**Indiana Behavioral Health Center of Excellence**

**Attachment O**

**Scope of Work**

# **Introduction**

The Indiana Family and Social Service Administration (FSSA) Division of Mental Health and Addiction (DMHA) aims to establish the Indiana Behavioral Health Center of Excellence (referred hereafter as the Center of Excellence) through this agreement. The purpose of the Center of Excellence is to serve as the centralized statewide resource on all required evidence-based practices (EBP) provided through the Certified Community Behavioral Health Clinics (CCHBC) in Indiana. The Center of Excellence supports the application of EBPs through high-quality training and technical assistance to the CCBHC workforce.

The anticipated go-live for the Contract is November 1, 2026. Please read this document and the associated attachments carefully. This Scope of Work should be referenced by a Respondent in its preparation of its response to the RFP, especially Technical Proposal – Attachment F.

## **Definitions and Acronyms**

The Following are explanations of terms and abbreviations appearing throughout this solicitation. Other special terms may be used in the solicitation, but they are more localized and defined where they appear, rather than the following list.

### Behavioral health – Refers to the topics of mental distress, mental health conditions, and substance use.

### Behavioral Health Center of Excellence – A team of subject matter experts who share knowledge and consult with the CCBHC workforce to improve the application of evidence-based practices.

### Certified Community Behavioral Health Clinic (CCBHC) – An agency designated by the Indiana Division of Mental Health and Addiction that ensures access to coordinated and comprehensive behavioral health care.

### Certified Community Behavioral Health Clinic workforce – Refers to the staff employed directly by the CCBHC or indirectly through a Designated Collaborating Organization who are applicable to an EBP.

### Contractor – The Awardee of this RFP and all subcontractors to that Contractor, collectively.

### Designated Collaborating Organization – An entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with and delivers services under the same requirements of the CCBHC.

### Division of Mental Health and Addiction (DMHA) – A division with Indiana’s Family and Social Services Administration.

### Evidence-Based Practice (EBP) – The integration of the best available research with clinical expertise in the context of the values and characteristics of the individuals and families served; the purpose is to foster effective therapeutic relationships and improve behavioral health by through empirically supported principles of assessment, treatment planning, and intervention.

### Fidelity – The implementation of an evidence-based practice as intended, which can be a factor in whether it positively impacts outcomes.

### Fidelity Review – Refers to a comprehensive evaluation of the degree to which an evidence-based practice has been implemented through standardized protocols and to identify strengths and areas for improvement.

### Person-Centered – Being respectful of the needs, preferences, and values of the person receiving services; and ensuring both involvement of the person receiving services and self-direction of services received. Services for children and youth are family-centered, youth-guided, and developmentally appropriate. A shared decision-making model for engagement is the recommended approach (Indiana CCBHC Manual 7.4.2 & SAMHSA CCBHC Requirement 4.B.1).

### State – The State of Indiana and its Agencies

### State Agency – As defined in IC 4-3-1, “State Agency” means an authority, board, branch, commission, committee, department, division, or other instrumentality of the executive, including the administrative department of State government.

### Training Curriculum – A structured educational approach to achieve specific learning objectives, resolve problems and support the application of evidence-based practices.

### Technical Assistance – Individualized support provided by behavioral health subject matter experts to achieve each CCBHC’s identified EBP goals.

### Technical Assistance Plan – A documented strategy between a CCBHC and the Contractor which provides achievable EBP goals and communicates how the Contractor will attain them.

## **Mandatory and Desired Contractor Qualifications**

### Mandatory Qualifications

To be eligible by the state, the Contractor meets the Mandatory Requirements:

#### The Contractor shall provide continuing education units (CEU) to licensed and certified mental health professionals.

#### The Contractor shall employ a licensed mental health professional to provide expertise for the EBP training curriculum, technical assistance and participate in fidelity reviews.

### Desired Contractor Qualifications

While not required, the following are desired characteristics for the Contractor:

#### The Contractor employs a project manager to support the completion of the responsibilities in this Contract.

#### The Contractor has experience delivering EBP training, technical assistance, and fidelity reviews to behavioral health providers.

#### The Contractor has experience applying academic research to public health interventions to improve outcomes for individuals with the most severe and complex behavioral health conditions.

## **Required CCBHC Evidence-Based Practices**

The Contractor is responsible for providing EBP training and technical assistance on all required EBPs delivered through CCBHCs in Indiana. Table 1 represents the current required EBPs at CCBHCs and is subject to change at State and federal discretion.

|  |  |
| --- | --- |
| **Table 1: Indiana Required Evidence-Based Practices for CCBHC** | |
| Assertive Community Treatment | Required |
| Brief Strategic Family Therapy | Required |
| Cognitive Behavioral Therapy | Required |
| Dialectical Behavior Therapy | Required |
| Integrated Dual Diagnosis Treatment | Required |
| Motivational Interviewing | Required |
| Parent Management Training | Required |
| Trauma-Focused Cognitive Behavioral Therapy | Required |

# **Contractor Responsibilities**

The Center of Excellence is a centralized resource for the CCBHC workforce on all required EBPs. As the Center of Excellence, the Contractor is responsible for developing and delivering an EBP training curriculum and technical assistance, which includes Assertive Community Treatment (ACT) fidelity reviews. Through these activities, the Contractor supports the CCHBC workforce to apply person-centered EBPs for the individuals and families they serve. The State seeks to expand EBP interventions for all individuals, including those living with the most severe and complex behavioral health conditions. The Contractor is responsible for employing staff with the expertise necessary to support the application of effective person-centered EBP interventions; the Contractor shall employ a licensed mental health professional, at minimum, to consult, collaborate and provide expertise to upskill the CCBHC workforce.

The Center of Excellence is responsible for supporting all designated CCBHCs in Indiana and their workforce applying EBPs. Indiana has eight (8) designated CCBHCs and may have additional sites designated over the lifetime of this contract; for this scope of work, the State is requiring the Contractor to serve up to twelve (12) CCBHC providers. If more than twelve (12) CCBHC sites are designated during the term of this Contract, the State will amend it to include each additional designated CCBHC.

The duties contemplated in this Contract shall begin in November 2026 or after the Contract’s execution. The Contractor shall fulfill the following responsibilities throughout the term of this Contract:

## **EBP Training Curriculum**

### Develop training curriculum by the end of the first three (3) months of the contract and update the curriculum biannually thereafter; this curriculum should integrate feedback received from the State and CCBHC sites.

### By the end of the Contract term, the Contractor shall deliver an EBP training curriculum that includes all the required EBPs from [Table 1](#_Required_CCBHC_Evidence-Based).

### Deliver an annual EBP training curriculum that includes, at minimum:

#### Eight (8) EBP training sessions developed by the Contractor, at least one (1) hour in duration but no more than two (2) hours.

#### Two (2) EBP shared EBP learning groups hosted and moderated by the Contractor, at least one (1) hour in duration but no more than two (2) hours.

#### Applicable EBP research.

#### Relevant federal and state policies.

### The Contractor attains and maintains records of all EBP training sessions delivered to the CCBHC workforce.

#### For each EBP training curriculum session, the Contractor shall:

##### Host and moderate.

##### Record and make available the session recording and material(s) to CCBHC workforce.

##### Maintain a roster of attendees.

##### As applicable, award CEUs to CCBHC workforce free of charge.

#### For each EBP shared learning group, the Contractor shall:

##### Host and moderate.

##### Retain a summary of topic(s) and material(s) discussed.

##### Maintain a roster of attendees.

##### As applicable, award CEUs to CCBHC workforce free of charge.

### For licensed EBP training(s) or material(s) developed or delivered by a third party, the Contractor is responsible for:

#### Communicating and coordinating all activities related to EBP training.

#### Making payment to the third-party.

#### Ensure training and/or materials delivered by the third-party vendor is free of charge to CCBHC workforce and at no additional cost to the State.

##### As applicable, make all reasonable efforts to ensure that initial exam for EBP clinician certification is paid for through the Contractor.

#### Ensuring the third-party fulfills the obligation(s) set forth by the Contractor and is delivered as indicated by the agreement with the third-party.

#### For training sessions delivered by a third-party, the Contractor shall:

##### Obtain and maintain a roster of attendees.

##### As applicable, track the number and type of CEUs awarded to attendees through the session(s).

### Digital Accessibility. All training sessions, recordings, slides, PDFs, web content, and materials produced or provided under this Contract shall conform to WCAG 2.1 Level AA and the State’s Assistive Technology standards. The Contractor specifically agrees that all hardware, software, and services shall be compatible with the principles and goals contained in the State’s Information Security Framework, Assistive Technology standards, and architectural standards. Any deviation requires prior written approval from IOT.

## **Evidence-Based Practice Technical Assistance**

### The Contractor will deliver EBP technical assistance to the CCBHC workforce that is aligned with State goals; the State reserves the right to direct the Contractor on specific areas requiring attention for EBP technical assistance. Additionally, this ensures alignment with other vendors providing similar technical assistance for DMHA to address identified gaps without duplication of effort.

### For each CCBHC, the Contractor shall deliver technical assistance to assess and improve application of all required EBPs. The Contractor tracks progress through a technical assistance plan that achieves the CCBHC’s annual EBP goals. The Contractor shall:

#### Develop an annual technical assistance plan by the end of the first three (3) months of this Contract or within the first three (3) months of a CCBHC’s designation. The Contractor shall lead and consult with each CCBHC to develop an EBP technical assistance plan. Each technical assistance plan shall:

##### Identify key staff at the CCBHC for technical assistance.

##### Document progress to meet or exceed each EBP goal.

##### Include a timeframe for objectives to be met for each EBP goal.

##### Identify the CCBHC’s preferred fidelity protocol for their ACT program.

##### Be revised annually, within sixty (60) days of an ACT team’s fidelity review, and as indicated by the CCBHC.

#### Share technical assistance plan progress to the State and key personnel at the CCBHC. As technical assistance needs evolve, the Contractor shall revise and communicate revision(s) to the CCBHC.

#### Deliver EBP technical assistance to each CCBHC that:

##### Targets areas that are high priority for the CCBHC.

##### Achieves the technical assistance plan objectives.

##### Improves EBP fidelity implementation.

### The Contractor is responsible to prepare for assessing EBP fidelity. By November 2027, the Contractor shall:

#### Develop mechanisms to assess fidelity for all required EBPs at CCBHCs.

#### Develop and deliver two (2) adapted ACT fidelity protocols: one (1) for the Dartmouth Assertive Community Treatment Scale (DACTS) and one (1) for the Tool for Measurement of ACT (TMACT). The Contractor shall lead the project and consult with the State to develop interpretive guidance for both fidelity protocols. Each of these protocols shall:

##### Document on how each item is collected and scored by the Center of Excellence.

##### Integrate CCBHC requirements and State regulations.

##### Be available to all ACT teams after the State delivers written approval for them.

#### Establish internal control mechanisms to ensure that EBP fidelity is uniformly measured by Contractor across all CCBHCs.

#### Employ at least two (2) qualified fidelity assessors, which should include at least one (1) licensed mental health professional.

### For all required EBPs the Contractor is responsible for assessing fidelity using developed mechanisms at cadence agreed upon by both the Contractor and DMHA.

### The Contractor assesses the ACT model of care using Indiana protocols for DACTS and TMACT through performing fidelity reviews with each ACT team at CCBHC sites and delivering technical assistance towards achieving full fidelity implementation.

#### By November 2028 or within twelve months (12) months of an ACT team starting services, the Contractor shall complete a baseline fidelity review for each ACT team.

#### The Contractor shall coordinate with each ACT team and the State to schedule each fidelity review, at minimum of six (6) months before the review will occur.

#### Prior to each ACT team’s fidelity review, the Contractor shall deliver technical assistance to ACT team in alignment with their expressed needs, technical assistance plan, and the CCBHC’s preferred fidelity protocol.

#### After fidelity review is complete and score is obtained, Contractor shall develop and deliver fidelity report to DMHA, ACT team lead and CCBHC leadership. As indicated by the CCBHC or ACT team, provide fidelity review debrief to discuss observations.

##### If the CCBHC site has more than one (1) ACT team, the Contractor will review each ACT team’s fidelity and provide an average score for their ACT program to DMHA and CCBHC leadership.

#### For ACT team fidelity reassessment reviews, the Contractor shall:

##### Complete fidelity review with the ACT team annually, at minimum, and no more than eighteen (18) months after previous review.

##### Complete fidelity review as directed in [II-B(5)(b-d)](#_After_fidelity_review).

## **Project Management**

### The Contractor shall manage all responsibilities contemplated in this contract and shall ensure it measures progress towards delivering high-quality EBP training and technical assistance

### The Contractor shall lead and consult with any third party that owns licensed or proprietary EBP training and materials from [Table 1](#_Required_CCBHC_Evidence-Based) that are delivered through the Center of Excellence.

# **Deliverables**

To document its duties under this Contract, the Contractor shall furnish reports and deliverables required by the State. The Contractor is required to provide reports as requested by the State in a timely, complete, and accurate manner. The State and vendor will determine a standardized delivery method, format, and acceptance criteria.

|  |  |  |
| --- | --- | --- |
| **Project Activity** | **Unit Frequency** | **Maximum Allowed** |
| Fidelity Assessment Mechanisms for Required EBPs | Each | 1 |
| Training Curriculum Progress | Each | 40 (10 per year) |
| Third-Party EBP Training | At cost | No more than available budget for contract year |
| Technical Assistance Plan Progress Reports | Each | 48 (12 per year) |
| CCBHC EBP Fidelity Report | Each | 3 (1 per year) |
| Center of Excellence Impact Biannual Report | Biannually | 2 (per two-years) |

# **IV&V Engagement and Payment Approval**

A. IV&V Engagement Language

If the State decides to add Independent Verification & Validation services as part of this engagement, the Contractor will copy the Indiana Department of Administration (IDOA) – Independent Verification & Validation (IV&V) team member(s) on all project related communications (emails, meeting invites, collaboration tools, etc.) and will grant access to all documents and deliverables throughout the term of the contract.

B. IV&V Payment Approval Language

If IDOA elects to deploy Independent Verification and Validation (IV&V) services in connection with this engagement, the IV&V Team shall review and assess all Deliverables to determine compliance with the State’s requirements as set forth in the Contract and/or applicable Statement(s) of Work. For contracts entered into, renewed, or amended after June 30, 2026, IV&V shall serve as an approving authority, and no payment shall be issued to the Vendor unless and until IV&V has provided such approval.