secondary activity data entered by mental health consultants to determine fidelity to the model. Site-level fidelity summaries will be developed and shared with site leadership.
  - b. Training and Support: The Contractor shall advise on training needs as illustrated by fidelity monitoring activities and data review.
    1. The Contractor shall assist in coordination of training with DCS Prevention Team, specifically the DCS MIECHV Grant Coordinator.
    2. Training will be contextualized and communicated prior to conducting the training: “why training is important”, “what data supports the training”.
    3. The Contractor shall provide and/or coordinate training specific to fidelity, illustrating the multiple facets – helping users understand fidelity within context of mental health consultation (i.e. structural fidelity)
  - c. Quantitative analyses of fidelity and outcome data to identify the aspects of implementation that maximize benefits for families and staff: The Contractor shall support improvements to the model by identifying the model components that provide the greatest benefits for families and staff. Fidelity criteria indicative of model components will be entered as predictors in a series of univariate and multivariate mixed linear models, which simultaneously account for the random effects of variability at the site and family levels. The goal of the analyses will be to identify fidelity adherence criteria that independently predict improvements in family outcomes over the 12-month period. These analyses will identify potentially critical components of the MHC model. These critical components will be confirmed in a linear discriminant analysis.’ Prior to the linear discriminant analysis, highest-performing and lowest-performing sites will be identified based on the average amount of improvement families served by that site experienced over time. The linear discriminant analysis will be employed to test whether the critical fidelity adherence measures can accurately classify families as belonging to the highest-performing or lowest-performing site. This analysis is expected to confirm the results from the mixed linear modeling analyses.
  - d. Qualitative analyses of home visitor interviews to contextualize existing findings and to explore the role of MHC in home visitors’ work with families: Contractor shall conduct semi-structured interviews with home visitors to contextualize existing findings and identify how MHC supports their work with families. This builds on prior evaluations which focused on job retention, stress/burnout, and job satisfaction as the lens through which home visitor benefits were examined. A semi-structured interview guide will be developed based on research best practices, prior evaluations, and feedback from stakeholders. Analyses will be completed using the framework method (Ritchie & Spencer, 1994).
  - e. Revised MHC fidelity criteria and tools to assess MHC fidelity with increased reliability and validity: Contractor shall review and revise (where applicable) existing fidelity criteria to increase the focus on model components that have been shown to influence outcomes. Tools and processes for assessing

fidelity criteria with validity and reliability will be developed and built into (or replace) current data collection requirements.

- f. Ongoing consultation to inform program leaders at the state and local level: Contractor shall provide consultation to State and site leaders to contextualize findings, review model expectations and data collection requirements, collect feedback related to potential modifications, and provide technical support for any new tools/processes. To maximize State and local staff's time, existing meeting structures (e.g., Quarterly Data Reviews, Indiana Home Visiting Advisory Board) will be utilized wherever possible; however, other venues will be available.”

## **Coordinated State Evaluation (CSE)**

1. The Respondent shall assist the State MIECHV Team with planning and implementing CSE-2 activities, which will allow evaluation of MIECHV recipient activities to occur.
  - a. **CSE-2 Plan:** Respondent shall work with the State MIECHV Team to draft, revise and finalize the CSE Plan in accordance with Health Resources and Services Administration (“HRSA”) requirements, including any subsequent amendments to the CSE-2 Plan as required by HRSA.
  - b. **Implement Plan:** Respondent shall coordinate with the State MIECHV Team in implementing the CSE-2 Plan and related activities as described in subsubsection 1.G.(2) below.
2. The Respondent shall participate in the following required CSE-2 activities:
  - a. **Data Collection:** Respondent shall work with the State MIECHV Team to collect data relative to the required CSE-2 activities and in accordance with the HRSA approved CSE-2 Plan and any subsequent amendments of the CSE-2 Plan. Respondent will seek IRB approval for data collection as necessary.
  - b. **Data Analysis:** Respondent shall conduct analysis of CSE related data in accordance with the CSE Plan and any subsequent amendments CSE Plan approved by HRSA and as requested by the State MIECHV Team.
  - c. **Conduct Advisory Activities:**
  - d. Develop a CSE Advisory Group including roles and responsibilities of Advisory Group participants;
  - e. In collaboration with the State MIECHV Team, recruit and educate CSE Advisory Group participants as to roles, responsibilities, CSE background and definitions related to CSE materials and activities;
  - f. Schedule and invite CSE Advisory Group participants to CSE Advisory Group meetings and activities;
  - g. Facilitate CSE Advisory Group meetings as needed;
  - h. Develop and disseminate CSE Advisory Group materials;
  - i. Create a mechanism for compensating caregiver participants when they attend CSE Advisory Group functions; and
  - j. Compensate caregiver participants when they take part in CSE Advisory Group functions.
  - k. **Create and Finalize reports:** Respondent shall draft, edit, and finalize CSE related reports in collaboration with the State MIECHV Team;
  - l. **Disseminate Findings:** Respondent shall periodically disseminate findings formally and informally as directed by the State MIECHV Team;
  - m. **Educate:** Educate Indiana’s local HFI implementing agencies and other MIECHV stakeholders of CSE activities and outcomes; and
  - n. **Participate in CSE Meetings.** This meeting participation includes:

- o. MIECHV CSE meetings as scheduled by HRSA and/or their CSE contracted staff; These meetings include in-person meetings which will require travel. It is anticipated that a minimum of 2 annual in-person meetings will be held for the life of the CSE effort.
- p. ii. Monthly Family Engagement in Home Visiting Services meetings as scheduled;
- q. iii. Family Engagement in Home Visiting Services “small group” meetings as scheduled; and
- r. iv. Check-in meetings with the State MIECHV Team.”

### **Statewide Home Visiting Strategic Planning**

1. Contractor shall assist the DCS, IDOH, FSSA and all home visiting partners, including the MIECHV State Team with developing and implementing a home visiting strategic plan
2. The Contractor shall participate in the following required activities:
  - a. Create outline and timeline of Strategic Planning process
  - b. Assess existing data available, including the most recent Home Visiting Needs Assessment
  - c. Facilitate Stakeholder meetings
  - d. Conduct data collection and analysis
  - e. Create and Finalize reports
  - f. Periodically disseminate information as directed and approved by DCS
  - g. Facilitate implementation of plan
  - h. Participate and/or facilitate home visiting strategic plan related meetings.

### **RESPONSE FORMAT AND ATTACHMENTS**

Respondents should submit responses to the RFI, utilizing **Attachment A**, describing how they will meet the specific requirements of this RFI and the deliverables included within. All narrative responses must be provided to the State in Microsoft Word format. Respondents must structure their response according to the sections outlined below to facilitate the State’s review of the responses. **THE TOTAL RESPONSE SHOULD NOT BE MORE THAN 10 PAGES IN LENGTH.**

If you would like to provide a response/feedback to this RFI for a potential RFP for MIECHV Infrastructure and Administrative Services, you must provide your response to State as shown in the RFI Timeline and Response Submission section below.

### **RFI TIMELINE**

The following timeline is only an illustration of this RFI process. The dates associated with each step are not to be considered binding.

#### *Anticipated RFI Dates:*

<b>Activity</b>	<b>Date</b>
Issuance of RFI	February 13, 2026
Deadline to Submit Written Questions (3:00PM Eastern Time)	February 26, 2026
Response to Written Questions/RFI Amendments	March 6, 2026
Due Date for Submissions (3:00PM Eastern Time)	March 13, 2026

### **QUESTION / INQUIRY PROCESS**

All questions/inquiries in regard to RFI 26-86686 must be submitted in writing via email using **Attachment B**, Questions and Answers Template, by the deadline of February 26, 2026 **by 3:00PM ET** to [rfp@idoa.IN.gov](mailto:rfp@idoa.IN.gov). The email subject line should contain the following phrase:

## **“REQUEST FOR INFORMATION/INNOVATION 26-86686, QUESTION AND INQUIRIES.”**

Following the question/inquiry due date, IDOA will compile a list of the questions/inquiries submitted by all Respondents. The responses will be posted to the IDOA website as soon as possible. Only answers posted on the IDOA website will be considered official and valid by the State. No Respondent shall rely upon, take any action, or make any decision based upon any verbal communication with any State employee.

Please note that Christina Garcia is the State’s single point of contact for this RFI. **Inquiries are not to be directed to any other staff member of the IOT.** Such action may disqualify a respondent from further consideration in this RFI and any subsequent RFP process.

If it becomes necessary to revise any part of this RFI, or if additional information is necessary for a clearer interpretation of provisions of this RFI prior to the due date for submissions, an addendum will be posted on the IDOA website. [IDOA: Procurement: Current Business Opportunities](#)

### **CLARIFICATIONS AND DISCUSSIONS**

The State reserves the right to request clarifications on information submitted to the State. The State also reserves the right to conduct discussions, either oral or written, with the Respondents. These discussions could include requests for additional information, requests for cost information or technical requirements response attachment revision, etc. Additionally, in conducting discussions, the State may use information derived from the responses submitted by competing Respondents only if the identity of the Respondent providing the information is not disclosed to others. The State will provide equivalent information to all Respondents which have been chosen for discussions.

The Procurement Division will schedule all discussions. Any information gathered through oral discussions must be confirmed in writing.

### **IV&V PARTICIPATION AND PAYMENT APPROVAL**

Independent Verification & Validation (IV&V): If the State elects to deploy IV&V in this engagement, the Contractor will copy the IDOA IV&V team on project communications (emails, meeting invites, collaboration tools) and grant full access to project artifacts. For contracts entered into, renewed, or amended after June 30, 2026, IV&V shall serve as an approving authority for deliverables, and no payment shall be issued unless and until IV&V provides approval.

### **CONFIDENTIALITY**

It is important to note that all information submitted in Respondent’s proposals to this RFI will be kept confidential and will not be made available to the public unless this RFI does not result in the release of a solicitation at a later date. If a solicitation results from this RFI, then the information contained in the proposal submissions for this RFI must be made available to the public once the resulting solicitation has been awarded and the protest period has ended.

Respondents are advised that materials contained in proposals are subject to the Access to Public Records Act (APRA), IC 5-14-3 et seq., and, after award, the entire solicitation file may be viewed and copied by any member of the public, including news agencies and competitors.

Please note citing “Confidential” on an entire section is not sufficient. The Public Access Counselor (PAC) provides guidance on APRA. Respondents are encouraged to read guidance from the PAC on this topic as this is the guidance IDOA follows:



- [18-INF-06; Redaction of Public Procurement Documents Informal Inquiry](#)

Respondents claiming a statutory exception to the APRA must indicate so on a separate attachment labeled **“Confidential Documentation Listing”**. That document should include the following information:

- List all documents where claiming a statutory exemption to the APRA;
- Specify which statutory exception of APRA that applies for each document;
- Provide a description explaining the manner in which the statutory exception to the APRA applies for each document.

**When claiming confidential information, respondents should submit two versions of their response:**

- 1) A confidential version (for the State’s review and evaluation)
  - a. Confidential Information must be clearly marked in a separate folder.
- 2) A redacted version (for public records requests)

If the Respondent does not identify the statutory exception, the Procurement Division will not consider the submission confidential. The State also reserves the right to seek the opinion of the PAC for guidance if the State has doubts the cited exception is applicable.

Prices are **NOT** confidential information.

### **SECURITY & BC/DR**

Provide Incident Response Process documentation (ticketing, escalation, reporting to IOT with root-cause/lessons learned), an initial and annual System Architecture document, and a BC/DR Plan with annual updates and testing cadence.

### **RESPONSE SUBMISSION INSTRUCTIONS**

Firms interested in providing information to IDOA should submit responses via email to [rfp@idoa.IN.gov](mailto:rfp@idoa.IN.gov). All responses must be received no later than March 13, 2026 **by 3:00PM ET**. The subject line of the email submission must clearly state the following:

**“RESPONSE TO REQUEST FOR INFORMATION/INNOVATION 26-86686”**

Any information received after the due date and time may not be considered.

No more than one proposal per Respondent may be submitted.

Templates outlined in this document should be returned in their native file format.

The State accepts no obligations for costs incurred by Respondents in anticipation of being awarded a contract.