



**Assessment of Federal Culturally Linguistically Appropriate Services (CLAS)
Standards in Indiana's Community Mental Health Center Workforce and Service
Provision RFP 22-71736
Attachment F - Technical Proposal Template**

Overview:

Request for Proposal (RFP) 22-71736 is a solicitation issued by the State of Indiana in which organizations are invited to compete for the 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 be reflective of that evaluation. The evaluation of a proposal can only be based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly address all components of the Scope of Work (SOW) (Attachment K). The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the Scope of Work detailed in the RFP document and supplemental attachments.

Instructions:

Respondents shall use this template (Attachment F) to prepare their Technical Proposals. In their Technical Proposals, Respondents shall describe their relevant experience and explain how they propose to perform the work, specifically answering the prompts in the template below.

Please review the requirements in Attachment K (Scope of Work) carefully – the requirements in the Scope of Work should inform how Respondents complete their Technical Proposals in this template as the "Sections" referenced below correspond to the sections in the Scope of Work.

Respondents should insert their text in the provided boxes which appear below the question/prompts. Respondents are allowed to reference attachments or exhibits not included in the boxes provided for the responses, so long as those materials are clearly referenced in the boxes in the template. The boxes may be expanded to fit a response.

For all areas in which subcontractors will be performing a portion of the work (except where prohibited), clearly describe their roles and responsibilities, related qualifications and experience, and how Respondent will maintain oversight of the subcontractors' activities.

SOW Section 1, 2, 3 and 4 – Overview of Project

- a. Provide a high-level summary of how you will execute this project and why you are best positioned to conduct the assessment and implementation contemplated in the Scope of Work.
- b. If applicable, identify subcontractors that will be performing a portion of the work. Be sure to clearly describe their roles and responsibilities, related qualifications and experience, and how the Respondent will maintain oversight of the subcontractors' activities.
- c. Confirm your understanding of the State's and Indiana Council's role for this project and affirm your commitment to working in coordination with both entities.
- d. Highlight key members of your team who will be involved with this project by briefly describing their relevant experience. Please attach resumes of all proposed team members who will bring the experience and expertise described in Section 5 of the Scope of Work (Attachment K). This is not an exhaustive list, but an opportunity to highlight the experience and expertise of your team.
 - i. Identify a possible Project Manager, as described in Section 10c of the Scope of Work (Attachment K). Please describe their experience with project management and attach their resume to your submission, if applicable.

a. Provide a high-level summary of how you will execute this project and why you are best positioned to conduct the assessment and implementation contemplated in the Scope of Work.

HMA welcomes the opportunity to work collaboratively with the state and the Indiana Council for Mental Health Centers (Indiana Council) to acknowledge all the work underway at CMHCs to meet and exceed the national Culturally Linguistically Appropriate Services (CLAS) standards, and work with all the partners to identify recommendations for implementation. In addition, HMA hopes to leverage all the knowledge and relationships fostered in the assessment process. We also would like to provide technical assistance and support for the CMHCs working to implement recommendations.

The national CLAS standards provide an opportunity for CMHCs in Indiana to demonstrate the work they already have underway to ensure Hoosiers across the state receive effective, equitable, understandable, and respectful quality care and services that are responsive to their diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. This assessment will leverage the CLAS standards to provide a blueprint to develop an implementation plan for recommendations that are generated through the assessments. The effective adoption and implementation of these standards will strengthen each CMHC and improve service delivery for the communities they serve. HMA plans to co-develop the project management plan with DMHA and the Indiana Council to execute this project, and we will meet with them monthly to implement this project. HMA brings a seasoned team of experts who are not only racially and ethnically diverse, but also have a diverse set of skills and expertise that will serve to execute the assessment thoroughly. We will develop recommendations with tools and technical assistance that will ensure a successful implementation.

HMA is uniquely positioned to do this work as we have carefully selected a culturally diverse team that includes national and Indiana-based equity and behavioral health experts who have comprehensive experience working with state agencies and community-based organizations

in assessing and implementing federal CLAS standards and operationalizing organizational and health equity. Leveraging our expertise and knowledge of the CLAS standards, HMA will work to implement an assessment for the 24 CMHCs that will include two branches: 1) **internal culture** of CMHCs, where we will gain a better understanding of the workplace culture and belonging within each CMHC; and 2) **delivery of services**, where we will gain an understanding of how various populations across the state are engaged with and served by the CMHC system.

HMA has the expertise and capacity to effectively kick off this engagement, work collaboratively with the state and with the Indiana Council throughout this process, and deliver the required Assessment Plan (Internal Culture and Delivery of Services), Internal Culture Assessment Report, Delivery of Services Assessment Report, Delivery of Services, Internal Culture Recommendations Report, and Delivery of Services Recommendations Report.

HMA has designated Doris Tolliver, Maddy Shea, and Leticia Reyes-Nash as co-leaders of this project. The leadership team brings more than 60 years of combined experience working at the state and federal levels of government to facilitate significant change initiatives. Together, this leadership will work collaboratively with the state and the Indiana Council to design, assess, and develop implementation plans for the CMHCs across Indiana.

Doris Tolliver is our Indiana-based team member and will serve as the **project director**. She has comprehensive knowledge and relationships across Indiana and brings experience developing and implementing racial and health equity assessments for organizations to aid in identifying gaps and opportunities and support the design and implementation of equity strategies and activities. Ms. Tolliver brings an appreciation for the multitude of roles a CMHC plays not only through their relationship with the DMHA, but also within county, child welfare, criminal justice, and public health systems. These stakeholders, as well as consumers, family members, and advocates, will be essential in informing this assessment.

Maddy Shea brings significant expertise regarding the federal CLAS standards. In fact, Dr. Shea co-led the development of the federal CLAS standard comprehensive tool kits that were created by the Centers for Medicare & Medicaid Services (CMS) Office of Minority Health. The tool kits break down actions by standard to address CLAS needs among racial and ethnic minorities, sexual and gender minorities, and persons with disabilities. Each standard

regarding the CLAS standards will provide meaningful knowledge for developing our approach for this assessment and implementing the recommendations. Dr. Shea will serve as the **federal CLAS standards director**.

Leticia Reyes-Nash is an expert at designing and implementing large-scale initiatives on tight timelines and working collaboratively with both governmental and non-governmental partners. She is an equity-practitioner who will serve as the **project manager** and provide oversight for the two subcontractors for this project, netlogx and Engaging Solutions. netlogx will provide the project management function and be charged with monthly reporting, data collection, data analysis, and management of the timeline and project risks. Engaging Solutions will provide local engagement for the recruitment and implementation of focus groups and aid in community engagement and consumer engagement feedback process design.

In addition to the leadership team, HMA has a team of eight consultants who bring a combination of equity and behavioral health expertise and extensive experience designing and implementing assessments for states and behavioral health organizations. This skilled

and experienced team will work collaboratively to ensure the timely and high-quality completion of all project elements.

HMA will adapt and leverage existing tools to build an environmental scan, conduct key informant stakeholder interviews, facilitate focus groups, and administer surveys developed in collaboration with the state and the Indiana Council. The gathering of feedback and input in a systematic approach will allow for each of the phases of this work to build on learnings from earlier phases. This iterative process allows for adaptation and learnings as we move through this process.

Any comprehensive assessment must explore the root causes and underlying factors that contribute to variations across CMHCs. As such, we recognize the unique position of the Indiana Council to support this project as a state partner and subject matter expert. We also recognize the importance of garnering insight from a broad and diverse set of stakeholders.

recommendations within the final report and can identify the barriers in implementation that will need tailored planning and resources to overcome obstacles. In addition, our specific Indiana-based team members bring an appreciation for the multitude of roles a CMHC plays not only through their relationship with the DMHA, but also within county, child welfare, criminal justice, and public health systems. These stakeholders, as well as consumers, family members, and advocates, will also be essential in informing this assessment.

HMA will leverage our experience, activities, and tools from recent projects with the states of Colorado, Delaware, and Rhode Island; multiple CMHC provider engagements across the country; as well as serving as coaches for the CMS Medicaid Innovation Accelerator Program

outlined in Request for Proposal 22-69153.

Effective project management is key in ensuring a clear understanding of deliverables, executing multiple work streams, meeting established timelines, and anticipating and mitigating project risks if they arise. As such, HMA proposes to have an Indiana-based project director who, in addition to regularly scheduled touchpoints with the state team and the designated state project manager, will be able to respond in a timely fashion in person and/or as requested by the state to any ad hoc meetings with the state, Indiana Council, or other stakeholders. HMA will develop a detailed work plan and can leverage other project management tools as needed to assist with planning, tracking, and ensuring effective project

accountable, consulted, and informed) accountability format to ensure roles and responsibilities are clear for all work elements. If preferred, HMA is prepared to utilize state templates for the work plan and other deliverables as requested by the state. We understand the importance of the state seeking input from the Indiana Council prior to approval of those requests.

and its advisory board, as well as assistance with initial engagement with other stakeholders.

project facilitates a timely response to contractor requests for both meetings and survey responses. With this support, HMA is prepared to coordinate and facilitate meetings with applicable stakeholders and leverage virtual capabilities as well as on-site engagement. As part of periodic written reports, HMA will provide summaries of stakeholder engagement activities, including new requests for meetings or other forms of engagement, outstanding

requests, and completed engagements. This will include progress associated with any on-site activities associated with the CMHC assessment.

uirements as outlined in the RFP, and through our engagement, we will foster a culture of learning that will aid in implementing the recommendations that are identified through the assessment.

b. If applicable, identify subcontractors that will be performing a portion of the work. Be sure to clearly describe their roles and responsibilities, related qualifications and experience, and how the Respondent will maintain oversight of the subcontractors' activities.

HMA is committed to building a project team that meets the needs of our clients. In that spirit, we leverage subcontractors when those companies add value and bring needed expertise to more complex and comprehensive projects. HMA has rich experience in partnering with and being accountable for subcontractors. We fully integrate subcontractors into both processes and workflows, including through an integrated work plan. We have a history of creating cohesive and effective project teams combining HMA and partner expertise even when working with multiple subcontractors on a project. Throughout any engagement, we remain responsible for all work, including that of our subcontractors.

Ms. Reyes-Nash is an expert at designing and implementing large-scale initiatives on tight timelines and working collaboratively with both governmental and non-governmental partners. She is an equity practitioner who will serve as the **project manager** and provide oversight for the subcontractors for this project. For this engagement, HMA is partnering with two subcontractors: Engaging Solutions, an Indiana minority business enterprise, and netlogx, a women business enterprise.

Engaging Solutions, LLC

Engaging Solutions will provide community engagement support to ensure key stakeholders and service recipients in each of the CMHC service areas are engaged in the assessment process. Engaging Solutions will co-design and administer surveys, facilitate focus groups, and analyze qualitative findings.

Engaging Solutions Relevant Experience:

Indiana Family and Social Services Administration – Healthy Opportunities Initiative May 2019–April 2021

Engaging Solutions

Healthy Opportunities employee engagement campaign with the Family and Social Services Administration and Westcomm. Engaging Solutions assisted in developing discussion guides used for conversations for all levels of management as well as local and remote employees. Engaging Solutions facilitated 13 one-on-one interviews with upper management and leadership, followed by five focus groups conducted with 38 state employees and/or contractors across Indiana. Engaging Solutions also prepared survey questions that were completed by all Family and Social Services Administration staff. Finally, Engaging Solutions provided the Family and Social Services Administration with a comprehensive report of the findings.

**Indianapolis Urban League – Indianapolis African American Quality-of-Life Initiative
November 2020–October 2021**

The Indianapolis Urban League, in partnership with the African American Coalition of Indianapolis and funded through a \$100 million grant from the Lilly Endowment, set out to mobilize African American resources while building collaborations and partnerships to elevate the quality of life of African Americans in Indianapolis/Marion County. Engaging Solutions led the community opportunity assessment portion of the project. Using community ambassadors, surveys, one-on-one meetings, community leader networking, and public meetings, Engaging Solutions was able to reach approximately 1,700 residents and 16 community organizations. Information gathered in these engagements established priorities for the quality-of-life pillars, which showed systemic inequalities in education, employment, health and wellness, housing, leadership, and civic engagement. The data gathered during this first portion of the initiative will be directed toward how grant funds are allocated moving forward.

**Local Initiatives Support Corporation (LISC) Indianapolis – Far Eastside Economic Inclusion Agenda (EIA)
January 2020–December 2020**

With a strategic focus on the people, places, and businesses of the far eastside, Engaging Solutions assisted in performing an analysis of current conditions by identifying land use, economic conditions, assets, and challenges and providing recommendations. The Engaging Solutions team served as a liaison between project goals and community needs. They organized meetings to ensure the inclusive engagement of underserved populations, including Black, Haitian, and Latinx residents, addressing deep-rooted concerns around equitable access to resources, transportation, disenfranchisement, financial growth, and investment. Engaging Solutions regularly reported back to the advisory committee for input and support. A formal report was developed and will be used to guide best practices and future investments. Outreach for this project was completed both in person and virtually.

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Indiana Black Expo (IBE) Landscape Assessment

April 2020–October 2020

Engaging Solutions conducted a landscape assessment on behalf of IBE to request and receive direct, honest, and extensive feedback regarding community needs, the competitive landscape, organization vision, program effectiveness, brand, and reputation. Multiple avenues of engagement were executed across a wide range of stakeholders directly affiliated with the IBE organization, including company executives, funders, sponsors, volunteers, program participants, community organizations, and the public. A special focus was placed on the African American communities that IBE serves. In all, 17 focus groups with 135 participants, 39 key informant interviews, and a public survey completed by 196 residents were completed. Due to the onset of COVID-19, all engagement was conducted virtually and was received well by stakeholders at all levels. A full report was submitted to IBE at the end of the assessment to include findings and recommendations.

LHD Benefit Advisors – Ivy Tech Benefits Research

January 2022–March 2022

The purpose of the research was to develop a better understanding of how Ivy Tech staff, faculty, and hourly employees felt about their current health plan and programming as well as receive feedback on future offerings and how they would be received. Throughout February, the Engaging Solutions team planned and conducted three focus groups, totaling 31 participants, as well as developed and launched an all-employee electronic survey. When the survey closed, there were a total of 1,151 completed responses, which represented 41 percent of the staff. Based on the information gathered in the focus groups and surveys, Engaging Solutions provided Ivy Tech with a list of conclusions and recommendations. The Engaging Solution team also prepared a full summary report and presentation.

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netlogx, LLC

Our second partner, netlogx, has supported recent DMHA projects and will provide both project management support as well as scheduling and coordination support related to stakeholder engagement. The netlogx colleagues bring project management expertise paired with strong health care experience, as well as event management, scheduling, and project coordination skills to the team.

netlogx Relevant Experience:

**Indiana Department of Health – Expressive Arts
UIndy/Center for Aging and Communities (prime), netlogx (sub)
May 2016–November 2017**

engaged netlogx to provide project coordination services to support the expressive arts

drawing, painting, sculpting, writing, music, or acting) as interventions or approaches to help create a sense of content and well-being for residents in long-term care facilities. netlogx served as the subcontractor for this project.

**Indiana Department of Health – My Healthy Baby (previously OB Navigator)
netlogx (prime)
April 2019–present**

My Healthy Baby was established as part of Indiana's efforts to reduce the infant mortality rate in the state. The scope of the My Healthy Baby project is to plan, design, build, implement, and refine a process/system that will enable the early identification of pregnant women insured by Medicaid and refer these women to home visiting/navigator services. The scope also includes supporting and strengthening perinatal home visiting programs and the perinatal home visiting system. The general approach could be outlined as:

- Brainstorm what information is important to track
- Brainstorm broadly with different stakeholders (internal/external)

- Select several metrics to start tracking (high importance/easy implementation)
- Build processes to track a first set of metrics
- Create an evaluation team to further define future metrics and develop a roadmap/long-term plan

c. Confirm your understanding of the State's and Indiana Council's role for this project and affirm your commitment to working in coordination with both entities.

Any comprehensive assessment must explore the root causes and underlying factors that contribute to variations across CMHCs. As such, we recognize the unique position of the Indiana Council to support this project as a state partner and subject matter expert. We also recognize the importance of garnering insight from a broad and diverse set of stakeholders.

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We are deeply committed to working collaboratively with the state and with the Indiana Council throughout assessment and implementation.

d. Highlight key members of your team who will be involved with this project by briefly describing their relevant experience. Please attach resumes of all proposed team members who will bring the experience and expertise described in Section 5 of the Scope of Work (Attachment K). This is not an exhaustive list, but an opportunity to highlight the experience and expertise of your team.

Project Manager

Ms. Reyes-Nash will serve as the project manager with support from our partner netlogx. Ms. Reyes-Nash has been a change leader throughout her career and has led numerous large-scale projects.

Project Management Highlights:

- Managed the design and implementation of a \$25 million grant from the Centers for Disease Control and Prevention that served 58 rural and suburban counties in Illinois, which included the fiscal, project, and program management, including the design and implementation of a technical assistance team
- Managed the expansion of medication-assisted treatment, in partnership with a physician leader, in 15 clinics at Cook County Health (CCH), which included the development of education for frontline staff and engagement with physicians
- Managed the governor-appointed State Health Improvement Plan Council and facilitated the development of the State Health Improvement Plan, which included a focus on population health and behavioral health



Leticia Reyes-Nash, MBA, Principal
Role: Project Manager

Leticia Reyes-Nash is an accomplished, innovative, executive leader with 20 years of experience leading policy advocacy projects and community engagement specifically focused on the health sector. DEI are core values, and she integrates these values into the projects she designs, leads, and implements. Ms. Reyes-Nash operationalizes equity through her strategic and fiscal approaches to policy, program design, and implementation.

Before joining HMA, she served as the director of programmatic services and innovation at CCH, where she worked across the system to expand programs and services for those served by CCH through innovative partnerships with public and private partners focused on health equity and justice.

During her tenure at CCH, she conceptualized, launched, and co-led the Center for Health support better health, stronger communities, and impactful investments.

Prior to joining CCH, she served as the chief of health policy for the Illinois Department of Public Health, where she led the development of Healthy Illinois 2021, a plan for population health improvement and behavioral and physical health integration. In addition, she secured \$25 million in funding and led the implementation of the We Choose Health Initiative, implementing policy, system, and environmental change in 58 counties in Illinois.

An expert in navigating government complexities to facilitate policy change and program implementation, she led Affordable Care Act implementation projects with innovative approaches to integrating public health and health system reform. In addition, she has successfully managed the expansion and implementation of key state and federal health care programs, including All Kids, Medicare Part D, Veterans Care, and the Illinois Breast and Cervical Cancer Program.

Ms. Reyes-Nash is seasoned in managing grassroots advocacy and organizing. In addition to her extensive health care and government experience, she has managed statewide field operations in political campaigns in seven states.

University of Illinois Urbana-Champaign. In 2017, she was named a Culture of Health Leader by the Robert Wood Johnson Foundation.

Project Team



Lisa Braude, PhD, Principal
Role: Behavioral Health Lead

In her more than 20 years of experience leading the development, implementation, and improvement of high-impact public policy, health and human services, and justice projects, Lisa Braude has advised government and nonprofit clients on policy development and analysis as well as system redesign to support statewide health care reform initiatives.

Before joining HMA, Dr. Braude provided consulting services in health policy analysis and system redesign for clients at the UMass Medical School, Commonwealth Medicine Health Law & Policy program. While there, her work included policy and project development and

management, strategic planning, and data analysis for agencies and initiatives within the commonwealth.

During her career, much of her work has centered on projects that increase health equity and access to care by facilitating policy conversations across multidisciplinary stakeholder representatives and using data-driven strategies to inform decision-making.

She previously served as executive director for strategy and planning, where she provided consultancy, technical assistance, and process implementation support to senior team members to facilitate the successful implementation and ongoing success of organizational initiatives. She also served as project director for a community hospital, where she designed and implemented a program to reduce behavioral health emergency department boarding episodes.

Dr. Braude has experience and expertise in directing projects and programs as well as developing and managing grants, drafting and analyzing policy, and providing guidance and consultation to public agencies and nonprofit organizations.

She earned a doctorate in public policy from George Washington University, where she was a senior doctoral fellow with the George Washington Center for Excellence in Public Leadership. Dr. Braude also earned a master of arts degree in sociology from Wayne State

Dr. Braude is a Lean Six Sigma Green Belt in health care. She has published articles and papers on evidence-based treatment, justice system improvements, mental health, and substance use disorders.



**Michelle Ford, MBA, Principal
Role: Subject Matter Expert**

Michelle Ford has more than 20 years of executive leadership, change management, and fund development experience across several industries, including corporate, nonprofit, health care, and foundations.

Prior to joining HMA, she served as the director of health and well-being with the Alliance for Strong Families and Communities and the Council on

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community-based organizations as a central resource and authority for achieving health equity by addressing the social determinants of health, building organizational capacity to contract with the health industry, and developing best practices, necessary systems, and respective policy change.

Serving in a series of executive positions with nonprofit organizations, Ms. Ford is the former executive director of the United Neighborhood Centers of Milwaukee. She managed

mission, culture, goals, and outcomes while serving as a spokesperson and community representative.

Ms. Ford served as director of regional corporate relations, senior director of community engagement, and director of community partnerships for the American Cancer Society in the Midwest division. Additionally, she managed community partnerships and fund development largest hospital system, Aurora Healthcare, and led its annual giving campaign.

Ms. Ford serves as a national thought leader working on several advisory boards, including

National Center for Complex Health and Social Needs, Field Coordinating Committee, Social Interventions Research Evaluation Network, Root Cause Coalition, and the Expert Advisory Group for Raising the Bar through the National Partnership for Women and Families.

Born and raised in Indiana, Ms. Ford is currently an active servant-leader in the greater Milwaukee, Wisconsin area and dedicates her time and talents to several local and national organizations, including the Alpha Kappa Alpha, Inc., African American Women's Fund,

Museum.

Ms. Ford was recently awarded an honorary doctorate in humanities from the Medical College of Wisconsin and served as an adjunct instructor in the College of Business and Management.

College.



Maddy Shea, PhD, Principal
Role: Federal CLAS Director

Maddy Shea has more than 30 years of experience in federal health policy and community health collective action. She served as the CMS Office of Minority Health deputy director, where she developed, implemented, and evaluated the CMS Equity Plan for Improving Quality in Medicare Initiatives and other CMS equity innovations. She consulted on

the design of new models addressing social health determinants and the equity impacts of Medicare and Medicaid delivery system transformation.

Prior to joining CMS, Dr. Shea served as director of the Disparities National Coordinating Center at the Delmarva Foundation for Medical Care. In this role, she led Medicare disparities analytics and the diffusion of evidence-based interventions to reduce racial and ethnic

Shea also served as director of the Office of Population Health Improvement at the Maryland Department of Health. In this role, she directed the d

population health goals. This included 39 measures stratified by race and ethnicity representing health care utilization, access, and community determinants. She coached 24 local health improvement coalitions to align the actions of hospitals, public health, behavioral and primary care providers, and community resource organizations to meet locally determined health equity targets, including social risk factors for preventable utilization. She

Foundation-funded Public Health Quality Improvement Initiative.

Prior to joining the Maryland Department of Health and Mental Hygiene, Dr. Shea served as assistant commissioner for the Baltimore City Health Department. In this role, she built the first US city healthy homes division to reduce asthma, injury, lead poisoning, malnutrition, and infant deaths in low-income, racial, and ethnic minority Baltimore communities. She developed partnerships with hospitals, health clinics, housing providers, public safety responders, universities, and energy assistance programs to comprehensively improve social health determinants. She developed and executed a funding strategy that quadrupled and diversified resources in a time of public health funding retraction, including Medicaid reimbursement for home visiting services. Dr. Shea served on numerous national and state committees, advisory groups, and boards and taught courses at several colleges and

universities. She is a published author and champion of performance measurement, improving social health determinants, and advocating for disadvantaged groups.

Dr. Shea earned her doctorate in public policy from the University of Maryland, Baltimore

from Trinity College.



Doris Tolliver, JD, MA, Principal
Role: Project Director

Doris Tolliver brings more than 20 years of professional experience in health and human services and is a skilled advocate for equity and justice. Her diverse professional background includes executive leadership, consulting, and on-the-ground experience in the public, private, and nonprofit sectors. Her experience includes working with public and nonprofit organizations to develop and implement practices to reduce racial and ethnic disparities and improve outcomes for children, youth, and families of color, including: working with public child welfare to develop and implement practices that reduce disproportionate outcomes for children and families of color; retooling the consulting approach of a national foundation to center racial and ethnic equity and inclusion; leading strategy development to prioritize equity and justice; facilitating equity discussions; and evaluating and updating programs and policies to promote equitable client outcomes.

equitable impact and as a child welfare consultant for the Child Welfare Strategy Group at the Annie E. Casey Foundation. In these roles, Ms. Tolliver led efforts to build racial equity competencies and integrate anti-racist strategies into organizational and client-facing practices. Ms. Tolliver spent more than a decade in public service at the Indiana Department of Child Services in various leadership roles, including as chief of staff and human resources

technology, and strategic planning.

Ms. Tolliver is a licensed attorney with expertise in federal and state regulatory compliance. She is adept at organizational restructuring and change management all skills she leverages to help organizations transform their DNA to advance equity and justice.

Ms. Tolliver earned her juris doctor from the Indiana University Robert H. McKinney School of Law, a master of arts degree in human resources management from Webster University, and a bachelor of arts degree with dual majors in psychology and sociology from the University of California, Davis.



Nora Carreras, MPA, Senior Consultant
Role: Assessment Lead

Nora Carreras is a proven leader and team builder with expertise in social determinants of health and nonprofit management. She has broad experience in cross-cultural management, community and government relations, program development, and program evaluation. She has more than 20 years of experience in the public, academic, private, and nonprofit sectors.

Before joining HMA, she served as special advisor to the secretary in the executive office of the Pennsylvania Department of Human Services. Her role there included leading large-scale projects for the secretary, including the procurement of a statewide platform to address social determinants of health in collaboration with managed care organizations, providers,

nonprofits, local government entities, and other state agencies. As an advisor, Ms. Carreras provided guidance on priority initiatives and topics. Her work also included the formation and oversight of several advisory committees of internal and external stakeholders.

Her work with the commonwealth also included serving as a policy analyst and specialist for program offices, including the Office of Medical Assistance Programs and the Office of Mental Health and Substance Abuse Services. She has experience conducting research, developing policy recommendations, and leading executive staff on projects and initiatives.

Ms. Carreras is a seasoned program administrator, budget and grant manager, and coalition builder. Her nonprofit and association work includes serving as chief program officer and planner for the York County Community Progress Council, where she oversaw program

work included developing and overseeing programs aimed at improving the lives of residents.

Chapter and the Penn State Hershey Medical Center.

ty of Puerto

University. She is pursuing a doctorate in public administration from Penn State University and holds a certificate from the Fostering Diversity and Inclusion program at Yale University, School of Management.



Deborah Rose, PsyD, Senior Consultant
Role: Subject Matter Expert

Deborah Rose is an experienced executive with a demonstrated history of designing and scaling new initiatives in the behavioral health care field. She has extensive experience working with managed Medicaid, nonprofit management, grant writing, integrated care, care coordination/Health Homes, program development, supported housing models, and regulatory

adherence.

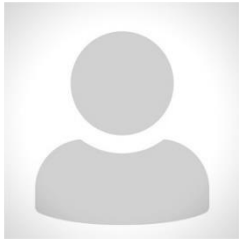
Before joining HMA, she served as deputy chief operating officer at the Institute for Community Living where she provided administrative leadership to a team of 1,200 employees across 65 sites throughout New York City. While there, she authored and received private, state, and federal grants for various programs and projects.

Her work included serving as the director of behavioral health - health and community-based services for Healthfirst under the Medicaid Health and Recovery Plan. In that role, she served as a lead for New York -based payment pilot program resulting in more than \$1 million in Medicaid savings.

Dr. Rose has extensive clinical and administrative experience with a variety of underserved populations in human services and held executive leadership positions in non-profit and community-based agencies and programs. She worked to improve care and services for adults with a mental illness and/or substance use disorder who are homeless or housing vulnerable. Dr. Rose is well versed in HUD permanent supported housing funding and continuum of care models.

Centers, where she was the deputy director of behavioral health across Rikers Island, and director of assisted outpatient treatment at the Bellevue Hospital Medical Center.

Dr. Rose is a licensed psychologist. She earned a doctorate in clinical psychology and a
s degree from Adelphi University in New York.



Nicole D. Lehman, MSW, Senior Consultant

Role: Subject Matter Expert

Nicole Lehman is an experienced healthcare professional specializing in the improvement, development, and growth of multifaceted, high-paced managed care organizations.

She is an expert on implementing regulatory guidance as well as complying with state, federal, and quality audits. She has additional experience in health plan management and developing new policies.

Before joining HMA, Ms. Lehman served as the director of behavioral health services for the L.A. Care Health Plan, where she oversaw all department staff and programs including provider outreach, autism services, transgender health, and Institutes for Mental Disease. She was directly responsible for increasing growth utilization across all lines of business, including Medi-Cal/Medicaid, Medicare/Dual Eligible Special Needs Plan, and Cal MediConnect.

Prior to this, Ms. Lehman also served as the manager of behavioral health integration for CalOptima. While there, she promoted and measured improvements in health outcomes for behavioral health services.

A leader in the managed health care industry, Nicole has consistently ensured the effectiveness of departmental programs and services by establishing new reporting standards, audit criteria, and quality measures.

California

Resumes

Team member resumes have been included as part of this proposal, under the file name Resumes_IN FSSA Administrative Code Assessment_HMA.pdf.

SOW Section 5 – Desired Contractor Experience

- a. Describe any experience planning, implementing, and communicating change in an organization, other than your own, using a structured approach. Please explain how you will leverage this Change Management Experience during this project. If applicable, provide examples of how you have helped implement initiatives that drive systemic change or how the results of a similar project have driven systemic change.
- b. Describe any experience systematically identifying, analyzing, planning, and implementing actions designed to involve people affected by an organization's decisions other than your own. Please explain how you will leverage internal and external personnel engagement experience during this project.
- c. Describe any experience conducting diversity, equity, and inclusion (DEI) focused assessments of organizations or integrating DEI principles and best practices into an organization's human resources practices or equivalent practices or policies. Please describe how you will leverage your DEI experience during this project.
- d. Highlight any subject matter expertise you have, especially in DEI principles and best practices, equitable delivery of care, mental health, Evidence-Based Practices, office management, workforce development, outcomes-driven and data-informed approaches, research methodologies, and/or Community Mental Health Center (CMHC) systems. Please describe how you will apply all your expertise to this project.
- e. Describe any notable accomplishments for your company that you feel would be relevant to this proposal.
- f. Describe any lessons learned from any sanctions, corrective actions, or formal complaints (if any) that you have been subject to (including for assessment services), both in Indiana or other states.

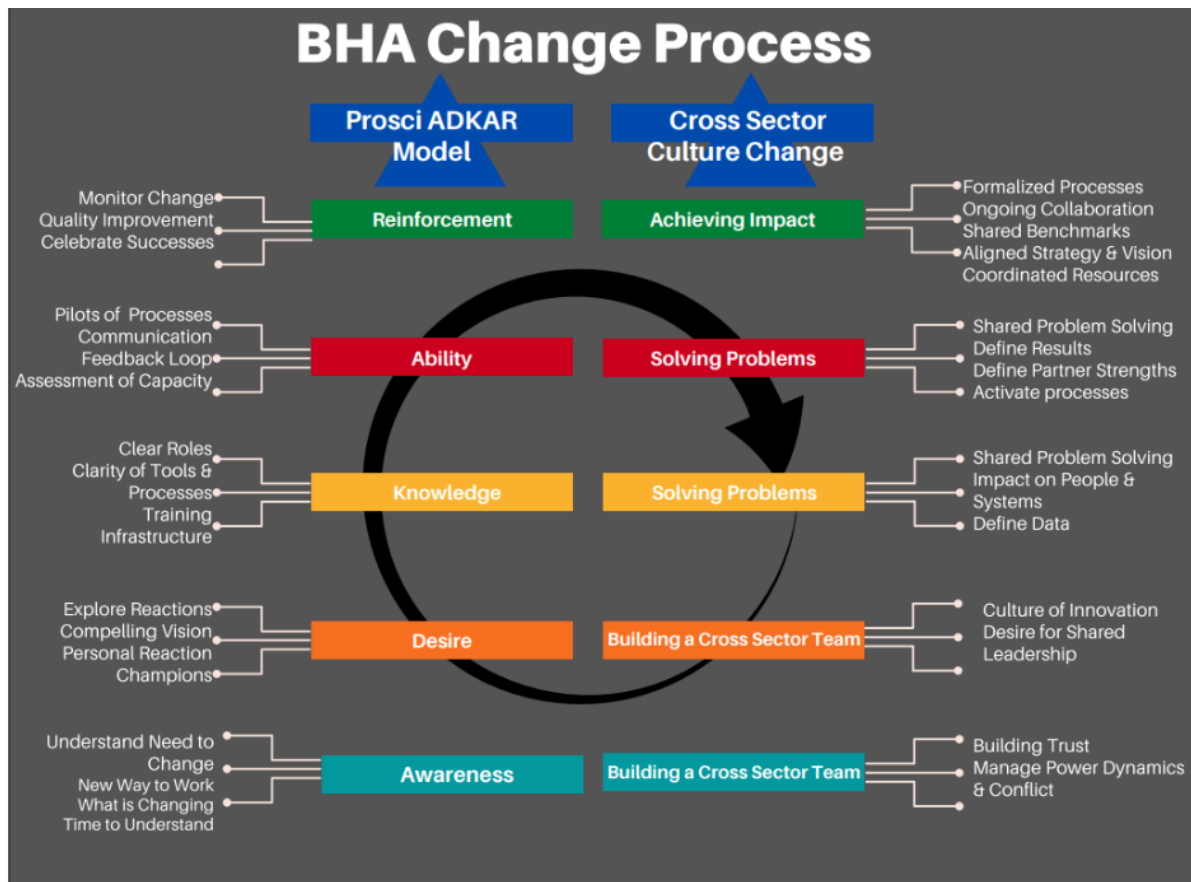
a. Describe any experience planning, implementing, and communicating change in an organization, other than your own, using a structured approach. Please explain how you will leverage this Change Management Experience during this project. If applicable, provide examples of how you have helped implement initiatives that drive systemic change or how the results of a similar project have driven systemic change.

At any given time, HMA is working on 10-15 state transformation efforts as well as 40-60 provider-based contracts aimed at creating change in strategy, clinical delivery, or operations. HMA brings more than 30 years of experience managing large-scale change initiatives for government agencies and providers to this work. We have completed hundreds of projects in the areas of policy design and implementation, financial modeling, quality assurance, practice transformation, and operational capacity development, with change management being central to this work.

Although there will be many technical elements to this work, the ultimate success of the CMHC CLAS assessment will require ensuring we use a human-centered approach, with thoughtful and transparent communication strategies, attention to readiness for change, and the creation of clear and tangible steps in implementation. HMA has experience with several change management models and often uses a combination of approaches when working with clients to tailor our change management approach to the specific needs of the project. For

other state initiatives, HMA has combined elements of the Prosci ADKAR (awareness, desire, knowledge, ability, and reinforcement) model (**Figure 1**) -step change management model evidence-based factors for cross-sector and multi-sector change, best practice in building collective impact initiatives, and evidence-based implementation science. We will work with the state and the Indiana Council to determine the best change management approach for this project.

Figure 1: BHA Change Process



Project Samples

HMA has used these same techniques in change management with many government agencies, including some of the largest city and county systems in the country and systems serving large rural populations. These include New York City (with approximately 20,000 personnel across the mental health and social services departments), Los Angeles County, and Cook County (Illinois), as well as state departments/agencies (e.g., state Medicaid agencies, mental health and substance use authorities, and public health departments) in Colorado, Michigan, and South Dakota.

Representative examples of our large-scale change initiatives include:

- Delivery System Reform Incentive Payment programs in California, Massachusetts, New York, Oregon, Texas, and other states.
- Project management, assessment, technical assistance, and training on numerous State Innovation Model (SIM) grants for states, including in Delaware, Iowa, and Michigan. Many of these included a focus on integrating behavioral health and primary care, including state financial modeling.

- Development and implementation of Section 2703 and state-specific health homes across the country, such as in California, Hawaii, New York, South Dakota, and the District of Columbia.
- Project management, assessment, technical assistance, and training for numerous state opioid response initiatives, including in Delaware and California.
- Large-scale state technology transitions, such as Medicaid Management Information Systems replacements or modernization in Colorado, Florida, Indiana, Iowa, New Mexico, South Dakota, and Fairfax County (Virginia).
- Behavioral health system assessment and strategic planning for multiple state and county departments, including in Colorado, Virginia, Rhode Island, Cook County (Illinois), Los Angeles County, Santa Barbara County, Hamilton County (Ohio), and St. Louis, County (Missouri).

Below is a summary of a sample of these projects.

Formation of the Colorado Behavioral Health Administration (BHA) (2021–present) Colorado Department of Human Services

After completing a behavioral health needs assessment for the State of Colorado, HMA was awarded a change management and technical research contract, which has led to additional and ongoing implementation support. From January to September 2021, HMA provided technical research, design, change management, and communication support to develop a newly formed BHA. HMA conducted a technical review of more than 100 programs across 14 state agencies and branches of government, which included a review of funding, program details, population served, eligibility, legislation, administrative rule, waiver authority, contracts, data reporting, and data infrastructure. HMA also conducted three rounds of statewide stakeholder engagement working with more than 700 stakeholders. HMA drafted models for the BHA and facilitated the Behavioral Health Reform Executive Committee (composed of the lieutenant governor, executive directors of multiple agencies, the commissioner of insurance, and a deputy county manager) in making a final recommendation for the governor on the design of the BHA. The BHA will be a new state entity to lead behavioral health in the state and is designed to be both cross-payer and cross-sector. HMA grounded the project in a change management approach with the use of multiple formats of robust communication tools and processes. HMA created a detailed implementation plan as a final deliverable for the project and is currently supporting the state in implementation, including supporting the drafting of authorizing legislation, supporting a report for the legislature, engaging additional stakeholders, conducting change management and transition work to move the traditional non-Medicaid programs and staff into the BHA, and creating formal agreements between the BHA and other state agencies.

HMA has brought value through both our extensive technical knowledge and in-depth experience with the populations served by the BHA, and also the collaborative relationships we have cultivated across agencies. These relationships and our project management, change management, and stakeholder communications processes have helped Colorado avoid the pitfalls that typically affect large redesign efforts across multiple agencies.

Reconstruction of Delaware Department of Health and Social Services(2017–2019) Department of Health and Social Services, Delaware Health Care Commission

Commission to support implementation of the SIM demonstration. There were three components to the demonstration, including project management, practice transformation,

and financial modeling. HMA oversaw and provided project management for all components, as well as provided training and technical assistance for practice transformation.

As part of the SIM demonstration, HMA designed and implemented a Behavioral Health Integration pilot program with providers across the state that included: enhanced referral to build relationships between primary and behavioral health providers; co-located models of delivery with a focus on behavioral health in primary care; and a fully integrated model using the Collaborative Care Model as the evidence-based approach. HMA conducted a comprehensive assessment of each site, gauging readiness and capacity for integrated care, and designed and delivered a multifaceted training and technical assistance approach. A total of 22 primary care and behavioral health practices engaged in training, technical assistance, and coaching. In the 12-month project, HMA presented and facilitated 13 group learning sessions, including:

- **Four learning collaboratives**, which were in-person and full-day events with a combination of technical skill development, networking, and relationship development among providers, as well as individualized coaching sessions
- **Seven webinars**, one-hour each in length and focused on specific elements of integrated care, financial options and sustainability, population health tools, and change management for practices implementing practice change
- **One regional knowledge-sharing event**, where practices spent a half-day in person sharing successes and barriers on expanding capacity for practices to support one another in change
- **A sustainability learning collaborative** with a full-day in-person event focused on sustaining the progress made, including developing processes for the practices to continue to engage and support one another, financial sustainability steps, and a report for the state on next steps
- **Practice coaching** with paired coaches of primary and behavioral health subject matter experts for each site, meeting with the practices twice per month through the entire project

Evaluation results of the training and technical assistance showed substantial progress among practices in practice and organizational leadership, practice team commitment, practice functions and level of integration, and screening and treatment of the whole person.

A central focus of the SIM project was change management at all levels, including state department changes, financial model adaption (which included the facilitation of a cross-payer integrated care payment group), and practice leadership and change management within each site to progress toward integrated care. HMA also used change management techniques throughout the process to support the overall SIM initiative and the practice transformation efforts specifically.

Strategic Planning for Los Angeles County(2005–present)

Los Angeles County

HMA has been engaged by Los Angeles County, both through its Office of the CEO and its DHS, since 2005 to assess and assist in the transformation of a variety of its organizational structures and clinical operations. Los Angeles County DHS is the second-largest public hospital system in the United States and includes three acute care hospital medical centers, a rehabilitation hospital, a large ambulatory care system, as well as contracted relationships with many ambulatory care facilities and hospitals. HMA assisted DHS initially in responding to crises through the implementation of strategic plans that helped transform DHS into a true

integrated delivery system, capable of success in a time of change and reform in health care. These efforts included:

- ordered maintenance of admission volume when moving to a new hospital with 20 percent fewer beds
- Providing additional options for community-based long-term care for patients discharged from DHS hospitals
- Reviewing health services provided to detainees at the Los Angeles County-operated jail and juvenile corrections system and recommending reorganization and redesign
- multispecialty ambulatory and diagnostic center
- managed care organization and its ability to meet the challenges of future health reform requirements and facilitating the negotiation of a new partnership with L.A. Care, a large managed care plan, to assume health plan functions
- Organizing a new ambulatory health network within DHS, designing its structure and leadership positions, writing job roles and scopes, educating and training staff, serving in interim medical and financial leadership positions, and supporting and mentoring newly recruited leaders
- Working to transform 144 primary care practices into patient-centered medical homes, including empaneling 240,000 patients, selecting a patient care registry, providing training and implementation, reorganizing staff into patient care teams, and designing and implementing a care management program
- Negotiating a new agreement between DHS and contracted community partners (FQHCs) that aligned their roles and activities with DHS goals
- Overseeing an assessment and recommending a redesign of DHS subspecialty services, including efforts to decompress specialty clinics in partnership with FQHCs
- Assisting with efforts to integrate DHS primary care services with mental health services of the Los Angeles Department of Mental Health and applying for a new California State Plan Amendment to gain enhanced federal matching funds

Facilitation of Medicaid 1115 Waiver Development(2011–present) Cook County Health (CCH)

Since 2011, HMA has been engaged by CCH to facilitate the development of a Cook County Medicaid 1115 waiver, to oversee its negotiation with CMS and coordination with the State of Illinois, and to lead and staff the transformational work at the delivery-system level to meet the requirements of the waiver.

The elements of the delivery system SOW include:

- The creation of an Office of Managed Care and the negotiation of a third-party administration agreement
- The development of a network of both FQHCs and hospitals to supplement the CCH services to meet the needs of the more than 100,000 patients covered under the waiver
- The facilitation of the development of an infrastructure (such as organizational structure, empanelment system, and patient care registry) and training program for CCH primary care provider teams to transform the health centers into a patient-centered medical home model of care

- Assistance with the decompression of CCH specialty clinics to assure appropriate utilization
- Development of a strategic plan for the placement of specialty care providers in the county, which included building a tool to ensure the deployment of specialists aligns with community need
- Working with CCH inpatient clinical and administrative leaders to assure appropriate transitions of care
- Providing CCH leadership with strategic assistance in setting priorities, monitoring progress, and anticipating opportunities for partnerships and collaboration

Additionally, in February 2015, CCH engaged HMA through a competitive procurement process to provide a strategic review of its existing behavioral health continuum of care, inclusive of a gap assessment and recommendations for strategic direction. HMA reviewed existing behavioral health services, including those provided at the Cook County Jail and through emergency services. Utilizing information from existing data, site visits, and stakeholder interviews, HMA prepared a gap analysis between existing and needed resources and identified additional service opportunities and potential resources to meet those needs. The assessment included the availability of providers and services outside of the CCH system. Included in this SOW was facilitating a steering committee as well as a presentation to the CCH Board of Directors.

Post-assessment, HMA supported the implementation of three phases of work: the improvement of existing behavioral health programming at CCH; behavioral health integration within CCH primary care clinics; and the development of a behavioral health consortium for CountyCare (the health plan for CCH), consisting of community behavioral health providers to better coordinate care for patients served by CCH. The implementation efforts required purposeful change management efforts and day-to-day project management to reduce silos between services lines within CCH, improve quality standards, and create communication infrastructure and communication expectations between department directors. In 2019, HMA supported the transition of behavioral health services within the Cook County Temporary Detention Center from a contractor to CCH.

Change Management and Regulation Review (2019–2020) Larimer County Behavioral Health Facility

Larimer County contracted with HMA to support the development of a new regional behavioral health facility funded through a sales tax increase approved by voters in 2018. The facility will combine multiple crisis services, withdrawal management, intensive outpatient services, and care coordination, as well as diversion services, into one shared location. HMA worked with the county to review applicable regulatory and licensure requirements, developed an RFP for selecting a vendor to deliver services within the facility, and facilitated discussions between the county and the vendor (a community behavioral health organization) to create detailed contracts for the planning and operations phases. The project required incorporating change management to navigate the partnership and contractual elements of the new relationship, setting clear expectations and roles and responsibilities between the county and the vendor, and managing the modifications to the work through unanticipated delays. HMA is also supporting the county in creating a financial model (e.g., reimbursement versus county funding), meeting regulatory and licensure requirements, and documenting, in detail, contractually required implementation steps.

Lessons Learned and Approach

HMA understands the research regarding ineffective implementation, with many organizations and efforts failing to achieve the desired outcomes because of a lack of attention to the

change process. HMA will work with DMHA to use the assessment data to develop recommendations regarding the implementation of federal CLAS standards and then develop a change management approach to support both the state and CMHC leadership in highlighted the importance of building a shared vision and a powerful guiding coalition that can inspire the

shared vision is critical to achieving an effort that brings cross-sector energy and a commitment to change.

We recognize the CMHC CLAS assessment is a significant commitment and investment in Indiana. As such, it requires a thoughtful process bringing together multiple, and sometimes differing, behavioral health stakeholder visions, priorities, regulatory considerations, funding, and administrative capacity.

Development of a Formal Change Management Plan

Most importantly, the approach to change management will be dependent on the outcomes of the assessment,

need for change management. HMA will partner to support the design of an approach that incorporates effective elements tailored to this change process (big or small) and can leverage many of our lessons learned, such as how to develop clear communication goals for

methods to maintain a focus on goal achievement rather than barriers, and developing clear benchmarks for change and success, with particular attention to early wins that build momentum.

Specific to this project, HMA will develop a formal change management plan for this SOW as well as for the Recommendations Report. HMA believes that a formal change management plan for the CMHC assessment is not only supportive to the success of the project, but also sets the foundation and tone of change management for implementing any recommendations that result from the project. HMA recognizes the potential for significant system change and the subsequent political implications; the sometimes career-long commitments to the existing structures; and the hard work to overcome technical and logistical barriers. Attending to all levels of the change process is essential to reaching a technical solution and building a commitment to addressing barriers, as well as building passion, momentum, and a long-term

HMA will work with the state team to outline the core elements of change management; clarify the roles of the state, the Indiana Council, and the HMA team; and develop work streams such as the communication plan. Additionally, HMA will partner with the state project manager to ensure frequent and fluid communication, adapt the change management plan as needed, and align all existing efforts in a shared direction.

Defining and Measuring Success

In addition to the project plan milestones, which are more associated with assessment activities and deliverables, this area of the change management plan addresses how to measure the adaptive change throughout the project. HMA will partner with the DMHA team to define early in the process what the measures of success are for the adaptive change process and add process measures for monitoring the anticipation associated with potential change. Examples of potential metrics to be developed with DMHA include:

- Evidence of both DMHA staff and CMHC engagement and active partnership in meeting milestones with the HMA team through the phases of work
- Routine communication and cadence of updates shared with external stakeholders

- Number of messages created and shared with external stakeholders
- Number of tools created and used (infographics, case studies, etc.)
- Number of frequently asked questions posted and accessed as well as the frequency of updates
- Number of communication surveys and results
- Number of stakeholder groups identified and meetings held
- Number of data tools completed and analyzed
- List of opportunities for CMHC transformation
- List of challenges for CMHC transformation
- Stakeholder participation through the communication avenues described below as well as formal stakeholder engagement
- Consistent and shared vision elements arising from these different stakeholder efforts

Readiness for change and specific measures of change management can also be ascertained more formally through the qualitative and quantitative assessment process.

Communications Plan

HMA will develop a communications plan that incorporates strategies to improve internal alignment, increase awareness, and foster engagement. The plan will adopt an audience-centric, culturally relevant approach with timelines and proposed messaging for various internal and external stakeholders while also delivering consistent messaging across all state departments and other stakeholders. Communication will occur through both informal and formal structures (stakeholder engagement described below).

We will use informal structures to share information, updates, and progress of the project throughout and allow stakeholders to engage, as desired, in tracking the project. HMA will partner with the state team in designing these approaches and ensuring they align with existing communication on the CMHC assessment. HMA proposes the following kinds of informal communication structures for DMHA consideration:

- and scope, including a public-facing dashboard to show progress, timelines, and contact information for questions
- A frequently asked questions document that is available on the website (updated monthly)
- Development/delivery of project presentations for DMHA provider meetings, Indiana Behavioral Health Commission meetings, Indiana Council quarterly meetings, or other events as requested

HMA will work closely with the state project manager on the prioritized communication outlets,

b. Describe any experience systematically identifying, analyzing, planning, and implementing actions designed to involve people affected by an organization's decisions other than your own. Please explain how you will leverage internal and external personnel engagement experience during this project.

The HMA team has extensive experience systematically identifying, analyzing, planning, and strongly believes that in any assessment process, it is critical to include people who are users or who are impacted by the changes that are sought. The insights and experience of those

affected including the staff of the CMHCs, community members, and/or clients or people with lived experience are required to create compelling, credible, and impactful recommendations. The goals of these assessment processes are to identify the needs, reflect the experiences from various vantage points, align those perspectives with CLAS standards, and identify action expertise and experience relevant to conducting systematic approaches that are inclusive and effective.

While at CMS, Dr. Shea led the systematic analysis of CMS levers to promote health equity to develop the CMS Equity Plan for Medicare. This included analyzing regulations, rules, payments, benefits, incentive programs, and demonstrations. She then worked with CMS operating divisions to plan and implement actions to use these levers, including developing a proposed new G code payment to increase office visit time with persons with disabilities and adding Health Equity Impact Statement requirements for CMS demonstration projects still being used today.

Through a contract with NeighborWorks America, HMA assessed housing and community development organization practices related to training and providing peer health workers in community-based settings. The NeighborWorks America network of organizations spans the United States. Through surveys and focus groups, HMA identified three different community health worker models and how these models could be supported and expanded by NeighborWorks America to leverage health partnerships to increase their community impact. This provided the foundation for a subsequent HMA contract to develop a community health

coach a NeighborWorks network learning collaborative to put into place building blocks to establish and sustain community health programs tailored to local circumstances.

Several members of the proposed team have held executive positions at federal and state agencies serving marginalized populations and those most impacted by health and economic disparities. Ms. Carreras served as a special advisor to the Pennsylvania Department of Human Services, where she routinely was charged with leading statewide projects, for example:

- In partnership with Pennsylvania stakeholders, she helped develop the guidelines to distribute and set the regional priorities for the allocation of federal funding to address housing and case management needs for individuals with opioid use disorder. She developed a meticulous and fair formula to make sure that dollars were allocated to the neediest counties, creating a balance between rural and urban populations. The guidelines included requirements to ensure grantees adhered to best practices and deterred the use of treatment approaches that could further affect those battling addiction.
- Organized stakeholders from the health care, government, social services, consumer, and legislative sectors to develop a statewide strategy to address social determinants of health. While implementing these strategies, it was clear that nonprofit organizations needed additional funding to serve those in need. She helped create a funding infrastructure through value-based purchasing that allowed nonprofits to receive compensation for services rendered within social determinants of health domains carefully selected based on community needs validated through extensive research, data, and community needs assessments. She met with all Department of Human Services consumer advisory groups to vet the plan and not only listen but utilize their feedback to shape ongoing and future work.

- Carefully studied and analyzed proposed legislation and policies that would have a significant impact on the lives of Pennsylvanians (e.g., legislation to impose work requirements for individuals on public assistance). She would make recommendations to the secretary on Department of Human Services and implications to families and individuals in poverty.
- Routinely attended consumer advisory committee meetings and stakeholder listening sessions to guarantee that the voices of Pennsylvanians from all backgrounds and geographies were considered when making executive decisions that would impact programs that are critical to the well-being of families and individuals in the state.
- Made recommendations for new programs to address families facing a benefits cliff in order to support them through the transition from dependence on public benefits to financial stability. These recommendations influenced the development of partnerships with funders and community groups to address workforce opportunities and support single parents who wanted to earn a college degree.

Stakeholder Engagement Experience

Stakeholder engagement is a critical component of most HMA projects. Our extensive experience with stakeholder engagement has led us to the core belief that their involvement is foundational to effective and sustainable system assessments and changes. Successful assessments must reflect the needs and values of relevant stakeholders, and stakeholder engagement should be done in a way that stimulates feelings of ownership and commitment, making stakeholders a part of the deliverables and reflected in recommendations.

Provider systems need to be grounded in human-centered design and the genuine participation of stakeholders that allows feedback to not merely be a process, but rather become a meaningful foundation for policy and clinical transformation. This means fundamental shifts in the prioritization of learning from people about what is needed and what is desired, not simply where gaps exist in the current system. This broader exploration can uncover principles to build into changes, cultural elements of policy that need to be reshaped to reduce disparities, and new ways of thinking about what Hoosiers want in their behavioral health services.

It is important to acknowledge and address the complexities inherent in all stakeholder engagements, particularly those with a large number of stakeholders. HMA understands the complexities involved in addressing unique perspectives and competing priorities. Our experience and comfort with stakeholder engagement equips us to address these complexities in a way that advances the initiative and fosters partnerships and buy-in. Included below are some examples of projects with extensive stakeholder engagement, utilizing multiple modalities and a diversity of stakeholder types.

Project Samples

Community Conversations to Inform Youth Suicide Prevention: A Study of Colorado Youth Suicide, Colorado (2018–2019) **Colorado Office of the Attorney General**

The Colorado Office of the Attorney General, Office of Community Engagement contracted with HMA to study four counties in the state (El Paso, Pueblo, Mesa, and La Plata), which had experienced recent suicide clusters among middle and high school-aged youth and had historically high rates of suicide across every age group. Findings from these four counties were used to inform youth suicide prevention strategies for the state. HMA designed a multipronged approach to the study with the goal of learning about opportunities and

approaches to youth suicide prevention in each of the four counties and across Colorado. Central to the study was the concept of community conversations. The project team conducted 42 key stakeholder interviews with representatives from public health, behavioral health, schools, and youth-serving organizations. The team also facilitated 34 focus groups with adults and youth from various communities and sectors. For comparison, focus groups were conducted with school staff and parents in Douglas and Larimer Counties, where the youth suicide rates were lower and/or there had not been recent suicide clusters.

HMA conducted secondary analysis on data for fatal and nonfatal suicidal behavior, including death certificate and hospitalization data, the Colorado Violent Death Reporting System, the Colorado Child Fatality Prevention System, and the Healthy Kids Colorado Survey. HMA also reviewed information on current suicide prevention activities and resources in the four counties and across Colorado, reviewed traditional and social media coverage related to suicide in the four counties and across the state, and reviewed publicly available information on school policies and procedures related to suicide intervention, prevention, and response in the aftermath of a student suicide or suicide attempt.

SIM All-Work Group Convening, Colorado (2018)
Colorado Department of Health Care Policy and Financing

HMA planned and facilitated the SIM All-Work Group Convening, which included key SIM stakeholders, including the SIM Steering Committee, the seven SIM work groups, the SIM Advisory Board, and vendors supporting the SIM initiative. The purpose was to re-engage and re-energize SIM stakeholders and ground them in the goals and intended outcomes of the SIM initiative, as well as its successes and progress to date. The discussions took place in two separate small-group formats. The first involved mixed groups of stakeholders, while the other involved members from each of the seven SIM work groups. HMA consolidated ideas, recommendations, and action items into key activities for SIM work groups to undertake to achieve the goals of the SIM initiative, as well as long-term goals for practice transformation and population health that go beyond SIM funding.

Title V Maternal and Child Health (MCH) Statewide Needs Assessment (2019–2020)
Nevada Department of Health and Human Services, Division of Public and Behavioral Health

Every five years, the Title V MCH of the Division of Public and Behavioral Health assesses the health and well-being of women of childbearing age, infants, children, adolescents, and children and youth with special health care needs across the state. Additionally, the assessment is a review of the strengths and weaknesses of the systems in place, either facilitating or presenting barriers to the health and wellness of these population groups. The assessment provides the information necessary to set MCH priorities for the next five years. The Division of Public and Behavioral Health contracted with HMA to conduct the statewide needs assessment of MCH in Nevada for 2020. HMA implemented a mixed-method research design to inform the needs assessment, including multiple strategies to gather public input from across the state. First, HMA worked with MCH and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program staff to identify and interview key stakeholders working in MCH and MIECHV-funded programs or working with MCH population groups. Key stakeholders identified additional stakeholders for interviews or focus groups through the interview process, which allowed HMA to access a larger and diverse number of stakeholders for information gathering. Second, HMA hosted an online community survey dispersed via MCH and MIECHV partner organizations and social media channels. Third, a series of focus groups were conducted across the state. Lastly, HMA conducted secondary analysis on publicly available population health and surveillance data.

Rural Health Work Group Stakeholder Engagement (2016)

State of Maryland

HMA facilitated a series of meetings of a new Rural Health Work Group established by the Maryland legislature in 2016. This work group engaged in research on the unmet health needs in a five-county region in the mid-shore section of the state. A preliminary set of problems included unmet transportation needs, shortages of physicians and other health and social professionals, a misallocation of resources, the need for primary care transformation, and racial and ethnic disparities. HMA supported the group in moving forward with facilitation and stakeholder engagement, ultimately building consensus around recommendations to address priority issues.

Lessons Learned and Approach

HMA has experience in both participatory research and human-centered design thinking and can leverage that experience with a robust stakeholder process to bring individuals, family members, and advocates into the decision-making process. Ensuring broad stakeholder engagement that reflects a full range of individuals and organizations is critical to best reflecting the realities, needs, and values of the people and organizations impacted by or invested in this initiative. To create a successful and collaborative process that fosters meaningful dialogue and results in stakeholder support, there must be a two-way sharing of information, follow-through, and accountability. In our projects requiring stakeholder engagement, we use a set of guiding principles:

- Active involvement stimulates ownership, and ownership fosters commitment. A successful stakeholder engagement process will fully engage stakeholders early in the process and help them see the value of the initiative and their role in the larger context. Engagement includes initial communication about the effort and continuous communication as the project progresses using multiple modes or means of engagement, such as meetings, teleconferencing, surveys, and focus groups.
- The stakeholder engagement process should include a broad range of stakeholders that represent diverse perspectives and include not only those who support the initiative, but those who do not. It is important to recognize the differing roles and contributions of stakeholder groups and individuals. Stakeholders who have an interest, expertise, resources, or influence to be champions of change should be considered with particular interest. Extra effort may be required to engage disenfranchised stakeholders who are not usually included in such efforts. HMA has worked with clients to think broadly about who is impacted by client activities and develop strategies to engage these individuals in ways that are culturally appropriate.
- Engagement must be meaningful and include diligent follow-through, follow-up, and feedback to engender trust and ongoing interest. Rather than being a one-way conveyance of information to stakeholders, stakeholder engagement should

factored into decisions. This requires delivering adequate and timely information so that stakeholders can be fully informed and provide helpful input into the assessment process. Stakeholders want to know that their input was heard, considered, and had an influence on the decisions made. This requires that the state follow-through with any promised actions, follow-up with information, and explain how stakeholder input did or did not affect certain decisions and why.

- Trust is fundamental to the stakeholder engagement process. Building trust requires diligent planning and preparation. To build on this trust, we will ensure there is open, transparent communication among all parties and a willingness to different stakeholders, sharing information across all parties, and ensuring that people feel heard.

Proposed Stakeholder Engagement Activities

HMA understands that to successfully complete a CMHC CLAS assessment and develop a useful set of recommendations for the state, the process and outcome must reflect the needs and values of relevant participants. Broad stakeholder engagement that reflects the full range of individuals and organizations that intersect with the CMHC system is critical in identifying the realities, needs, and values of the CMHCs themselves, as well as the people and

collaborative process that fosters meaningful dialogue and a commitment to decisions, HMA will utilize facilitation techniques that support information sharing, follow-through, and accountability. Using a systematic stakeholder engagement process, HMA will identify stakeholders to participate in surveys, focus groups, and interviews, incorporating stakeholder engagement within the work plan in partnership with the state.

Key Indiana Stakeholder Representation

HMA proposes to engage a variety of stakeholders on this project to ensure various perspectives are heard throughout the assessment process. HMA will work with the state to develop this list of key stakeholders at the local and state levels for key surveys, informant interviews, and focus groups. As part of identifying the key stakeholders in each target community, we will be mindful and deliberate to ensure the representation of all voices at the table, including those who are or may have been historically underrepresented. Our experience in statewide behavioral health assessment projects and our understanding of the Indiana landscape indicates the following stakeholder groups would be engaged in the CMHC assessment, either by survey or interview, as outlined in the final project plan reviewed by the Indiana Council and approved by the state:

- **Individuals with Lived Experience:** At the center of the assessment and subsequent recommendations are individuals with lived experience, their family members, and caregivers. The CMHC CLAS assessment must be grounded in meeting the needs of this stakeholder group and ensuring a system that is effective, efficient, and accountable for meeting their behavioral health needs, regardless of geography, race or ethnicity, gender identity, disability status, or sexuality. HMA proposes to partner with peer-run organizations, such as independent clubhouses, and advocacy organizations to ensure participation that is reflective of the diverse populations receiving services from the CMHCs.
- **State Agencies:** Multiple state agencies and divisions are also key stakeholders and will play a significant role in the CMHC assessment. HMA understands the CMHC intersection points with programs (preadmission screening and resident review, recovery works, vocational rehabilitation, etc.), populations (child welfare, justice-involved, etc.), and financing (the provision of federal matching funds), and the complexities these create within the CMHC system design. Therefore, HMA proposes, at minimum, the inclusion of the Family and Social Services Administration Divisions of Aging, Disability and Rehabilitation Services, Disability Determination Bureau, Early Childhood and Out-of-School Learning, Office of Medicaid Policy and Planning, Family Resources, and Indiana 211, as well as the

Indiana Departments of Child Services, Health, Corrections, and the Indiana Executive Director for Drug Prevention, Treatment, and Enforcement as engaged stakeholders within the assessment.

- **CMHC Leadership:** Throughout the assessment and the implementation process, the CMHC leadership and staff will be meaningfully engaged by the HMA team. To effectively complete the assessment, participation from the CHMHC leadership and staff is critical, and we will be sure to have a transparent process by providing information regarding the timeline of the project, the steps that will be part of the process, and the specific role of CMHC leadership and staff. In addition to sharing the information at the start of the project, HMA will provide regular updates regarding the process and the timeline throughout the process, as well as provide contacts from the HMA team that can be engaged throughout the assessment and the implementation to help navigate questions, feedback, or barriers that might occur.
- **CMHC Staff:** A critical component of the assessment, particularly as it relates to the CMHC internal cultural branch, is understanding the experiences of CMHC staff. In addition to analyzing staffing and administrative policies, procedures, and practices, we will engage CMHC staff using a combination of interviews, focus groups, and surveys to identify any systemic gaps and opportunities in meeting the CLAS governance, leadership, and workforce standards.

Incorporation of Feedback

Stakeholder feedback will be incorporated to create actionable change in a number of ways.

- Feedback from individuals with lived experience can support the identification of root causes and concerns and bring the qualitative picture to the quantitative data. The feedback can provide important themes for change, highlight areas for further exploration, and support solutions.
- Early recommendations and ideas can also be shared with stakeholders to receive input and to test whether draft recommendations align with needs and validate the experience of those who will be receiving services. It is best when the solutions come straight from the individuals and families who will use the service. However, ideas that are generated by others can also be tested and validated prior to being put forward as firm recommendations.
- The feedback can also be used to support the state in planning for implementation and how to continue to engage individuals with lived experience and family members in the policy design, implementation, and ultimate oversight of changes. These longer-term engagements mean that the voices of people are not a one-time event but an ongoing process that informs the hundreds of decisions that go into clinical and operational change within a provider system. Considerations on councils or committees that support the actual implementation can be part of the ultimate planning.
- Public transparency and reporting are also methods to ensure that feedback is received and there is some feedback loop back to the people being served by services to improve accountability and provide a method for monitoring the changes and the degree to which ideas are moved forward.

c. Describe any experience conducting diversity, equity, and inclusion (DEI) focused assessments of organizations or integrating DEI principles and best practices into an organization's human resources practices or equivalent practices or policies. Please describe how you will leverage your DEI experience during this project.

As mentioned above, HMA is committed to addressing structural inequities as a critical pillar of organizational transformation and as a result, we center DEI in every aspect of our work, from project design to completion. HMA has adopted the definition articulated by Race Forward (<https://www.raceforward.org/about/what-is-racial-equity-key-ensures-that-outcomes-in-the-conditions-of-well-being-are-improved-for-marginalized-groups>),

Our proposed team has direct experience working in organizations and in partnership with communities to address disparities, including conducting DEI-focused assessments and integrating DEI principles and best practices into organizational policies, practices, and systems. Members of our team bring a wealth of DEI experience to this project, having worked with disinvested communities and building expertise in addressing disparities and inequities in the public sector.

Our expertise also includes assisting several health plans and managed care organizations assess their practices and policies to protect and better serve LGBTQ+ patients, members, and staff. We have trained hundreds of providers on best practices related to SOGIE (sexual orientation, gender identity, and expression) data collection and creating policies and procedures that are welcoming and inclusive of all patients.

The following are only a few examples of projects similar in scope and content:

Pennsylvania: Before joining HMA, one of our team members served as special advisor to the secretary of the Pennsylvania Department of Human Services, where she helped lead the initiative and the agencywide DEI strategy. Her work included working with human resources and the executive team to conduct an assessment of the

workforce, which included more than 16,000 employees. This initiative started with internal fact-gathering, including client demographics, staff demographics by office and position, an assessment of policies and human resources practices for recruitment and retention, salaries across similar positions, resume reviews and determinations of who is interviewed, initial offers, salary increases and promotions, grievances, and opportunities for mentorship. This was followed by confidential staff surveys, staff communications, focus groups, the creation of an agencywide DEI work group, the release of a report and DEI strategy based on best practices, and the establishment of specific goals, timelines, and a top-down mechanism for accountability.

Massachusetts: HMA is currently engaged in several projects with the EOHHS to advance organizational DEI, improve equitable service delivery and client outcomes for individuals living with disabilities, increase access to critical MassHealth services and programs, and support independent living goals. In 2021, HMA also developed and delivered a statewide DEI training for all FQHC human resources directors and staff, sharing strategies to assess policies, procedures, hiring practices, retention strategies, contracting, board members, volunteers,

and grievance procedures. We created a DEI tool kit to guide and evaluate short- and long-term DEI initiatives within the FQHCs.

DEI/Racial Equity-Focused Learning Series: HMA provided DEI/racial equity consultation culture shift toward a more diverse, inclusive, and equitable organization. Our team prepared needs and developed and facilitated a series of interactive learning workshops that engaged participants in sensitive and reflective conversations.

Additional HMA project examples are listed below:

Plummer Youth Promise (2021–present)

HMA is providing equity consultation and technical assistance to Massachusetts-based foster care provider, Plummer Youth Promise. In 2021, HMA facilitated racial equity workshops for hip, board of trustees, and a newly established Racial Equity Steering Committee. HMA also conducted an organizational equity assessment, developed recommendations, and is currently providing implementation support for equity priorities. On an ad hoc basis, HMA advises the executive director, leadership team, and the board of directors on ways to integrate equity into organizational activities and strategic planning.

The City of Austin Equity Office (2020–2021)

The City of Austin Equity Office contracted with HMA to conduct an equity-based LGBTQ+ Quality-of-Life Study. During the 15-month project, HMA worked with dozens of community-based organizations, city and county officials, community leaders, and a research advisory board to identify structural and systemic barriers to equity. Activities included key stakeholder interviews, focus groups, and the deployment of a 156-question survey that received 2,149

Mecklenburg County Youth and Family Services (2017–2019)

The work included reviewing agency data (disaggregated by race and ethnicity); facilitating racial equity discussions; engaging internal and external stakeholders, including community-based organizations, parent advocates, child advocates, and community leaders; co-designing a racial equity work plan; and integrating racial equity impact analysis into the

The Buckeye Ranch (2020)

HMA facilitated racial equity workshops to supervisory and leadership staff at a large, community-based organization that provides emotional, behavioral, and mental health services for children and families in Ohio. Approximately 100 organizational leaders participated in the training with overwhelmingly positive reviews from training evaluations. Training objectives included the following:

- Establish a foundational understanding of equity terms and concepts
- Understand the construct of race and the history of oppression, with added emphasis on child welfare history

For this assessment, we will leverage our expertise in conducting equity assessments and prioritizing impacted community voice for each of the CMHCs building an understanding of internal and external policies, practices, outcomes, and experiences. We will leverage existing protocols, survey instruments, and data collection tools customized to the Indiana CMHC context to conduct the assessment in a manner that is efficient, cost-effective, and reflective of DEI best practices.

d. Highlight any subject matter expertise you have, especially in DEI principles and best practices, equitable delivery of care, mental health, Evidence-Based Practices, office management, workforce development, outcomes-driven and data-informed approaches, research methodologies, and/or Community Mental Health Center (CMHC) systems. Please describe how you will apply all your expertise to this project.

DEI principles and best practices, equitable delivery of care, behavioral health, evidence-based practices, community-based behavioral health services, and agencywide operations, including office management, workforce development, outcomes-driven and data-informed approaches, research methodologies, and CMHC systems. Beyond these foundational areas of subject matter expertise, all substantiated in our resumes and project examples, the team has an expansive history of applying these areas of expertise in such deeply varied contexts that our ability to apply knowledge could be effective in any corner of the field.

Within the field of community-based mental health organizations, HMA Community Strategies has a core specialty of supporting strategic planning, program evaluation and program redesign, leadership development and support, mergers and acquisitions, community-based participatory research, rigorous data and statistical analysis expertise, and leadership development. Across all such material, expertise on the CLAS standards, their role, and best practices are in

test the efficacy of community-defined models of care in behavioral health to reduce disparities (the California Reducing Disparities Project), the team led four out of 34 communities statewide through a program design and evaluation, resulting in final reports that formed the basis of evidence for the effectiveness of the behavioral health prevention and early intervention services in the affected communities. This is one of a dozen examples that demonstrate the application of all our areas of subject matter expertise, including workforce development through the training of clinical interns in transgender behavioral health best practices internships.

A deeper dive project that is centered on workforce development strongly represents our expertise in this area. HMA Community Strategies worked with leaders of the four largest health systems in the State of Oregon (Kaiser Permanente, Legacy Health, Oregon Health & Science University, a

goals: improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care. The client was focused on enhancing the delivery of culturally competent care, which advances health equity, improves patient care quality, and helps eliminate health care disparities. Through direct collaboration with the health systems, our team developed a statewide dashboard of

the diversity of the workforce across the participating health care organizations, supported their creation of a workforce development program that increases the diversity of the

workforce across their organizations, developed a training program that increases the reliability of data collected, developed a learning module for educating health care workforce members about their roles in providing culturally responsive care and eliminating health care disparities, and utilized an equity and empowerment tool and processes to ensure that input from the community and workforce were included in the evaluation of current policies, practices, and training tools.

In the equitable delivery of care, we have experience stratifying data sets on claims data or through provider data on care delivery and outcomes to analyze for disparities. Such analysis provides HMA experts a roadmap to identify where delivery practices may result in uneven access and quality issues and can be used as a guide to improve equity in delivery practices.

The proposed team and its collective project and organizational experience include the application of such subject matter expertise across a range of equity, social, and quality-of-life issues, including: LGBTQ+; HIV and harm reduction; aging and respite care; behavioral health, including suicide prevention; substance use disorder; education; economic security; employment; healthy housing and homelessness; immigrant health; nutrition and food insecurity; probation, incarceration, and juvenile justice; reproductive health; trauma-informed solutions; and violence prevention.

Our team members are listed below with their specific areas of expertise identified with project experience highlights listed below. The leadership team of our project, Ms. Tolliver (project director), Ms. Reyes-Nash (project manager) and Dr. Shea (federal CLAS director), will engage the expertise on the team in relevant project areas throughout the project. While implementing the project, if certain aspects require additional expertise, the leadership team will identify HMA experts to engage as needed.

Leticia Reyes-Nash, MBA, Principal

Expertise:

- DEI principles and best practices
- Equitable delivery of care
- Mental health
- Evidence-based practices
- Office management
- Workforce development
- Outcomes-driven and data-informed approaches
- CMHC systems

Project Experience:

- Served as the project manager for the Institute for Health Improvement Pursuing Equity Project at Cook County Health, implementing an equity assessment, developing an implementation plan, and facilitating communication with the board and system leadership to facilitate action.
- Conducted racial and health equity impact assessments for five clients that included a group of 12 community behavioral health providers, two safety-net

served as the foundation for the development of applications for funding for the
- Secured philanthropic funding to support the development of a workforce development program at CCH, which created a system within the human resources department to support a summer internship program and a pipeline program for people living in the most disparately impacted communities in Chicago.

Lisa Braude, PhD, Principal

Expertise:

- DEI principles and best practices
- Equitable delivery of care
- Mental health
- Evidence-based practices
- Workforce development
- Outcomes-driven and data-informed approaches
- Research methodologies
- CMHC systems

Project Experience:

- Served as project director for the Massachusetts EOHHS Behavioral Health on listening sessions and feedback from nearly 700 individuals, families, providers, and other stakeholders who identified the need for expanded access to treatment, more effective treatment, and improved health equity.
- Served as principal investigator for the Massachusetts Department of Public Health's Gun Violence Prevention, Intervention, Treatment, and Recovery Services program, a multiyear pilot focused on individual- and community-level interventions for 17-24-year-olds who live in communities that are most affected by gun violence. Serving primarily African American and Latinx youth, the program applies eight core principles centered on racial equity and trauma-informed care to guide grantees to provide comprehensive services to youth and to address the root causes of gun violence in their communities.
- Advises the Vermont Agency of Human Services leadership and appropriate stakeholders to develop a new behavioral health benefit and subsequent funding for qualifying community-based mobile crisis intervention services. This project is advancing prior planning to achieve a statewide unified, equitable, mobile crisis response system of care that is community-based and meets the needs of individuals in the mental health, substance use, developmental disability, **transitional-aged youth systems, and older adult systems of care.**

Michelle Ford, MBA, Principal

Expertise:

- DEI principles and best practices
- Equitable delivery of care
- Mental health
- Evidence-based practices
- Workforce development
- Outcomes-driven and data-informed approaches
- Research methodologies
- CMHC systems

Project Experience:

- Orange County Board of Supervisors Conditions of Children's Community Forums addressing the state of mental health and well-being for children and providers.
- Procurement W
Certified Community Behavioral Health Clinic Expansion Grant to increase access

to certified community behavioral health clinic services in Essex County and serve expanded populations with serious mental illness, substance use disorders, and co-occurring disorders; children and adolescents with serious emotional disturbances; and veterans. Northwest Essex focused its efforts on expanding its services by using evidence-based practices to address key areas of need within Essex County.

- Led the Community-Based Organization Peer Exchange Collaborative, which helped organizations strengthen their community partnerships, share best practices, build their capacity, and strengthen their value proposition in addressing the social determinants of health, building organizational capacity to contract with the health industry, best practices, and necessary systems and respective policy change.

Maddy Shea, PhD, Principal

Expertise:

- DEI principles and best practices
- Equitable delivery of care
- Mental health
- Evidence-based practices
- Workforce development
- Outcomes-driven and data-informed approaches
- Research methodologies

Project Experience:

- Guided the Maryland Department of Health, Cancer, and Chronic Disease Bureau in conducting assessments and strategic planning to close the gap in cancer and chronic disease disparities. Identified outcome-driven approaches and strategies to re-energize its workforce post-COVID to contribute to leading and supporting the
- Leading a team that is assisting Eagleville Hospital in strategic planning to re-organize and focus the workforce on the equitable delivery of mental health and substance use disorder treatment services post-COVID.
- Leading a community-based participatory research project in Frederick County, Maryland to understand the root causes of maternal and infant mortality among African Americans in the county to develop a plan to close threefold differences in birth outcomes between White and Black women.

Doris Tolliver, JD, MA, Principal

Expertise:

- DEI principles and best practices
- Equitable delivery of care
- Workforce development
- Outcomes-driven and data-informed approaches

Project Experience:

- Choices Coordinated Care Solutions Conducted an organizational equity assessment, developed recommendations, and presented findings and -staff.
- Buckeye Ranch Designed and facilitated equity workshops for approximately 100 organizational leaders.

- Manet Community Health Center Conducted an organizational equity assessment, facilitated equity workshops for leadership and the board, and provided technical assistance to implement equitable policy and practice changes.

Nora Carreras, MPA, Senior Consultant

Expertise:

- DEI principles and best practices
- Equitable delivery of care
- Evidence-based practices
- Outcomes-driven and data-informed approaches
- Research methodologies

Project Experience:

- Massachusetts League (FQHC Association for Massachusetts) Provided consulting services and training to assist human resources managers statewide in developing long- and short-term DEI strategies based on best practices and evidence-based approaches.
- Simply Healthcare/Anthem Health Plan Conducted an analysis of the health individuals who identify as LGBTQ+. Made policy and procedure recommendations based on best practices that fostered more equitable care for LGBTQ+ members.
- Results Oriented Management and Accountability (ROMA) Training Ms. Carreras, as a ROMA-certified trainer, has trained hundreds of nonprofit executive staff on developing sound, realistic, and actionable goals, as well as projected outcomes; implementing activities; and measuring results.

Deborah Rose, PsyD, Senior Consultant

Expertise:

- DEI principles and best practices
- Equitable delivery of care
- Behavioral health and substance abuse
- Certified community behavioral health clinic funding and systems
- Evidence-based practices
- Office management
- Workforce development
- Outcomes-driven and data-informed approaches
- CMHC systems

Project Experience:

- Served as a nonprofit agency lead on New York State's only Behavioral Health Value-Based Payment Pilot Program; achieved \$1.3 million in savings in Medicaid costs in 2018.
- Authored a grant and implemented a service to provide primary care, behavioral health, and social determinants of health support for the East New York Community.
- Provide executive leadership and strategic direction for the coordination of health home care and implementation of home and community-based services across New York City.

Nicole Lehman, MSW, Senior Consultant

Expertise:

- Behavioral health subject matter expert
- Organizational operations and implementations
- Mental health and substance use disorder
- Cultural competency best practice implementation
- Workforce education and training

Project Experience:

- Created, edited, and implemented cultural competency training for the largest Medicaid managed health care organization.
- Served as a primary contributor for the federal Mental Health Parity and Equity Act filing and subsequent audits over several years.
- Created and implemented policies and procedures to better serve the underserved populations of Los Angeles County, including those with Severe Persistent Mental Illness (SPMI), substance use disorder, and intellectual and developmental disabilities. This included special attention to the BIPOC and LGBTQ+ populations.

e. Describe any notable accomplishments for your company that you feel would be relevant to this proposal.

We consider our accomplishments to be in service of

Many examples of how we have successfully applied our unique combination of backgrounds and expertise to help important and committed client organizations across the country have been offered throughout this proposal. However, in order to identify distinguishing characteristics that we would point to as our accomplishments relevant to this proposal, we look inward to see how our organization models the ideals for which the spirit and intent of this proposal strives.

In its own history, HMA has grappled with its own identity and how it should transform to reflect the values to which we are committed. True commitment to DEI and the shift to a sustainable culture of inclusion must start at the top of the organization and include an honest assessment of every aspect of the organization: leadership, human resources practices, policies and procedures, organizational culture, and partners and volunteers, among others. To that end, HMA is proud of its own work, including, but not limited to:

- **HMA's Commitment.** We are committed to fostering, cultivating, and preserving a culture of DEI. We practice this commitment in our personal and professional lives. The collective sum of the individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities, and talent that our colleagues invest in their work, and HMA as a company, represents a significant
- **HMA DEI Advisory Council.** DEI is a critical pillar of our own organizational transformation. In 2020, we established a DEI Advisory Council to proactively advance DEI initiatives and to attract, support, and retain a diverse workforce that is valued, respected, engaged, and included. We are remaining accountable and taking a clear stand on our views on racial justice and equity.
- **Our Consultants.** We are intentional while hiring colleagues with decades of professional and lived experience in equity and justice work, as well as DEI work at the community level. These colleagues also bring a wealth of expertise around health equity and the social determinants of health.

- **Equity in the Center.** HMA has an established Equity in the Center group, composed of colleagues trained, experienced, and ready to support our clients in all aspects of DEI. We recognize the importance of creating inclusive work and service environments that allow our team to do their best work for our clients, the populations that our clients serve, and the firm.
- **Community Engagement.** HMA formed HMA Community Strategies in 2014 to work directly with communities to address social needs. The team has led hundreds of community engagement activities, including key stakeholder interviews, focus groups, volunteer trainings, planning, and town halls.

f. Describe any lessons learned from any sanctions, corrective actions, or formal complaints (if any) that you have been subject to (including for assessment services), both in Indiana or other states.

HMA has not had any sanctions, corrective action or formal complaints regarding our work or

We pride ourselves on constantly improving our processes, procedures and policies to meet the needs of our clients and be a leader in the industry.

SOW Section 6 – Branches of the Assessment

- a. Confirm your understanding of the two branches of the assessment and their prioritization, as described in Section 6 of the Scope of Work (internal culture of CMHCs and delivery of services).
- b. Describe how you would recommend sequencing the two interrelated branches of the assessment such that the assessment of and recommendations for the first branch (internal culture of CMHCs) is the foundation for the second branch (delivery of services).

a. Confirm your understanding of the two branches of the assessment and their prioritization, as described in Section 6 of the Scope of Work (internal culture of CMHCs and delivery of services).

Our team of consultants approaches our work by centering equity and inclusion in every

assessment, we will ensure that the following equity principles are reflected in how we work with our Indiana clients:

- We center the consumer and prioritize inclusion in decision-making.
- We believe an equity approach should be applied to everything we do because undoing the impacts of oppression and bias requires intentional, deliberate, and persistent action based on a thorough understanding of the specific problem at hand.
- We believe achieving equity requires shifting power and resources, both in financial terms and through formal decision-making.
- We believe equity work requires focusing on multiple levels within organizations, systems, and structures. Change must happen across policies, programs, resources, and relationships.
- We believe in authentic collaboration and co-creation, and that our work is best achieved when we partner with our clients and their stakeholders, who know best what solutions will have the greatest impact.
- We believe change, while difficult, is essential to building a better world for all people.

These principles will also guide our approach to both branches of the equity assessment – the internal culture of the CMHCs as well as the service delivery assessment. Our assessment of both branches will include the following core areas: Climate of Equity, Degree of Cultural Humility, and Organizational/Workforce Practices (including hiring and staffing practices).

Climate of Equity: The extent to which each CMHC and the CMHC system include representation from historically underrepresented or marginalized groups within and served by the CMHCs, as well as the level of comfort and belonging CMHC staff and service recipients feel in bringing their authentic selves to the CMHCs.

Degree of Cultural Humility: The degree of cultural humility across the CMHC system, including among executive leadership.

Organizational/Workforce Practices: Efforts to recruit and retain diverse staff, diversity-focused professional development practices, and the representation of all staff and staff in leadership roles, including, but not limited to, the rural population, people with disabilities, underserved racial and ethnic minority populations, LGBTQ+ populations, and other underserved groups.

Equitable service delivery and outcomes cannot be achieved if the organizations and systems delivering those services are not diverse, inclusive, and equitable. Therefore, building an equitable delivery system that produces equitable outcomes must include elements of organizational culture change and policy, programming, and process change. The two branches described in this proposal will assess both components and support a comprehensive approach to ensuring an equitable behavioral health system for all Hoosiers.

Internal Culture of CMHCs

HMA understands that for the CMHCs to effectively address systemic issues faced by service recipients, reduce disparities in mental health services and outcomes, and increase the quality of care provided, it is critical to understand the current equity climate of CMHCs and the state mental health system, including efforts to recruit and sustain a diverse workforce, implement proper support and cultural responsiveness within these environments, and ensure service delivery is effective for the populations being served. Our skilled team of equity and behavioral health experts will work collaboratively with the DMHA and the Indiana Council to conduct a comprehensive equity assessment of the internal culture and systems of each CMHC.

Key elements of the internal culture-focused assessment will include the following:

- **DEI Vision** The extent to which the CMHC has integrated DEI into their organizational mission and vision statements and strategic priorities.
- **Organizational Commitment** The extent to which DEI is institutionalized and prioritized at all levels of the organization.
- **Diversity** The extent to which the CMHC has policies and strategies for strengthening and maintaining organizational diversity at all levels and ensuring staff, leadership, and the board represent the diversity of the community served.
- **Data** The extent to which the CMHC routinely collects, disaggregates, and analyzes demographic data for all programmatic and operational work and uses the information in planning and decision-making.
- **Leadership** The extent to which the CMHC is a DEI leader and is helping to build the field and best practices.
- **Employee Policies and Procedures** The extent to which the CMHC has developed DEI policies and an organizational DEI plan with clear goals, strategies, and progress indicators.
- **Decision-Making Framework** The extent to which the CMHC actively uses DEI considerations to systematically guide decisions regarding organizational policies, practices, and resource allocation.
- **Accountability** The extent to which the CMHC uses DEI-related metrics in evaluation and accountability mechanisms for projects, programs, management, staff, and board.
- **Training** The extent to which the CMHC has implemented ongoing DEI training and workforce development for all levels of the organization.
- **Inclusion Practices** The extent to which staff at all levels feel valued and that the CMHC culture reflects the voice, contributions, and interests of a multi-cultural, multi-identity organization.

HMA proposes using a mixed-methods approach to the assessment, including:

- **Document Review:** Review existing organizational artifacts, including the strategic plan, employee handbook, job descriptions, CMHC website, and board bylaws
- **Data Analysis:** Analyze disaggregated data, including staff demographics by role and program, and staff turnover and retention

- **Staff surveys:** Administer an organization equity assessment survey to commitment, communication, and competencies
- **Focus Groups and Stakeholder Interviews:** Conduct facilitated discussions with staff and leadership to understand CMHC equity vision, buy-in, and current experiences and perceptions.

Delivery of Services

historically underserved populations, establishing cultural humility within CMHCs and the

including, but not limited to, the rural population, people with disabilities, underserved racial and ethnic minority populations, LGBTQ+ populations, and other underserved groups. As a part of this assessment, HMA will seek to understand the extent to which the CMHC system provides equitable access to quality health care, including mental health supports, for all

sexual orientation, or geographical location.

Our team understands the impact of organizational culture on client treatment and outcomes and will sequence our work to conduct the internal culture assessment first. We will build on our learnings from the internal culture assessment to deepen our understanding of client experiences and outcomes and the extent to which policies, practices, and processes support equitable access, treatment, and service delivery.

b. Describe how you would recommend sequencing the two interrelated branches of the assessment such that the assessment of and recommendations for the first branch (internal culture of CMHCs) is the foundation for the second branch (delivery of services).

HMA will begin our assessment with the internal culture assessment, engaging with each of the CMHCs to understand their internal culture and organizational practices. Because organizational culture directly impacts service delivery, we anticipate some overlap in the two assessments and will seek to minimize touch points and the administrative burden on staff by combining information requests and/or gathering insights that could be used for both assessment branches. We also anticipate that we will use the internal culture assessment to understand administrative practices as well as policies, practices, and staff supports that have a direct effect on equitable service delivery. For example, our assessment of staff training as part of the internal culture assessment could surface whether staff receive any DEI training and the extent to which staff receive comprehensive training on working with diverse populations.

SOW Section 7 – Assessment Execution

- a. Demonstrate how your approach to the assessment will address each of the desired areas of focus described in Section 7a of the Scope of Work (climate of equity, degree of cultural humility, and hiring and staffing practices). Describe how the areas of focus will inform your approach for each branch of the assessment (see Section 6 of the Scope of Work). How will you collaborate with the State, Indiana Council, and stakeholders to refine these areas and identify new areas?
- b. Please describe how you will approach and perform each of the assessment components outlined in the methodology of Section 7b of the Scope of Work (Attachment K), including how the assessment components will inform your approach for each branch of the assessment (see Section 6 of the Scope of Work). Be sure to include the following:
 - i. Qualitative data collection, i.e. surveys and interviews
 - ii. Quantitative analyses
 - iii. Literature reviews
 - iv. Reviews of clinical documentation
 - v. Possible data sources
 - vi. Engagement with stakeholders, i.e. internal CMHC staff and external CMHC service recipients
- c. Describe how you will ensure that surveys, interviews, and focus groups include targeted samples of CMHC staff and service recipients with marginalized identities. Propose how your approach to protecting the identity of participants in surveys, interviews, and focus groups (i.e., anonymous or single blind methodologies).
- d. Describe how your approach to the assessment will be responsive to the cultural nuances across the State.
- e. Explain why you propose this project methodology, including how your approach to this project will further the State's goal to launch a meaningful initiative for sustainable change with regards to the equitable delivery of care of underserved and marginalized populations within and across the CMHC system as it relates to both branches of the assessment (see Scope of Work Section 6).
- f. If applicable, narrate an example of a time you used a similar project methodology. Highlight the lessons you learned from that experience and how those lessons will be applied to this assessment.
- g. Describe any experience in garnering acceptance and willingness for active support and participation amongst partners. Describe how you will facilitate buy-in within the CMHCs during the course of the assessments, including any pre-work you recommend.
- h. Propose any areas of focus or assessment components that the State is not already considering. Be sure to include any additional qualitative or quantitative information you recommend gathering. Please use your experience and/or expertise to justify any proposal.

a. Demonstrate how your approach to the assessment will address each of the desired areas of focus described in Section 7a of the Scope of Work (climate of equity, degree of cultural humility, and hiring and staffing practices). Describe how the areas of focus will inform your approach for each branch of the assessment (see Section 6 of the Scope of Work). How will you collaborate with the State, Indiana Council, and stakeholders to refine these areas and identify new areas?

efforts of the state and the Indiana Council. This methodology will utilize the US Department of Health and Human Services, Office of Minority Health-developed national CLAS standards

These national standards and behavioral health guide have been used across the country as the standard blueprint for the development of assessments, recommendations, and observations surrounding governance, leadership, and workforce; communication and language assistance; and engagement, continuous improvement, and accountability. These

climate of equity, the degree of cultural humility, and the hiring/staffing of practices as they relate to both branches of the assessment.

HMA will first conduct an internal desk audit of key organizational documents and materials to

and organizational equity. We will determine documents and materials to be reviewed in partnership with the state and the Indiana Council, as our goal is to create as little additional burden on staff as possible. We will work with our partners to understand what data and documents already exist and will create secure document-sharing protocols to reduce the time and effort of collecting organizational artifacts. During the assessment, materials to be collected will likely include organizational structure/charts, policies and procedures, hiring practices, internal training catalogs and content, staff turnover data, retention and/or attrition rates, utilization/penetration rates per CMHC, and more. Where available, we will request disaggregated data to understand and surface any nuances in the data by staff (and client) subpopulation.

This initial internal scan will provide the necessary information to create a baseline profile for each CMHC and further direct the best next steps to approach the desired areas of focus.

HMA has a proposed tool, a customizable and comprehensive organizational equity assessment tool designed to conduct organizational equity assessments and assist organizations in improving their current climate and ability to serve historically underserved and marginalized communities. The tool, built on a culturally responsive framework, assesses the organization on nine key domains, each with specific standards and required evidence. Based on organizational evidence, each standard is then ranked on a six-point scale, ranging from "not yet thinking about this" to "this is entrenched across the organization." The nine domains are:

- 1) Organizational commitment, governance, and leadership
- 2) Racial equity policies and implementation practices
- 3) Organizational climate, culture, and communications
- 4) Service-based equity

- 5) Service user voice and influence
- 6) Workforce composition and quality
- 7) Community collaboration
- 8) Resource allocation and contracting practices
- 9) Data, metrics, and quality improvement

HMA will map the baseline assessments onto an organizational profile showing distinct scores for each of the nine domains, allowing each CMHC to see where they excel and where there are opportunities for further improvement. HMA will use the organizational findings, combined with the internal scan, survey outcomes, interview results, and focus group input, to develop a final assessment and recommendations report.

b. Please describe how you will approach and perform each of the assessment components outlined in the methodology of Section 7b of the Scope of Work (Attachment K), including how the assessment components will inform your approach for each branch of the assessment (see Section 6 of the Scope of Work).

i. Qualitative data collection, i.e., surveys and interviews

A series of surveys and interviews will be conducted across CMHC leadership, staff, stakeholders, and community members receiving services. There will be targeted outreach to each branch to ensure a diversified sample and a tailored focus on all aspects of identity, including, but not limited to:

- Abilities
- Age
- Education
- Ethnicity
- Gender identity
- Geography
- Linguistic characteristics
- Military service
- Race
- Sex assigned at birth
- Sexual orientation
- Socioeconomic status
- Spirituality

Specific attention will be given toward counteracting survey fatigue by only using pre-existing evidence-based materials to garner the most salient focus areas.

Survey topics will include the organizational equity tool to assess the current climate, a cultural competency and humility self-assessment, an organizational engagement survey, and additional topics designed to assess the provision of services to historically underserved and under-represented populations such as: the rural population, people with disabilities, underserved racial and ethnic minority populations, and LGBTQ+ populations.

Structured anonymous individual interviews and focus groups will be a pertinent part of the qualitative data collection process. Per guidelines, a minimum of six representatives from each of the 24 CMHCs will be included in the focus groups, for a total of 144 participants across all focus groups, including pre-committee and CMHC members of the Indiana Council Steering Committee). Compensated

community member focus groups and coordinated interviews of community members receiving services will also be conducted.

ii. Quantitative analyses

Data to be requested from the state and CMHCs regarding community members receiving services will include, but not be limited to, basic demographic information, appeals for denial of services, complaints/grievances, reviews of services, social determinants of health data, and additional clinical information as appropriate.

Data to be requested from the state and CMHC regarding staff and leadership will include, but not be limited to, basic demographics, compensation, human resource practices, clinical expertise, and current efforts to support staff from various populations.

All data-gathering methodology, sources, and types of data will be done in collaboration with and approved by the state and the Indiana Council as part of the final assessment plan. All data gathered will be included in the appendixes of the Assessment Report.

iii. Literature reviews

Our national expertise includes managing large-scale, cross-sector projects encompassing health care delivery, behavioral health services, and community mental health settings. Our team has extensive experience leading and managing projects focused on identifying, assessing, planning, and implementing evidence-based practices in the delivery of health care services, including services to address underserved populations.

HMA has completed hundreds of literature reviews and environmental scans for a range of clients, including state agencies, health care providers, behavioral health providers, and nonprofit organizations. Many of these scans included the solicitation of meaningful stakeholder input to assess the current state and to gather ideas for enhanced service delivery and care coordination models to support DEI initiatives and improve outcomes. We conduct literature reviews and environmental scans to inform and develop system plans based on national evidence-based and best practice models that address specific community needs.

iv. Reviews of clinical documentation

The internal desk audit will include a review of all applicable patient forms, clinical protocols, procedural documentation, and electronic health record templates. Portions of the qualitative information collection may include further inquiry regarding the method of collection of pertinent clinical data from community members receiving services.

v. Possible data sources

The following are examples of national and state organizations from which we can begin to identify best practices:

- American Society of Addiction Medicine
- Bureau of Justice Assistance
- CMS
- Council of State Governments Justice Center
- National Academy of Medicine
- National Association of Medicaid Directors
- National Association of State Alcohol and Drug Abuse Directors
- National Association of State Mental Health Program Directors
- National Council for Mental Well-Being
- National Governors Association

- National Institute for Mental Health
- National Institute of Alcohol Abuse and Alcoholism
- National Institute of Health
- National Institute of Minority Health and Disparities
- National Institutes of Drug Abuse
- State and local public health departments
- Substance Abuse and Mental Health Services Administration

vi. Engagement with stakeholders, i.e., internal CMHC staff and external staff

HMA team members bring significant experience over many years in planning and carrying out stakeholder engagement efforts through a diverse collection of activities that are custom designed to meet client needs and budgets. Our team members are regularly engaged in projects and initiatives that involve actively listening to community concerns, suggestions, and recommendations to inform quality improvement, shape program planning, and guide groups of various sizes, often with different points of view. Beyond the listening and data collection aspects of the engagement work, we offer strong facilitation to solve problems, build consensus, and resolve conflicts when such comprehensive engagement is called for.

Our approach to engagement is centered on the values of equity and community participatory research to honor the expertise of lived experience and local knowledge. To encourage representative participation, we always plan on having group members move beyond self-censorship to fully participate in discussing issues, in a respectful and supportive atmosphere. When group activities are underway, we actively facilitate to acknowledge the diversity of opinions and backgrounds inherent to group settings.

Our process is attentive to what needs to happen before, during, and after an activity to ensure that the discussion is adequately resourced and informed with what participants need to know for full engagement. We bring extensive experience managing the logistical components of delivering effective engagement activities, including advanced scheduling, participant correspondence, stakeholder outreach, location selection, language support and interpretation when needed, and tailored processes. In designing activities, we work closely with our clients to develop annotated meeting agendas or interview guides that call out roles, responsibilities, timeframes, content, activities, and supportive resources/materials. For virtual sessions, the agendas also include notes on technological resource needs, breakout guides for small-group facilitators, and documentation templates.

c. Describe how you will ensure that surveys, interviews, and focus groups include targeted samples of CMHC staff and service recipients with marginalized identities. Propose how your approach to protecting the identity of participants in surveys, interviews, and focus groups (i.e., anonymous or single blind methodologies).

Targeted Sampling. We understand the importance of ensuring sampling techniques are inclusive and achieve meaningful engagement of participants with marginalized identities. HMA will first gather data to understand the composition of CMHC staff and service recipients. This information will inform our participation and inclusion targets across demographic groups. Individuals identified for surveys, interviews, and focus groups will be representative of the social, cultural, racial, and ethnic diversity of staff and participants, particularly those representing marginalized populations. This includes other characteristics such as disability status, levels of literacy, geography, access to technology, and other factors identified during our initial data analysis.

partner organizations to identify and connect us with community members who fit our demographic profile. We would reach out to these individuals and ask for referrals to other individuals who might be willing to participate in our surveys, focus groups, and interviews. This approach leverages participant networks and enables us to reach out to potential

We are prepared to adapt and will apply what we have learned from other projects to be flexible in our approach to ensure a successful engagement. HMA will utilize existing
-connect with participants for interviews and focus groups. We will also use all available engagement platforms. Specifically, we will be able to conduct virtual or phone-in meetings using Zoom to engage with staff and participants. For

features, including breakout rooms, polling, chat features, and whiteboarding, to recreate our typical practices for in-person meetings.

Confidentiality

meaningful and honest interactions and will dictate the quality of responses, whether they are written or oral. HMA will maintain the identity of all survey, focus group, or key informant interview participants confidential and will report deidentified results. Equally important is informing participants during recruitment and at every point of contact and communication that their identities will be kept confidential and will not be shared with the agency. Prior to starting a focus group, our facilitators will set the ground rules and confidentiality expectations. If conducted virtually, individuals will have the option of not displaying their names or joining with video. HMA has decades of experience conducting similar projects and is highly aware of the importance of creating a trusting, psychologically safe environment that will not create vulnerabilities for participants.

Language Access. We will conduct focus groups in both English and Spanish. For all groups, we will provide Spanish and other language interpretation, if needed and as determined in the early planning. We will also provide closed captioning and sign language as needed for participants with hearing impairments. Our ideal approach is to recruit fully bilingual community members and/or sign language interpreters who have proficiency in the clinical topics and provide stipends to them for participating in the sessions and supporting other participants.

d. Describe how your approach to the assessment will be responsive to the cultural nuances across the State.

We will record and transcribe data collection activities. We will analyze transcripts using NVivo and rigorous qualitative analytic methods, stratified by population group and other characteristics of the participants. We will analyze these findings as part of the full set of data collected for this project (i.e., in conjunction with findings from key informant interviews and group listening sessions).

From our work, we understand how important it is to connect with stakeholders in different parts of the state, whether in urban settings or in rural and sparsely populated areas. Communities in each of these areas face unique challenges and feature populations that are diverse from one another. Therefore, it is critical to capture those differences as well as the commonalities across communities in the state to develop comprehensive assessments and actionable recommendations. We anticipate conducting three of these activities that are inclusive of all the regional diversity. We will conduct breakout groups within these three

statewide activities to capture distinctions that exist in contrast to the commonalities that will be identified in the larger groups.

e. Explain why you propose this project methodology, including how your approach to this project will further the State's goal to launch a meaningful initiative for sustainable change with regards to the equitable delivery of care of underserved and marginalized populations within and across the CMHC system as it relates to both branches of the assessment (see Scope of Work Section 6).

findings is among our greatest areas of expertise and a pillar of our work. Our analytic and evaluation methods use all known methods to convey the information to clients in a manner that aligns with their need for the data. Clarity and accuracy are guiding standards for such material, and we have produced actionable program planning and quality improvement reports and data sets for decades, both for HMA clients and in our individual careers prior to joining HMA. Our presentations of data, health information, consumer experiences, synthesized findings, and recommendations are always intended to ensure an understanding by different audiences so that everyone can evaluate the information presented and take action. The clarity and succinctness of how information is reported will depend greatly on how activities are planned and how information is gathered.

sustainable change with regard to the equitable delivery of care for underserved and marginalized populations within and across the CMHC system as it relates to both branches of the assessment. The HMA team brings significant experience assessing and implementing strategies to provide equitable delivery of care. Our approach to this assessment will work to ensure that throughout the assessment, both for the internal culture of the CMHCs and for the delivery of services branch, we work to ensure that the underserved and marginalized populations are engaged in this process. We will incorporate community-based engagement strategies in partnership with Emerging Solutions, our minority business enterprise subcontractor, to ensure that we secure the voice and perspective of those who are often disparately impacted by health disparities.

f. If applicable, narrate an example of a time you used a similar project methodology. Highlight the lessons you learned from that experience and how those lessons will be applied to this assessment.

HMA utilizes an equity-centered approach to ensure that the underserved and marginalized populations in communities are effectively engaged and included in all stakeholder engagement processes. In addition, HMA works to ensure that the voice of the consumer or people with lived experience can provide input into the stakeholder engagement process. HMA will utilize a similar project methodology to ensure that there is inclusion in the process. The methodology includes a process for collecting relevant demographic data from participants, which will not be aligned with the feedback that is provided to ensure that information is not attributed to an individual but will provide information regarding those who are participating in the process. Throughout the implementation of the project, HMA will inquire about what voice might be missing in the process and will work to create outreach and engagement to further identify opportunities for input. For example, if we determine it is needed, we will work collaboratively with Emerging Solutions, our minority business

enterprise subcontractor, to identify local community organizations for a specific community and further identify participants for feedback and input.

g. Describe any experience in garnering acceptance and willingness for active support and participation amongst partners. Describe how you will facilitate buy-in within the CMHCs during the course of the assessments, including any pre-work you recommend.

Throughout the CLAS assessment process, it is critical to ensure that there is a specific effort to garner acceptance and willingness for active support and participation among partners. The most effective way to ensure that the implementation of this project is successful is to ensure that the key stakeholders the CMHCs receive regular and consistent communication throughout the process. For example, when the project is launched, creating a one-page summary of the project that can be shared with the CMHCs will be important. That summary will provide a high-level overview of the assessment and the timeline. In addition to the one-page summary, the development of a launch webinar and possibly biannual webinars can provide a forum for CMHCs to get caught up on the assessment process and an opportunity to ask questions. There is also a need to have identified contacts from the HMA team for CMHCs to be able to reach out to with questions throughout the process. The communication and transparency of this process will foster trust and relationships with the CMHCs, which should lead to active support and participation.

In addition, we will request that CMHCs identify project champions within the organization who can help provide direct feedback regarding staff buy-in and aid in socializing this work within the CMHCs, which includes sharing information about the assessment as well as sharing the value of participating in the assessment.

If we find that there are CMHCs that are experiencing difficulties during the assessment process due to a lack of buy-in, HMA will work to communicate with the CMHC to identify the barriers or challenges and will work to mitigate those concerns.

HMA will also foster a learning community environment by making our team members accessible for questions or concerns throughout the assessment process. Pre-work would be helpful to facilitate participation and buy-in from CMHCs and would include the state and the Indiana Council providing information to the CMHCs prior to the start of the assessment. We would also recommend that during our kickoff meeting, the state and the Indiana Council share any relevant concerns that may exist regarding the buy-in or participation of any of the CMHCs. The early identification of any issues will allow the HMA leadership team to develop a mitigation strategy for those barriers or concerns immediately.

h. Propose any areas of focus or assessment components that the State is not already considering. Be sure to include any additional qualitative or quantitative information you recommend gathering. Please use your experience and/or expertise to justify any proposal.

HMA approaches our equity work with the intent of surfacing opportunities and informing plans that integrate equity into all aspects of the organization. In doing so, it is important to understand and build on existing strategic priorities and activities. Additionally, we seek to help organizations implement long-term strategies that will produce equitable outcomes over the long term. We would recommend requesting and reviewing existing CMHC strategic plans and any long-term plans the state has for the behavioral health ecosystem. To the extent

possible, we would integrate our analysis and recommendations so they align with and/or expand on existing strategic priorities and activities.

In addition, we recommend including advocates, family members, and caregivers perspectives via a focus group with wide regional representation, as they are often central to success in treatment and medication adherence. When family members and care givers have limited English proficiency, a lack of appropriate linguistic services may severely impact their ability to support and assist service recipients to remain in treatment. Advocates will bring a unique perspective to this assessment and help uncover challenges not yet considered.

SOW Section 8 – Assessment Reports

- a. Propose a schedule for the timing and sequencing of all the deliverables of this project, including the Assessment and Recommendations Reports for each of the two branches of the assessment (See Scope of Work Section 6). Confirm your understanding of the State and Indiana Council’s role in finalizing said schedule. Be sure to address how you the first branch of the assessment—the internal culture of CMHCs—will be prioritized and how you will ensure that the Assessment and Recommendations Reports for each branch of the assessment are completed with ample time to implement meaningful and measurable recommendations.
- b. Describe your approach to developing each deliverable outlined in Section 8 of the Scope of Work (Attachment K). Describe how your approach will be responsive to the cultural nuances across the State. Be sure to address the factors you will consider in developing the schedule, the information will you need, and the safeguards you will include to ensure all plans are executed with fidelity. Please explain how your proposed approach will ensure that the contents of all deliverables are designed to protect individual focus group participants against any possible retaliation.
- c. Please explain what content you propose to include in each deliverable. You are encouraged to elaborate beyond what is described in the Scope of Work (Attachment K). This is an opportunity for you to highlight what will make your deliverables unique.

a. Propose a schedule for the timing and sequencing of all the deliverables of this project, including the Assessment and Recommendations Reports for each of the two branches of the assessment (See Scope of Work Section 6). Confirm your understanding of the State and Indiana Council’s role in finalizing said schedule. Be sure to address how you the first branch of the assessment—the internal culture of CMHCs—will be prioritized and how you will ensure that the Assessment and Recommendations Reports for each branch of the assessment are completed with ample time to implement meaningful and measurable recommendations.

Table 1. This work plan outlines the sequencing of the deliverables in this project. This timeline will be adapted based on the feedback provided by DMHA and the Indiana Council at the start of the project. The final project management plan will be reviewed and approved by DMHA and the Indiana Council.

HMA understands the critical importance of sequencing the assessments, with the first assessment being the internal culture of CMHCs. Working to first understand the internal culture of the CMHCs is crucial in working toward improvements in service delivery. HMA will develop both assessments, prioritizing the internal culture assessment, but working to layer in the delivery of services assessment as well. HMA understands the importance of maximizing our engagement with the CMHCs and reducing the duplication of efforts. Therefore, we will carefully design the two assessments to build on our engagement with the CMHCs and ensure that both assessments are done with clear communication and awareness of the

CMHCs so the CMHCs also understand the differences between the two assessments, but also their connectivity and linkage.

Currently, we propose conducting the assessment over a period of 16 months, allowing one year for implementation. We believe the period for implementation needs to be long enough to be able to demonstrate progress through the metrics we develop for implementation. This one-year period will allow for socializing the recommendations, building skills, sharing learning, and conducting training regarding tools, tactics, and strategies to address the needs at the CMHC level to address CLAS needs.

Table 1: Work Plan

#	Deliverable	Description	Date
1.	Project Management Plan	Develops, with input and approval from the state and the Indiana Council, a Project Management Plan that contains the schedule and governance of the project	9/1/22 10/30/22 2 months
2.	Assessment Plan	Develops, with input and approval from the state and the Indiana Council, an Assessment Plan that finalizes the assessment components, methodology, approach, and focus areas of its assessment, including: <ul style="list-style-type: none"> ■ Internal Culture Assessment Plan ■ Delivery of Service Assessment Plan 	10/30/22 2/1/23 3 months
3.	Stakeholder Engagement	Conducts surveys, focus groups, and interviews with stakeholders to gain an understanding of the identified areas of focus; gathers and analyzes necessary data and information related to each focus area; and reviews national best practices, evidence-based research, and federal and state expectations and requirements to create stakeholder engagement	2/1/23 8/1/23 6 months
4.	Assessment Report	Develops a comprehensive Assessment Report of the internal culture and delivery of services within the existing CMHC system, individual CMHCs, and DMHA and the Indiana Council's oversight processes contextualized within the federal CLAS standards, including: <ul style="list-style-type: none"> ■ Internal Culture Assessment ■ Delivery of Service Assessment 	8/1/23 10/1/23 2 months

5.	Recommendations Report	<p>Develops a Recommendations Report advising DMHA on how to meaningfully improve the CMHC system, individual CMHCs, and the processes with regard to workplace culture and the delivery of services for underserved and marginalized populations across the state CMHC system</p> <p>Details, in the Recommendations Report, a possible future state, a gap analysis outlining the status quo and the future state, proposed best practices, and strategies to implement throughout the CMHC system related to quality and parity of care</p> <p>Provides a list of sequential recommendations to achieve the future state</p> <p>Addresses all areas of focus identified in the Assessment Plan within the Recommendations Report</p>	8/1/23 10/1/23 2 months
6.	Implementation Plan	Develops, with input and approval from the state and the Indiana Council, an Implementation Plan that contains the schedule and step-by-step processes of how to implement the recommendations in the Recommendations Report	10/1/23 12/01/23 2 months
7.	Leadership Workshop	Two-day experiential training workshop Content will be developed for this training based on the Recommendations Report	10/18/23 10/19/23 2 days
8.	Technical Assistance and Project Management for Implementation	<p>Assists each CMHC, the state, and the Indiana Council in implementing the recommendations from the Recommendations Report as possible within the required funding timeframe:</p> <ul style="list-style-type: none"> ■ Periodically collects and presents data regarding the effects of the recommended changes to determine whether implementation has been successful or if a pivot in approach is needed ■ Plans, organizes, and facilitates a two-day workshop for all CMHC leadership, where results and recommendations will be shared and experiential training will be provided ■ Uses a project management tool(s) (e.g., RACI matrix to map out and track tasks, milestones, and key decisions involved in completing this project and assign which roles 	12/01/23 12/31/24 12 months

		<p>are responsible for each item, which personnel are accountable, and, where appropriate, who is consulted and/or informed)</p> <ul style="list-style-type: none"> ■ Provides periodic written status reports to DMHA regarding activities conducted by the <p>discoveries, and mention of outstanding issues and action items</p> <ul style="list-style-type: none"> ■ Participates in collaborative touchpoints with the state on at least a monthly basis 	
9.	Implementation Report	<p>Develops an Implementation Report that details the results of the implementation of recommendations</p> <p>Roadmap for long-term implementation</p>	<p>10/1/24 12/10/24</p> <p>3 months</p>

b. Describe your approach to developing each deliverable outlined in Section 8 of the Scope of Work (Attachment K). Describe how your approach will be responsive to the cultural nuances across the State. Be sure to address the factors you will consider in developing the schedule, the information will you need, and the safeguards you will include to ensure all plans are executed with fidelity. Please explain how your proposed approach will ensure that the contents of all deliverables are designed to protect individual focus group participants against any possible retaliation.

(Attachment K) is to build all of the steps necessary to produce the deliverables into the overall project management plan. For example, to produce the assessment report, we will need to synthesize the data collected from the key informant stakeholder meetings, focus groups, and surveys. Before we initiate a phase of the assessment for example, the key informant interviews we will design interview questions and create a table for the key findings from those interviews to gather the information. We plan to share the data collected from any phase of the process in aggregate, and we will not identify individuals in any of our reports. We are cognizant of the cultural nuances in the state, and we will be sure to consider the varying community needs as we design, assess, and implement recommendations. The project management process provides an opportunity for continual iteration and learning to support necessary adaptations throughout the project.

support by developing the project schedule using project management software. This project about meeting certain deadlines. This project management process will continue throughout all phases of the project and will ensure the timely completion of all deliverables. In addition, this system will ensure that we provide the appropriate time for DMHA and the Indiana Council to provide the necessary input and approval. We will also be sure to include any

federal or state holidays in the calendar to ensure we plan accordingly to effectively meet the deadlines in the project plan.

All stakeholder engagement processes will include consent for participation. In addition, all information and data collected in the assessment process will be captured without identifying information. We do plan to ask for certain voluntary identifying information from participants, but that information will not be attributed directly to comments or feedback in the assessment report. All information shared in the report will be de-identified unless explicit permission is provided by the participant through a signed consent form.

c. Please explain what content you propose to include in each deliverable. You are encouraged to elaborate beyond what is described in the Scope of Work (Attachment K). This is an opportunity for you to highlight what will make your deliverables unique.

Table 2 below outlines the deliverables, a description of the deliverables as well as dates for completion of those deliverables. We understand that this will be finalized in collaboration with the State and the Indiana Council upon executive of the contract.

Table 2: Work Plan

#	Deliverable	Description	Date
1.	Project Management Plan	Develops, with input and approval from the state and the Indiana Council, a Project Management Plan that contains the schedule and governance of the project HMA will provide a project management plan utilizing project management software that will include project contingency and approval processes that are needed to advance the project	9/01/22 10/30/22 2 months
2.	Assessment Plan	Develops, with input and approval from the state and the Indiana Council, an Assessment Plan that finalizes the assessment components, methodology, approach, and focus areas of its assessment ■ The plan will include the plan for assessment for the two branches: Internal Culture and Delivery of Services Survey tools, focus group guides, and data collection systems and tools will be completed	10/30/22 2/1/23 3 months

3.	Stakeholder Engagement	CLAS and community mental health experts conduct surveys, focus groups, and interviews with stakeholders to gain an understanding of the identified areas of focus; gather and analyze necessary data and information related to each focus area; and review national best practices, evidence-based research, and federal and state expectations and requirements to create a Stakeholder Engagement Process Provide a key finding summary PowerPoint	2/1/23 8/1/23 6 months
4.	Assessment Report	Develops a comprehensive Assessment Report of the internal culture and delivery of services within the existing CMHC system, individual CMHCs, and DMHA and the Indiana Council's oversight processes contextualized within the federal CLAS standards	8/1/23 10/1/23 2 months
5.	Recommendations Report	Develops a Recommendations Report advising DMHA on how to meaningfully improve the CMHC system, individual CMHCs, and DMHA with regard to workplace culture and the delivery of services for underserved and marginalized populations across the state CMHC system Details, in the Recommendations Report, a possible future state, a gap analysis detailing the status quo and the future state, proposed best practices and strategies to implement throughout the CMHC system related to quality and parity of care, and Provides a list of sequential recommendations to achieve the future state Addresses all areas of focus identified in the Assessment Plan within the Recommendations Report	8/1/23 10/1/23 2 months
6.	Implementation Plan	Develops, with input and approval from the state and Indiana Council, an Implementation Plan that contains the schedule and step-by-step processes of how to implement the recommendations in the Recommendations Report	10/1/23 12/01/23 2 months

7.	Leadership Workshop	Two-day experiential training workshop Content will be developed for this training based on the Recommendations Report	10/18/23 10/19/23 2 days
8.	Technical Assistance and Project Management for Implementation	Assists each CMHC, the state, and the Indiana Council in implementing the recommendations from the Recommendations Report as possible within the required funding timeframe <ul style="list-style-type: none"> ■ Periodically collects and presents data regarding the effects of the recommended changes to determine whether implementation has been successful or if a pivot in approach is needed ■ Plans, organizes, and facilitates a two-day workshop for all CMHC leadership, where results and recommendations will be shared and experiential training will be provided ■ Uses a project management tool(s) (e.g., RACI matrix to map out and track tasks, milestones, and key decisions involved in completing this project and assign which roles are responsible for each item, which personnel are accountable, and, where appropriate, who is consulted and/or informed) ■ Provides periodic written status reports to DMHA regarding activities conducted by the <p>discoveries, and mention of outstanding issues and action items</p> <p>Participates in collaborative touchpoints with the state on at least a monthly basis</p>	12/01/23 12/31/24 12 months
9.	Implementation Report	Develops an Implementation Report that details the results of the implementation of recommendations Roadmap for long-term implementation	10/1/24 12/10/24 3 months

SOW Section 9 – Implementation

- a. Propose a scheduling for the timing and sequencing of initiating the implementation of recommendations for each of the two branches of the assessment (See Scope of Work Section 6). Confirm your understanding of the State and Indiana Council’s role in finalizing said schedule.
- b. Describe how you will plan and implement the recommendations from the Recommendations Report, including your implementation techniques and how you will support the development of individualized CMHC and aggregate CMHC implementation plans as it relates to both branches of the assessment (See Scope of Work Section 6). Describe how your approach will support and drive change internally (within the CMHC system) and externally (for CMHC service recipients). Describe how your approach to implementation will be responsive to the cultural nuances across the State.
- c. Describe how you will facilitate buy-in within the CMHCs during the course of the implementation of recommendations, including any pre-work you recommend.
- d. Describe how you will collect and leverage outcomes-driven data at intervals throughout the implementation phase in order to inform your implementation approach. Describe how you will collaboratively work with State to address changing program needs based on data findings, if necessary.
- e. Describe how you will plan, develop, and facilitate a workshop for all CMHC leadership. Highlight your approach to training and pre-and post-testing.
- f. If applicable, describe any lessons learned from the implementation of recommendations on similar projects both in Indiana or other states and highlight how those lessons will be applied to this project.

a. Propose a scheduling for the timing and sequencing of initiating the implementation of recommendations for each of the two branches of the assessment (See Scope of Work Section 6). Confirm your understanding of the State and Indiana Council’s role in finalizing said schedule.

As we design the assessments, we will also contemplate how to implement their recommendations. Throughout the assessment phase, we will build in processes that will aid in identifying the tools and support needed for successful implementation. HMA understands the prioritization of the internal culture assessment, and we will work to start with that assessment and then integrate the delivery of services assessment. Because both of the assessments will include engagement with some of the same stakeholders, we will work closely to ensure we do not duplicate efforts and instead maximize our engagement with stakeholders throughout the process.

We anticipate the implementation of the recommendations kicking off at the Leadership Workshop in mid-October 2023. We propose using that workshop to share the recommendations that are outlined in the Recommendation Report. We will also share resources and tools and facilitate skills workshops to provide additional support to effectively implement the recommendations. After this workshop, HMA will work closely with the state and the CMHCs to provide technical assistance to effectively implement the recommendations through quarterly webinars, one-on-one technical assistance, coaching

calls, and the fostering of a learning community to share best practices across the CMHC system.

We anticipate we will be working closely with DMHA and the Indiana Council to finalize the scheduling of the Leadership Workshop as well as the implementation period for the recommendations. We look forward to working collaboratively with them to design a process and timing that works effectively for all partners.

b. Describe how you will plan and implement the recommendations from the Recommendations Report, including your implementation techniques and how you will support the development of individualized CMHC and aggregate CMHC implementation plans as it relates to both branches of the assessment (See Scope of Work Section 6). Describe how your approach will support and drive change internally (within the CMHC system) and externally (for CMHC service recipients). Describe how your approach to implementation will be responsive to the cultural nuances across the State.

To effectively implement the recommendations from the Recommendation Report, HMA will deploy a three-pronged strategy to ensure strong implementation and adoption of those recommendations:

- 1) HMA will work with identified CMHC champions to review recommendations and gain early feedback that will aid in designing communication tools and additional supports for implementation.
- 2) HMA will provide communication tools to support the implementation of the recommendations.
- 3) HMA will leverage the engagement with the CMHCs at the Leadership Workshop to continue to socialize the recommendations as well as provide tools to support their implementation.

HMA will work to develop individualized CMHC CLAS implementation plans for both the internal culture and delivery of services assessments. We will also create a high-level plans.

We will drive change internally by continuing our engagement with the CMHC champions. Those who are embedded in the organization are critical to the successful implementation because they will aid in building the necessary change management processes to implement long-term sustainable changes. The organizational buy-in and adoption of the recommendations will truly drive the changes that will be experienced by patients through service delivery. Creating metrics for the implementation process will be important because those metrics can provide insight regarding the successful implementation of the recommendations. HMA proposes to monitor these metrics on a quarterly basis and recommends monthly meetings with DMHA to continue to mitigate challenges or risks as they arise. We understand that it will be important to navigate the cultural nuances that need to be carefully navigated to continue to foster success. Adapting communication tools and

c. Describe how you will facilitate buy-in within the CMHCs during the course of the implementation of recommendations, including any pre-work you recommend.

Throughout the CLAS implementation process, it will be important to leverage the in-person Leadership Workshop to kick off the implementation activities. This meeting will provide an in-person opportunity to meet the HMA team, learn about the recommendations, and build skills to effectively implement the recommendations.

We recommend that the CMHCs invite their identified project champions who assisted during the assessment process, as well as critical implementation staff, to the in-person meeting. Identifying a team that will be working to implement the recommendations from the CMHCs will ensure there is support beyond one person to move forward with the recommendations within their organization.

Throughout the assessment process, HMA will ensure there is regular and consistent communication with the CMHCs. This communication will lay the foundation needed to be effective during implementation. The trust and relationship that are built between the CMHC teams and HMA are critical to ensuring a successful implementation process.

To strengthen the effectiveness of implementation, we recommend providing a one-page summary of the implementation that can be shared with the CMHCs prior to the start of implementation. That summary will provide a high-level overview of the assessment and the timeline.

In addition to the one-page summary, the development of an implementation launch webinar and possibly biannual webinars can provide a forum for CMHCs to get caught up on the process and an opportunity to ask questions. HMA will also designate team members who will be available for on-demand assistance during the implementation period.

If we find that there are CMHCs that are experiencing difficulties during the implementation process due to a lack of buy-in, HMA will work to communicate with the CMHC to identify the barriers or challenges and will work to mitigate those concerns.

HMA will also foster a learning community environment by making our team members accessible for questions or concerns throughout the assessment process. Pre-work includes identifying project risks based on the knowledge gained through the assessment process and working to develop mitigation strategies to address those risks.

d. Describe how you will collect and leverage outcomes-driven data at intervals throughout the implementation phase in order to inform your implementation approach. Describe how you will collaboratively work with State to address changing program needs based on data findings, if necessary.

Before embarking on the implementation phase of this project, HMA will work collaboratively with DMHA and the Indiana Council to develop outcome measures for the implementation process. These measures will be developed based on the key recommendations that are identified in the assessment and will be customized for each CMHC to help track progress toward those implementation goals throughout the implementation phase. The measures will include both process and quantitative measures of progress.

We recommend that we collect data from the CMHCs on a quarterly basis throughout the implementation to reduce the burden of reporting, but also to provide enough time in between

reporting so as to document progress. HMA will collate the data collected from the CMHCs and present that data to the DMHA and the Indiana Council for review. HMA recommends that we meet with DMHA and the Indiana Council monthly throughout the implementation process so that we can be responsive to changing needs that may emerge throughout the implementation period. These monthly meetings will also provide an opportunity to adapt or change our approach as needed throughout the implementation period.

After the implementation period concludes, HMA will create a report of the progress that was made during this time period, provide recommendations for next steps, and distribute the resources needed to maintain and enhance the progress made by the CMHCs during this time period.

e. Describe how you will plan, develop, and facilitate a workshop for all CMHC leadership. Highlight your approach to training and pre- and post-testing.

As described in Attachment K, the SOW, HMA will plan, organize, and facilitate a two-day workshop for all CMHC leadership, where results and recommendations will be shared and experiential training will be provided. The training will be based on the results and recommendations of the assessment.

To develop this training, HMA will provide an outline of the two-day workshop for review and input from the state and the Indiana Council. The overall design of the workshop will be customized based on the specific recommendations that are generated by the assessment. In addition, HMA will build in two general CMHC sessions and the sharing of the recommendations. The remaining sessions will be designed to provide a skill-building session and sessions that will share resources and tools to effectively implement the recommendations. HMA will also review the assessment recommendations to identify the key skill areas that need development for the CMHCs. HMA will also create a list of the CMHC leadership that we recommend attending, based on the relevancy of their role in the successful implementation of the recommendations. The leaders that we recommend will be based on the core areas of the assessment that are identified for immediate or near-term action. The overall goal for the workshop is to share the recommendations and provide practical resources and tools to effectively implement the recommendations to achieve the CLAS standards. In addition, HMA will conduct a pre- and post-test to measure the degree of cultural humility and attitudes toward and awareness of diversity and equity issues.

f. If applicable, describe any lessons learned from the implementation of recommendations on similar projects both in Indiana or other states and highlight how those lessons will be applied to this project.

HMA has extensive experience working to implement large-scale projects across the country. The experience of implementing these projects provides several lessons learned that we will be sure to apply when working to implement this project. We consider the following best practices when working on large-scale projects.

- 1) **Build in time for review and approvals.** When working to implement a large-scale project with a state, it is important to ensure there is ample time for the state and relevant partners to review and approve materials and next steps of the project.

HMA has built into the project timeline time for review and approval from the state

and the Indiana Council. The final project plan will have clear dates outlined for the review period, and we will ask for agreement from the state and the Indiana Council before solidifying these dates in the event there are holidays or conflicts that would impede the approval process.

- 2) **Create tools and data systems before launching the assessment.** Creating processes and evaluation and data collection systems prior to the project launch will create efficiencies for the project work overall.

HMA will design the data collection systems and tools prior to the launch of the assessment.

- 3) **Throughout the project implementation, consider which voices or communities that may not be engaged and work to develop outreach and engagement to ensure their voices are brought into the process.** It is important throughout the process to inquire if there is a missing perspective or point of view that should be engaged.

HMA will ensure to raise concerns or highlight gaps in the engagement processes and will work with the state and the Indiana Council to develop strategies for further engagement or inquiry.

- 4) **Identify and share project risks as part of the regular reporting process.** The sharing of the risks during regular check-in meetings allows for quick and immediate risk mitigation with the state and the Indiana Council.

HMA will include risks in our regular reporting processes to ensure we identify them immediately, share them with the state and the Indiana Council, and work to develop mitigation plans.

SOW Section 10 – Project Management

- a. Confirm your understanding of the State and Indiana Council’s collaborative role in finalizing and approving all deliverables, including the timing and sequencing of each deliverable.
- b. Describe your approach to project management. How do you balance flexibility and precision? What project management tools do you use to ensure seamless communication regarding project timeline and deliverables across involved parties? How will you use the reports and touchpoints described in Section 10 of the Scope of Work (Attachment K) to enhance this project? How you will ensure timely submission and approval of all deliverables?
- c. Describe your preferred approach to coordination and collaboration with DMHA, CMHCs, service recipients, the Indiana Council, and other stakeholders.
- d. Provide any relevant example reports and/or project management tools.
- e. Confirm your commitment to meet all reporting, meeting, and project management requirements outlined in Section 10 of the Scope of Work (Attachment K).

a. Confirm your understanding of the State and Indiana Council’s collaborative role in finalizing and approving all deliverables, including the timing and sequencing of each deliverable.

HMA understands the integral role that DMHA and the Indiana Council play in reviewing, providing feedback, and finalizing and approving all deliverables, including the timing and sequencing of each deliverable. We look forward to working collaboratively and iteratively with both partners. To foster this collaboration, we will keep both the DMHA and the Indiana Council apprised of timelines. We have built time into our timelines for both partners to review and provide feedback on deliverable opportunities. Utilizing our project management approach, we will keep the state and the Indiana Council apprised of progress, risks, and risk mitigation throughout the life of this project.

b. Describe your approach to project management. How do you balance flexibility and precision? What project management tools do you use to ensure seamless communication regarding project timeline and deliverables across involved parties? How will you use the reports and touchpoints described in Section 10 of the Scope of Work (Attachment K) to enhance this project? How you will ensure timely submission and approval of all deliverables?

HMA has experience managing large-scale projects and implementing internal controls to ensure all deliverables and responsibilities are met on time, on budget, and with attention to quality. Effective project management is at the core of this project and will be critical to the successful completion of this initiative. Every project has a dedicated project manager who works closely with the client to ensure the services we deliver conform to what has been agreed to in the proposal and work plan. Our project manager works closely with the project team to ensure adherence to the project schedule and budget and that all tasks are completed and deliverables are submitted in a timely manner. Our approach to implementing internal controls consists of four key phases as described in **Table 3**.

Table 3: Principles of Project Management

Knowledge Areas	Description
Project planning and status reporting	<ul style="list-style-type: none"> ■ Ensure all aspects of the project are defined in scope and efficiently sequenced for timely completion ■ Manage the project plan and monthly reporting of progress
	<ul style="list-style-type: none"> ■ Ensure staff assigned to the project is appropriate to meet project demands and experience requirements ■ Manage and adhere to project schedule and budget, as established for each project task ■ Manage any issues that arise that may cause a delay or excess expenditure
Staffing, cost, and schedule management	
Quality management	<ul style="list-style-type: none"> ■ Review and manage quality control, including review and approval of work products, as appropriate for each product
Communications management	<ul style="list-style-type: none"> ■ Ensure communication between HMA and clients is effective in meeting project goals ■ Manage communication with key stakeholders ■ Coordinate with all parties to resolve any issues that may arise

HMA strives toward continuous improvement of our service delivery process and practices, strong and ethical leadership, integrity, and sound financial management of the resources of our firm and our clients. We use an approach to project management that generally follows the Project Management Body of Knowledge. However, we fine-tune the approach to meet project and client needs. **Figure 2** displays our methodology, including the key process steps.

Figure 2: Project Management Process

Our approach to project management emphasizes accountability, frequent contact with the client, the early identification of project risks and constraints, strategies for proactively countering potential obstacles, and mechanisms to identify, alleviate, and resolve issues before they become barriers to the successful and timely completion of your project. HMA ensures clients are continuously aware of the project status, as well as risks and/or issues preventing progress on the project.

We produce complete project status reports at a mutually agreed-upon frequency and facilitate calls to review project progress and proactively identify and resolve project issues. These issues, and their resolutions, are recorded in a questions/issues/decisions log that we maintain in parallel with the project work plan.

Understanding that proactive escalation and risk communication are preferable to unpleasant surprises, HMA has established procedures for preventing, responding to, and recovering from an event that could affect normal operations. We focus on resolving issues at the lowest level possible without disrupting the project schedule and have an established process that provides for addressing issues requiring higher-level intervention to minimize the impact on other activities proactively and quickly. Whenever possible, we resolve issues immediately.

c. Describe your preferred approach to coordination and collaboration with DMHA, CMHCs, service recipients, the Indiana Council, and other stakeholders.

We recommend establishing an Executive Steering Committee composed of DMHA leadership and participants representing stakeholders involved in this process. Engagement, collaboration, and buy-in from leadership teams and other key stakeholders will be critical to the overall success of the project, the accuracy of the assessment, and the development and ultimate implementation of the recommendations. Therefore, HMA will work closely with DMHA leadership to thoughtfully identify members for the Executive Steering Committee. The Executive Steering Committee will serve as an important audience for ensuring the coordination, collaboration, and meaningful engagement of stakeholders, as well as serve as a valuable source of feedback and validation throughout the life of the project. HMA will work with DMHA to establish clear roles and responsibilities for the Executive Steering Committee, draft a charter, and establish meeting frequency, as well as support meeting logistics and facilitation.

d. Provide any relevant example reports and/or project management tools.

Key components of our project management approach include documenting project plans, meeting agendas and minutes, action items, risk and issues logs, and regular status reports for project team members and leadership. **Figure 3** displays an example of one way we document project meetings. We customize our project management approach to meet the size, scope, and specific needs of a project.

Figure 3: Sample Project Management Meeting Documentation

Project Name			
May 13, 2020			
Project Scope			
Project Status Overview			
<p>After the project kickoff meeting, HMA and the Department agreed to a modified timeline to submit project deliverables due to a compressed timeline. HMA and the Department agreed to the following schedule:</p>			
Deliverable	Description	Due Date	Status
			Complete
			Complete
			In progress
			Scheduled

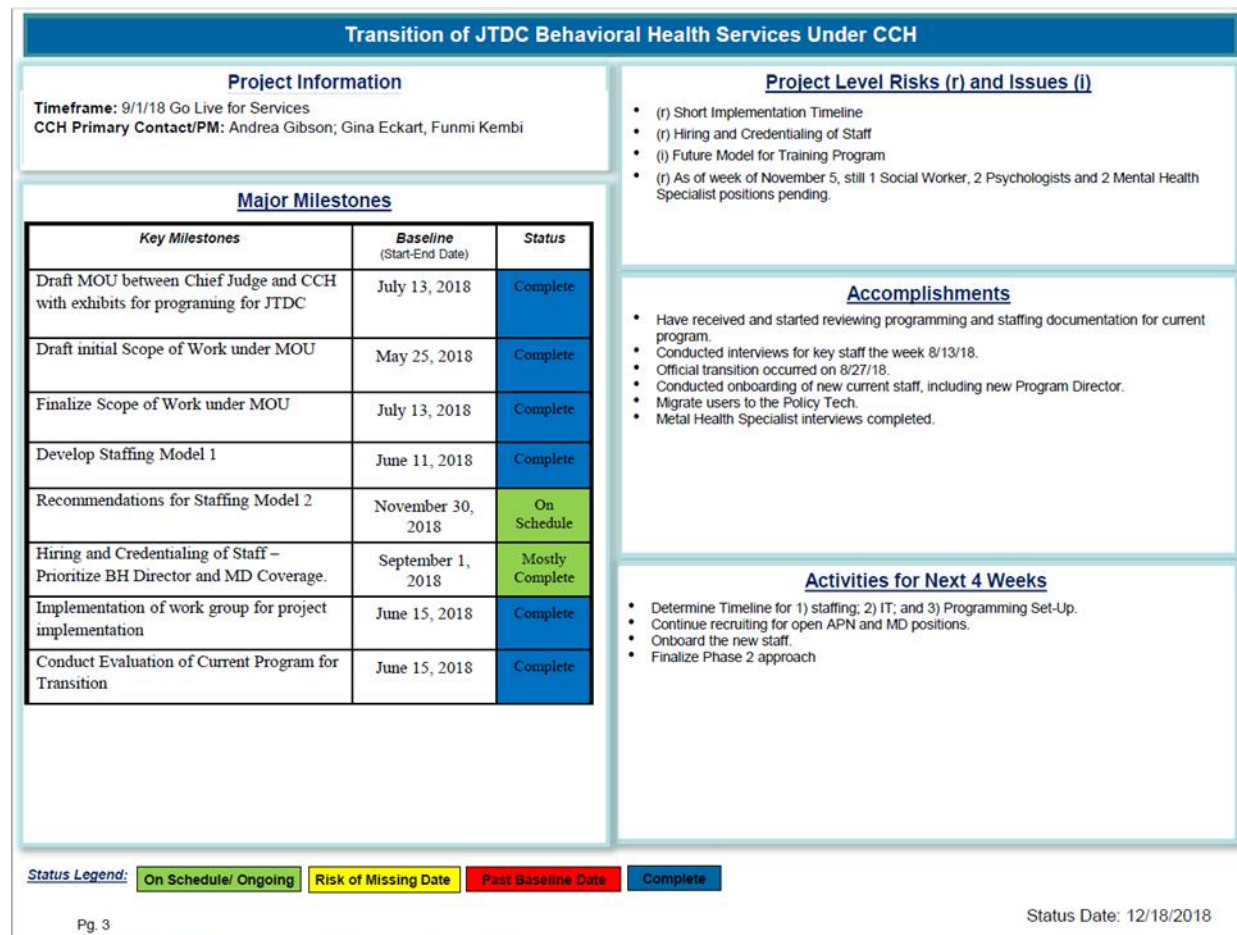
Following the submission of each chunk, the Department and HMA are to hold weekly meetings on a biweekly basis, at minimum, to discuss the Department's comments on the draft to inform the final report.

| **Project Notes: May 13, 2020** | | | |
| **Attendees** Client: HMA: **Notes** | | | |

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HMA also employs a range of technology tools to support project management, including Smartsheet, SharePoint, Microsoft Teams, and Microsoft Project. Figure 4 displays an example of a dashboard utilized for project management reporting in our work with CCH.

Figure 4: Project Management Dashboard for CCH Restructuring



e. Confirm your commitment to meet all reporting, meeting, and project management requirements outlined in Section 10 of the Scope of Work (Attachment K).

HMA is committed to meeting all the reporting, meeting, and project management requirements outlined in Section 10 of the SOW (Attachment K). Previous projects described within this proposal demonstrate our consistent record of accomplishment leveraging strong project management and communication strategies to provide project deliverables within established timeframes.