

**RFP 22-71736 BUSINESS PROPOSAL
ATTACHMENT E**

Instructions: Please provide answers in the shaded areas to all questions. Reference all attachments in the shaded area.

Business Proposal

2.3.1 General (optional) - Please introduce or summarize any information the Respondent deems relevant or important to the State's successful acquisition of the products and/or services requested in this RFP.

Founded in 1985, Health Management Associates, Inc. (HMA) is a leading independent, national research and consulting firm that provides technical assistance and training, facilitation and strategic planning, research and evaluation, policy development and recommendations, technical report writing, and analytical services with a focus on improving the administration and delivery of public health, health care, and social services programs. HMA is a private, for-profit "C" corporation incorporated in the State of Michigan in good standing and legally doing business as Health Management Associates, Inc. HMA's team includes more than 580 consulting colleagues across all HMA companies who have provided services in all 50 states. With headquarters in Lansing, Michigan, we maintain offices in 19 states and Washington, DC.

HMA has distinguished itself from other consulting companies by our decades-long tradition of hiring senior-level experts, such as former state and local public health leaders, directors of community-based organizations, and former senior officers from key federal agencies. Our team members have backgrounds in program administration and understand grants management and administrative processes at more than just a theoretical level—we have walked in the shoes of the partners with whom we would be working and can provide technical assistance to them that is meaningful and relevant.

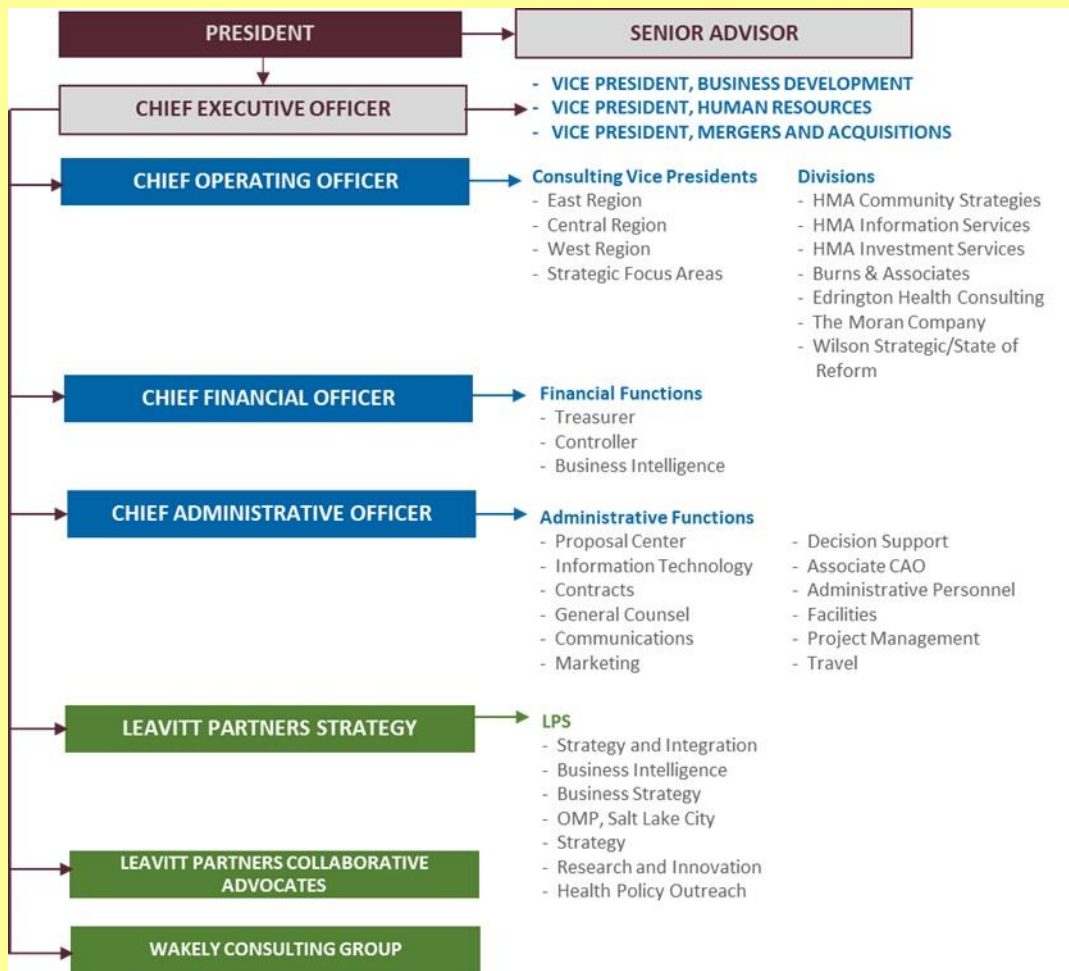
HMA team members are all committed to the organizational focus on supporting local and state governments, nonprofits, and other agencies providing programs and services through publicly funded programs. Moreover, we recognize the critical importance of cross-disciplinary, cross-sectoral collaboration and cooperation to address the complex issues and policies needed to optimize outcomes for individuals as well as populations affected by conditions arising from mental health and substance misuse.

2.3.2 Respondent's Company Structure - Please include in this section the legal form of the Respondent's business organization, the state in which formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization. If the organization includes more than one (1) product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization. Please enter your response below and indicate if any attachments are included.

HMA is a Michigan corporation that provides health care consulting services to both public and private entities nationwide. While HMA has several wholly owned subsidiaries, this work will be performed by HMA.

HMA's certificate of authority is included as part of this proposal, under the file name Certificate of Authority_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf

HMA's organizational chart can be found below.



2.3.3 Respondent's Diversity, Equity and Inclusion Information - With the Cabinet appointment of a Chief Equity, Inclusion and Opportunity Officer, on February 1, 2021, the State of Indiana sought to highlight the importance of this issue to the state. Please share leadership plans or efforts to measure and prioritize diversity, equity, and inclusion. Also, what is the demographic compositions of Respondents' Executive Staff and Board Members, if applicable.

HMA is committed to fostering, cultivating, and preserving a culture of diversity, equity, and inclusion (DEI). HMA operates a staff-led DEI Advisory Board whose mission is to proactively advance HMA's DEI initiatives and foster an organization that attracts, supports, and retains a diverse workforce that is valued, respected, engaged, and included.

Our human capital is the firm's most valuable asset. 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 part of not only our culture, but our reputation and the firm's achievements as well.

At HMA, we embrace and encourage our colleagues' differences in race, color, ethnicity, national origin, sexual orientation, gender identity or expression, age, disability, veteran status, religion, political affiliation, socioeconomic status, and other characteristics that make our colleagues unique.

We recognize and appreciate the importance of creating an environment in which all colleagues are valued, respected, and included, knowing this will allow them to do their best work for our clients, the populations that our clients serve, and the firm.

HMA's diversity initiatives are applicable—but not limited—to our practices and policies on recruitment and selection; compensation and benefits; professional development and training; promotions; transfers; social and recreational programs; layoffs; terminations; business partners; and the ongoing development of a work environment built on the premise of gender and diversity equity that encourages and enforces:

- Respectful communication and cooperation among all employees
- Teamwork and employee participation, permitting the representation of all groups and employee perspectives
- Work/life balance through flexible work schedules to accommodate employees' varying needs
- Employer and employee contributions to the communities we serve to promote a greater understanding and respect for the diversity

All employees of HMA are responsible for treating others with dignity and respect at all times. All employees are expected to exhibit conduct that reflects inclusion during work, at work functions on or off the work site, and at all other company-sponsored and participative events.

Any employee found to have exhibited any inappropriate conduct or behavior against others may be subject to disciplinary action.

Employees who believe they have been subjected to any kind of discrimination that conflicts with the company's diversity policy and initiatives should seek assistance from the human resources director.

The composition of HMA's executive staff is:

- Gender
 - Male – 61.9%
 - Female – 38.1%
- Race
 - White – 90.5%
 - Black or African American – 4.8%
 - Hispanic or Latino – 4.8%
- Age
 - Under 55 years – 52.4%
 - 55 years and older – 47.6%

Currently, we do not share specific data on the percentage of individuals who identify as neurodiverse, LGBTQ+, and/or gender nonbinary. There are a number of HMA leadership and consulting staff who openly identify as members of these groups. In HMA's own DEI journey, we are working towards improving our internal data collection and sharing of these measures with the overall goal to continue improving our diversity.

2.3.4 Company Financial Information - This section must include documents to demonstrate the Respondent's financial stability. Examples of acceptable documents include most recent Dunn & Bradstreet Business Report (preferred) or audited financial statements for the two (2) most recently completed fiscal years. If neither of these can be provided, explain why, and include an income statement and balance sheet, for each of the two most recently completed fiscal years.

If the documents being provided by the Respondent are those of a parent or holding company, additional information should be provided for the entity/organization directly responding to this RFP. That additional information **should explain the business relationship between the entities and demonstrate the financial stability of the entity/organization which is directly responding to this RFP.**

HMA's most recent Dun & Bradstreet Business Report is included as part of this proposal, under the file name DUNS Report_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf.

- 2.3.5 Integrity of Company Structure and Financial Reporting** - This section must include a statement indicating that the CEO and/or CFO, of the responding entity/organization, has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The areas of interest to the State in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services. The State will consider the information offered in this section to determine the responsibility of the Respondent under IC 5-22-16-1(d).

A statement has been included as part of this proposal, under the file name Integrity of Company Structure_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf.

- 2.3.6 Contract Terms/Clauses** - Please provide the requested information in RFP Section 2.3.6.

HMA does not have any suggestions for alternate contract language.

- 2.3.7 References** - Reference information is captured on **Attachment H** Respondent should complete the reference information portion of the **Attachment H** which includes the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information if the State elects to do so. The rest of **Attachment H** should be completed by the reference and **emailed DIRECTLY** to the State. The State should receive two (2) **Attachment Hs** from clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP. **Attachment H** should be submitted to idoareferences@idoa.in.gov. **Attachment H** should be submitted no more than ten (10) business days after the proposal submission due date listed in Section 1.24 of the RFP. Please provide the customer information for each reference.

Customer 1	
Legal Name of Company or Governmental Entity	The California Department of Public Health, Office of Health Equity
Company Mailing Address	PO Box 997377, MS 0500
Company City, State, Zip	Sacramento, CA 95899
Company Website Address	https://www.cdph.ca.gov/
Contact Person	Cullen Fowler-Riggs, MPH, CPH
Contact Title	Lead, California Reducing Disparities Project
Company Telephone Number	(833) 422-4255
Company Fax Number	N/A
Contact E-mail	cullen.fowler-riggs@cdph.ca.gov
Industry of Company	Statewide public health

Customer 2	
Legal Name of Company or Governmental Entity	The Center for Sexuality and Gender Diversity
Company Mailing Address	902 18th Street
Company City, State, Zip	Bakersfield, CA 93301
Company Website Address	www.thecenterbak.org
Contact Person	Anne-Natasha Pinckney
Contact Title	Executive Director
Company Telephone Number	(661) 843-7995
Company Fax Number	Must call main number first
Contact E-mail	execdirector@thecenterbak.org
Industry of Company	Community-based social services
Customer 3	
Legal Name of Company or Governmental Entity	National Committee for Quality Assurance
Company Mailing Address	1100 13th St. NW, Third Floor
Company City, State, Zip	Washington, D.C. 20005
Company Website Address	www.ncqa.org
Contact Person	Sarah Scholle, DrPH
Contact Title	Vice President of Research & Analysis
Company Telephone Number	(202) 955-3500
Company Fax Number	(202) 955-3599
Contact E-mail	scholle@ncqa.org
Industry of Company	Health care accreditation

2.3.8 Registration to do Business – Per RFP 2.3.8, Respondents providing the products and/or services required by this RFP must be registered to do business by the Indiana Secretary of State. The Secretary of State contact information may be found in Section 1.18 of the RFP. This process must be concluded prior to contract negotiations with the State. It is the successful Respondent's responsibility to complete the required registration with the Secretary of State. Please indicate the status of registration, if applicable. Please clearly state if you are registered and if not provide an explanation.

HMA is in good standing with the Office of the Indiana Secretary of State. Our business ID is 2000020900370.

2.3.9 Authorizing Document - Respondent personnel signing the Executive Summary of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement. Please enter your response below and indicate if any attachments are included.

Kelly Johnson, chief administrative officer of HMA, is authorized to sign our executive summary. A copy of a corporate resolution showing her authority is included in this bid packet as Signature Authorization Document_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf.

2.3.10 Subcontractors - The Respondent is responsible for the performance of any obligations that may result from this RFP and shall not be relieved by the non-performance of any subcontractor. Any Respondent's proposal must identify all subcontractors and describe the contractual relationship between the Respondent and each subcontractor. Per instructions in **Attachment J**, either a copy of the executed subcontract or a letter of agreement over the official signature of the firms involved must accompany each proposal.

Any subcontracts entered by the Respondent must be in compliance with all State statutes and will be subject to the provisions thereof. For each portion of the proposed products and services to be provided by a subcontractor, the technical proposal must include the identification of the functions to be provided by the subcontractor and the subcontractor's related qualifications and experience.

The combined qualifications and experience of the Respondent and any or all subcontractors will be considered in the State's evaluation. The Respondent must furnish information to the State as to the amount of the subcontract, the qualifications of the subcontractor for guaranteeing performance, and any other data that may be required by the State. All subcontracts held by the Respondent must be made available upon request for inspection and examination by appropriate State officials, and such relationships must meet with the approval of the State.

The Respondent must list any subcontractor's name, address, and the state in which formed that are proposed to be used in providing the required products and/or services. The subcontractor's responsibilities under the proposal, anticipated dollar amount for subcontract, subcontractor's form of organization, and an indication from the subcontractor of a willingness to carry out these responsibilities are to be included for each subcontractor. This assurance in no way relieves the Respondent of any responsibilities in responding to this RFP or in completing the commitments documented in the proposal. The Respondent must indicate which, if any, subcontractors qualify as a Minority Business

Enterprise, Women’s Business Enterprise, or Veteran Owned Business under IC 4-13-16.5-1 and IC 5-22-14-3.5. See Sections 1.21, 1.22 and **Attachments A/A1** for Minority, Women, and Veteran Business information.

IVOSB entities (whether a prime or subcontractor) must have a Bidder ID. If registered with IDOA, this should have already been provided (as with MWBEs). IVOSBs that are only registered with the Federal Center for Veterans Business Enterprise will need to ensure that they also have a Bidder ID provided by IDOA (please see section 2.3.7 for details).

HMA is proposing the inclusion of two subcontractors for this project. Engaging Solutions will assist with stakeholder engagement. netlogx will provide project management and logistics support for this project.

Engaging Solutions will assist with stakeholder engagement to gather insights and experiences from populations served by each of the CMHCs. Specifically, Engaging Solutions will co-design and administer stakeholder surveys and facilitate focus groups across the state. Engaging Solutions’ deep understanding of Indiana’s behavioral health system and their expertise in stakeholder engagement will ensure the authentic voice of impacted populations and key stakeholders are reflected in the assessment.

Our second partner, netlogx, LLC, will provide project management and logistics support for the duration of the project. Given the statewide scope of the project and engagement with 24 CMHCs, the State, and the Indiana Council, effective project management is critical. netlogx’ Indiana presence, their understanding of the Indiana landscape, and their deep experience and project management skill will be of significant value.

HMA is pleased to partner with Engaging Solutions and netlogx in support of this project. We retain responsibility for the successful management of this project.

2.3.11 Evidence of Financial Responsibility – Removed at request of agency.

2.3.12 General Information - Each Respondent must enter your company’s general information including contact information.

Business Information	
Legal Name of Company	Health Management Associates, Inc.
Contact Name	Ann Filiault
Contact Title	Proposals Center Director
Contact E-mail Address	proposals@healthmanagement.com
Company Mailing Address	120 N. Washington Square, Suite 705
Company City, State, Zip	Lansing, MI 48933
Company Telephone Number	(517) 482-9236
Company Fax Number	(517) 482-0920
Company Website Address	https://www.healthmanagement.com/
Federal Tax Identification Number (FTIN)	38-2599727

Number of Employees (company)	700
Years of Experience	37 years
Number of U.S. Offices	23 offices
Year Indiana Office Established (if applicable)	2014
Parent Company (if applicable)	HMA Holding Corporation
Revenues (\$MM, previous year)	\$151MM
Revenues (\$MM, 2 years prior)	\$104MM
% Of Revenue from Indiana customers	1%

- a.** Does your Company have a formal disaster recovery plan? Please provide a yes/no response. If no, please provide an explanation of any alternative solution your company has to offer. If yes, please note and include as an attachment.

Yes. HMA's security statement is included as part of this proposal, under the file name Security Statement_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf.

- b.** What is your company's technology and process for securing any State information that is maintained within your company?

Please see HMA's security statement, which is included as part of this proposal, under the file name Security Statement_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf.

2.3.13 Experience Serving State Governments - Please provide a brief description of your company's experience in serving state governments and/or quasi-governmental accounts.

HMA is a leading independent, national research and consulting firm with offices in 19 states and Washington, DC. With more than 580 consulting colleagues whose experiences span the health and human services environment and stretch across the country, we have the experience and skill set to provide the Family Social Services Administration's Division of Mental Health and Addiction (DMHA) a comprehensive assessment of community mental health center (CMHC) best practices. We have assisted countless government organizations—states, counties, local municipalities, and publicly owned health systems—with strategic planning that has focused on health care, behavioral health, public health, and the integration of social services. In addition to our depth of experience, HMA understands the importance of understanding the unique context within each state. Below is a small sample of our experience serving state governments.

Strategic Visioning Services (2016)

Colorado Department of Public Health and Environment and Health Services and Connections Branch (HSCB)

The Colorado Department of Public Health and HSCB engaged HMA to enhance HSCB and program-specific strategic frameworks through futuristic visioning and planning. This included two overarching objectives: 1) provide tailored strategic consultation services to the leadership team given the changing health care environment, particularly post-Affordable Care Act; and 2) provide tailored strategic consultation to the three program units within the HSCB. At that time, HSCB leadership understood that the health care landscape had changed significantly in the last several years. Their goal was to explore what those changes meant for each of the HSCB programs and within the larger context of the national and state health care environments, identifying opportunities for improvement and innovation that best positioned HSCB to effectively meet the health needs of Colorado individuals and families. During the engagement, HMA worked with HSCB leadership to conduct sessions individually, as a team, and with their staff. These sessions presented information about the larger context of national and state health care trends and gathered ideas and impacts from the staff about those trends to help them build a strategic outlook for each program over the next three to five years.

**Strategic Planning for the Department of Health and Social Services (2018-2020)
State of Delaware, Department of Health and Social Services (DHSS)**

Starting in 2018, HMA began supporting DHSS to develop a strategic plan that serves as a roadmap for coordinating DHSS infrastructure to provide high-quality services in all Delaware communities and achieve the department's collective mission to improve the quality of life for all Delawareans. This effort included coordinating with 13 internal divisions, conducting significant data collection and analysis, engaging multiple internal and external stakeholders, and creating a strategic plan with goals, objectives, strategies, and metrics, as well as implementation strategies. The strategic plan was designed to generate efficiencies by streamlining practices, reducing duplicative processes, and using meaningful data to inform decisions.

HMA led DHSS through five phases of strategic planning, including project start-up, the establishment of the strategic planning process, an environmental analysis, communications and outreach, and the finalization of the strategic and implementation plans. The third phase comprised a strengths, weaknesses, opportunities, and threats analysis, as well as conducting an environmental assessment and stakeholder outreach that included a program inventory analysis, national and state policy trend research, employee small group interviews, employee and stakeholder surveys, and stakeholder focus groups. Through the process of creating a new strategic plan, HMA sought to reaffirm and clarify DHSS' overall mission and vision and validate the alignment of processes and tasks with operational goals.

In July 2020, DHSS released a draft of the final strategic plan for public comment, and the plan was finalized based on this input. The final plan provided a roadmap for enhancing the efficiency and effectiveness of DHSS, including effective support for staff development, the identification of process improvements, opportunities for better using current and new technologies, and better alignment of resources, programs, and services across divisions that serve the same populations.

State Program Alignment and Change Management (2017) California Department of Public Health

The Center for Healthy Communities is one of five primary organizational groups within the California Department of Public Health. With 38 programs covering a range of health and safety issues, 450 full-time staff, and more than \$450 million in federal, state, and local funds, the center works to ensure all Californians have the healthiest possible communities in which to live, work, and play. In the summer of 2017, the center contracted with HMA to lead them through an extensive strategic planning process that included identifying vision and values, selecting strategic priorities and goals, and developing a communications plan, an implementation plan, and an evaluation plan. HMA worked with the center to identify opportunities for improved alignment across program budgets and functions. HMA provided change management support and coaching as the center implemented a new organizational structure resulting from this process. This extensive undertaking included facilitating the center's leadership team, collecting qualitative and quantitative data, analyzing and reporting on data, providing mediation support related to change management, and developing tools and resources to support the center's implementation of its new structure and strategic plan.

2.3.14 Experience Serving Similar Clients - Please describe your company's experience in serving customers of a similar size to the State with similar scope. Please provide specific clients and detailed examples.

HMA has assisted more than 20 government organizations—states, counties, local municipalities, and publicly owned health systems—with assessment and planning that has focused on health care, behavioral health, public health, and the integration of social services. As part of this work, we integrate an awareness of, and lessons learned from, major system impactors. For example, we have integrated COVID-19 strategies into all our strategic planning work. We recognize the surge in behavioral health needs has been met with a service system struggling with reduced operations, site closures, staff recruitment and retention challenges, and financial strain. Therefore, in direct response to client needs over the last year, we have intensified our efforts to support enhancements in telehealth practices, safety protocols, workforce recruitment and retention, resilient supervision strategies, and DEI efforts. Some examples of recent projects are included below, with additional samples included within our technical proposal.

**Behavioral Health Administration (2020–present)
Colorado Department of Public Health & Environment**

In 2021, HMA helped the State of Colorado with creating the Behavioral Health Administration. This is a new cross-sector and cross-payer behavioral health entity that is accountable to all Coloradans. The agency is an innovative approach to creating a strategic and effective system of care from prevention to recovery. HMA provided technical research, design, change management, and communication support and is continuing to work on the implementation of the new entity. HMA conducted a technical review of more than 100 behavioral health 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, staffing data reporting, and data infrastructure.

**Rhode Island Behavioral Health System Technical Assistance (2020–present)
Rhode Island Executive Office of Health and Human Services (EOHHS)**

In 2020, the Rhode Island EOHHS engaged HMA to produce a comprehensive behavioral health study. This study described Rhode Island's current continuum of care for behavioral health needs across the lifespan and across levels of need/acuity, mapped current system and provider capacity while highlighting existing gaps, and benchmarked expenditures across all payers across an array of services. The initial phase of work created a base of data from which to drive future program priorities. The subsequent phase of this project translated the analytic learnings into actionable program options and implementation plans for EOHHS. Our deliverable contained the guiding questions, data sources and analyses, and implementation steps required for EOHHS to ensure identified policy options target high-priority areas of need. HMA has been retained to provide ongoing implementation and support of these priorities, which include outpatient clinic restructuring and crisis system development.

Case Management Redesign (2021-present)
Colorado Department of Health Care Policy & Financing

In 2021, the Colorado Department of Health Care Policy & Financing engaged HMA to help lead case management redesign across the state. We are supporting the existing 41 case management organizations (single entry points, community-centered boards, and private case management agencies), many of which also provide direct services and home and community-based services to waiver recipients, as they navigate this transition to 20 conflict-free regional case management organizations. HMA is providing change management support, culture change processes, stakeholder and consumer engagement, and technical assistance.

System Transformation (2005–present)
Los Angeles County Department of Health Services (DHS)

HMA has engaged with Los Angeles County, both through its Office of the CEO and its DHS, since 2005 to assess and assist in transforming 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. Initially, HMA assisted DHS in responding to crises through the implementation of strategic plans that helped transform DHS into a truly integrated delivery system, capable of success in a time of change and reform in health care. These efforts included:

- Successfully reducing the length of stay at DHS' flagship hospital to meet court-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
- Facilitating the transformation of DHS' Martin Luther King Jr. Hospital into a multi-specialty ambulatory and diagnostic center
- Addressing the strategic role of the county's managed care organization and its ability to meet the challenge 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 (federally qualified health centers [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

**Strategic Planning with a Local Mental Health Care Authority (Multiple Engagements: 2016–2019, 2021–present)
BHcare, New Haven County, Connecticut**

Beginning in 2016, HMA led BHcare through a strategic planning process intended to help them adapt to changes in the Medicaid service system in Connecticut and improve the quality and breadth of the services they provide. As the local mental health authority in North Haven, BHcare is subject to a wide array of regulatory and funding structures. BHcare sought assistance with navigating this regulatory and funding complexity and identifying changes to enhance the long-term financial well-being of the agency. HMA continued to work with BHcare as they implemented the strategic plan, such as assisting BHcare in developing an integrated primary and behavioral health care facility in collaboration with a local FQHC, which was one of the initiatives identified as essential in the strategic planning process. In addition, three years after the initial strategic planning process, HMA returned this past year to help BHcare update their strategic plan to reflect both internal and environmental changes in the last three years.

**Behavioral Health Strategic Planning (2017 and 2019–present)
The Coalition for Behavioral Health, New York**

HMA helped the Coalition for Behavioral Health secure a grant from the New York Community Trust to support their strategic planning process. The process included a robust environmental scan, including interviews with behavioral health trade associations from across the country and a national roundtable of experts convened by HMA. In addition, HMA facilitated a planning committee, composed of the Coalition for Behavioral Health board members and staff, and supported a reassessment of the organization's dues structure. HMA has a continuous advisory engagement with the Coalition for Behavioral Health to support activities related to strategic planning implementation and opportunities to enhance industry impact.

**Integrated Care Network Strategic Plan (2018)
King County Department of Community and Human Services, Washington**

HMA developed a three-year strategic plan for the newly formed Integrated Care Network that aligned long-term goals with intermediate operational objectives. The strategic plan included efforts to improve quality of care, expand provider capacity to meet client needs, and achieve financial sustainability. HMA also designed and implemented a quality function for the Integrated Care Network, including a quality improvement committee, a quality program description, a quality work plan, an outline for program evaluation, and a provider performance dashboard and scorecard to align intended outcomes with provider performance. The scorecard and dashboard were used to develop a value-based payment incentive.

2.3.15 Payment – Removed at request of agency.

2.3.16 Extending Pricing to Other Governmental Bodies – Removed at request of agency.