


McChrystal Group

CUSTOMER NAME: West Virginia Division of Health and Human Resources
CUSTOMER ADDRESS: 2019 Washington Street East, Charleston, WV 25305-0130
CUSTOMER POC NAME: Crystal Husted
CUSTOMER POC EMAIL: Crystal.G.Husted@wv.gov
RFP TITLE: Strategic Assessment/Management Consulting Services
RFP NUMBER: CRFP-HHR2200000002
DUE DATE: 16 May 2022 at 13:30

VENDOR NAME: McChrystal Group LLC
VENDOR ADDRESS: 333 N. Fairfax Street, Suite 100, Alexandria, VA 22314
VENDOR TELEPHONE: 571-312-8637
VENDOR FAX: N/A
VENDOR POC NAME: Kirsten Norman, Contracts Manager
VENDOR POC EMAIL: Kirsten.Norman@McChrystalGroup.com

VENDOR AUTHORIZED SIGNATURE: 
SIGNATORY NAME, TITLE: Martin Schweitzer, Director of Government Relations
DATE: May 12, 2022

Volume I: Technical

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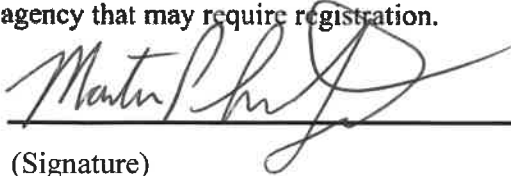
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RFP UNDERSTANDING AND ACCEPTANCE STATEMENT

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By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.



(Signature)

McChrystal Group LLC

(Company)

Martin Schweitzer, Director of Government Relations

(Representative Name, Title)

571-312-8637

(Contact Phone/Fax Number)

12 May 2022

(Date)

RFP ADDENDUM ACKNOWLEDGEMENT FORM

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ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: HHR220000002

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

- | | |
|----------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

McChrystal Group LLC

Company



Authorized Signature

12 May 2022

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
Revised 6/8/2012

VENDOR DESIGNATED CONTACT, CERTIFICATION, AND SIGNATURE FORM


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DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Name, Title) Kirsten Norman, Contracts Manager
(Printed Name and Title) Kirsten Norman, Contracts Manager
(Address) 333 N. Fairfax Street, Suite 100, Alexandria, VA 22314
(Phone Number)/ (Fax Number) Phone: 703-328-7061
(email address) Kirsten.Norman@McChrystalGroup.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

McChrystal Group LLC
(Company)

(Authorized Signature) (Representative Name, Title)
Martin Schweitzer, Director of Government Relations
(Printed Name and Title of Authorized Representative) (Date)
Phone: 571-312-867 Fax: N/A
(Phone Number) (Fax Number)
Marty.Schweitzer@McChrystalGroup.com
(Email Address)

1 INTRODUCTION

1.1 Our Team and History

The McChrystal Team is grateful for the opportunity to submit our approach to partnering with the West Virginia Department of Health and Human Resources (“DHHR”) on Solicitation Number CRFP-0506-HHR2200000002 for Strategic Assessment/Management Consulting Services, created to address the challenges and opportunities outlined in Section 1.2 of this proposal. Our team is comprised of McChrystal Group, LLC, who will be the Prime Contractor, and Human Services Research Institute (“HSRI”), operating as the subcontractor, collectively the “McChrystal Team.”.



McChrystal Group, LLC

Founded in 2011 by retired U.S. Army General Stanley McChrystal, McChrystal Group proudly operates as a Service-Disabled Veteran-Owned consulting and advisory firm based out of Alexandria, Virginia, serving over 100 public and private sector organizations. McChrystal Group designs custom organizational solutions, strategic plans, workshops and offsites, and cohort-style leader development programs to aid organizations in cultivating the four critical components that make up the Team of Teams® framework: shared knowledge, common purpose, trust, and empowerment.

McChrystal Group, housing an extensive group of seasoned professionals divided into three complementary business units: Team Science, Implementation, and Academy, helps solve an organization’s biggest challenges by applying the Team of Teams® framework to three critical areas of performance: measuring organizational performance, implementing strategy, and developing leaders.



Team Science: Diagnostic Assessments, Surveys, Analysis



Implementation: Strategic Planning, Working Rhythms, Decision Making



Academy: Leadership Development, E-Learning, Webinars

McChrystal Group partners with organizations to create tailored solutions and provide action-oriented analytical insights, execution-focused strategic planning, and experiential leadership development. Using insights from organization assessments and data analysis, McChrystal Group helps build strategies that empower an organization and its people to create effective and sustainable outcomes that matter.



Four Star General (Retired) Stanley McChrystal, Founder of McChrystal Group

A transformational leader with a remarkable record of achievement, General Stanley A. McChrystal has led thousands of men and women through complex challenges that require unprecedented levels of collaboration. Based on his experience, he’s authored four best-selling books, including *Team of Teams: New Rules of Engagement for a Complex World*, which serves as the foundation for the McChrystal Group’s framework.

General McChrystal is also a senior fellow at Yale University’s Jackson Institute for Global Affairs, where he teaches a course on leadership.

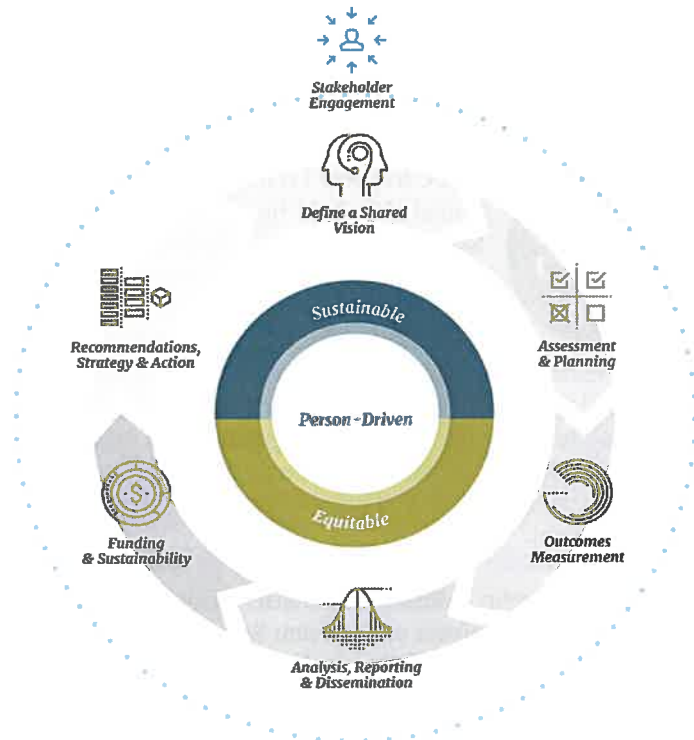


Human Services Research Institute

Human Services Research Institute (“HSRI”) is a non-profit organization headquartered in Cambridge, Massachusetts that has been helping to craft community-based, person-driven solutions since 1976. With over 45 years of experience and a team of more than 65 dedicated professionals, HSRI provides subject matter expertise, research, support and guidance to organizations looking to develop more efficient and responsive solutions. Combining rigorous quantitative research with community-based participatory research, HSRI strives for more-impactful results and more specific roadmaps to improvement.

Simply put, HSRI’s mission is to improve the systems that improve lives. They achieve this by conducting collaborative, inclusive, participatory research and working to identify sustainable solutions to complex health and social challenges. Having been in operation since the mid-1970s, HSRI understands the complexity of the human services landscape, including the interrelated physical, social, behavioral, and environmental factors that affect the health and well-being of individuals, families, and populations.

HSRI operates in 50 states, at the state and local level, and within 28 federal agencies across all sectors and program areas in health and human services, addressing the needs of people with intellectual and developmental disabilities; people experiencing behavioral health disorders; children, youth and families; seniors and people with physical disabilities; people experiencing housing instability or homelessness; and states and communities looking to promote population health.



1.2 Our Understanding of the Solicitation

West Virginia's Department of Health and Human Resources ("DHHR" or the "Agency"), comprised of six (6) Bureaus, Support Staff, and additional Offices, Centers, and Boards as detailed in the organization chart provided in the Solicitation. DHHR works daily to support the health and safety of all West Virginians, especially those most vulnerable to health and safety concerns. This mission requires the Agency to consistently deliver a broad scope of services to a diverse and geographically dispersed population, which has led to strategic, operational, and tactical challenges. While these challenges go back decades, the COVID-19 pandemic exposed or intensified many of them, prompting the introduction of House Bill 4020 during the Legislature's 2022 Regular Session. Despite the House and Senate passing an amended version of the Bill, Governor Justice vetoed the Bill because it did "not provide adequate direction on the many questions that must be addressed in this massive endeavor," which would entail dividing DHHR into two agencies by 2023. Governor Justice also indicated he acknowledges the challenges within DHHR and is committed to identifying the Agency's "issues, bottlenecks, and inefficiencies."

Taking Legislative and Governor feedback seriously, DHHR leadership issued Solicitation Number HHR220000002 to identify and partner with a vendor to complete a comprehensive organization assessment and to develop a strategic plan that informs the Agency's way forward.

This will require that DHHR not simply document each Bureau's strategic initiatives; rather DHHR leaders, with the support of their partnering vendor, shall collectively review, discuss, and align on how the Agency operates so those leaders can make an informed decision about DHHR's future and then clarify the corresponding strategic plan.

With more than 50 years of combined experience, our McChrystal Team is well qualified to support DHHR leaders as they turn this challenge into an opportunity. The McChrystal Group works daily with large, complex Federal, State, local government organizations, as well as Fortune 500 entities. Our teams routinely guide senior leadership teams through the process of better understanding their organizations and making strategic decisions based on that information. McChrystal Group's partner, Human Services Research Institute, (HSRI), has helped hundreds of health and human service organizations, leaders, and partners navigate the complex systems in which they operate. Additional details regarding our team's support to these large, complex organizations, including the Virginia Department of Health and the New Hampshire Department of Health and Human Services. Details on past performance can be found in Section 5.4.

As described in the following response, the McChrystal Team will take an integrated approach to deliver analytical insights into how the DHHR operates based on our proprietary organization assessment along with our proven strategy alignment process. Understanding that a strong foundation will be necessary for the Agency's continued progress, our team will actively work with leaders throughout the Agency to strengthen the trust and collaboration across the Agency, including all Bureaus and Offices.

The McChrystal Team has the capability to provide studies, analyses, strategic plans, and reports on the Agency's operations. Success of this effort will require that trust is quickly established between the Agency and the McChrystal Team. Achieving the objectives and goals set forth in Solicitation Number HHR220000002 within the Agency's specified 120-day (est. 17 weeks) time-frame will require a coordinated team effort. Most notably, it will require the active ownership, engagement, and investment of DHHR leadership, and the leadership teams within in its component Offices and Bureaus, to carry this critical work forward for the benefit of the residents of West Virginia.

2 RFP SECTION 4.2.1: GOALS AND OBJECTIVES

2.1 RFP Section 4.2.1.1: Organization Assessment

“The Vendor should propose an approach to conduct a baseline organization assessment of the Agency on which to build a future strategic and operating plan and any other recommendations required to achieve Agency goals. The Vendor should propose a fact-based strategy to the assessment, informed by a top-to-bottom review of the Agency, including the existing documentation, materials, and data, along with key stakeholder interviews for each Bureau or Office within the Agency.”

Overview: In support of this effort, the McChrystal Team proposes a multi-faceted organization assessment consisting of comprehensive analyses of DHHR’s operating model effectiveness, information flows, and gaps in strategy alignment and implementation. Additionally, the McChrystal Team will utilize existing Agency documentation, materials, data, and key stakeholder interviews for each Bureau or Office within the Agency, as well as apply proprietary organizational performance and network analysis tools to establish a quantitative baseline that demonstrates how DHHR actually operates in practice. This customized assessment will measure critical factors that directly impact the DHHR’s ability to establish, implement and adapt its strategic plan. It will also identify key brokers of information and influencers in the organization, who can accelerate the communication and implementation of the strategic plan.

Representative Timeline:



Figure 1: Organization Assessment Timeline

Approach: The McChrystal Team will provide a holistic view of the current operational state of DHHR through the elements of the organization assessment, detailed as follows:

“Baseline Organization Assessment” and Network Behavior Analyses with “Top-to-Bottom Review” via Agency-wide Survey

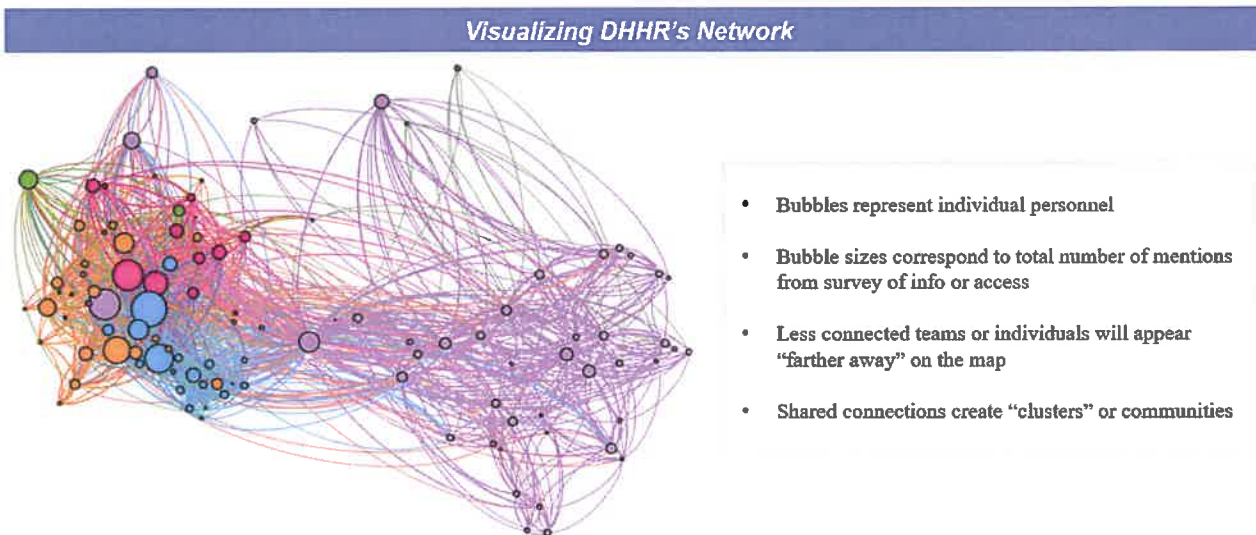
By using a customized diagnostic assessment based on McChrystal Group’s proprietary Organizational Performance Analysis (OPA) and Organizational Network Analysis (ONA), the McChrystal Team will equip DHHR’s leaders with data-driven insights on the state of its organization, analyzing key measures of organizational performance including alignment of strategic priorities at the Agency and across the Offices and Bureaus that comprise it. It will highlight key challenges that the Agency and its Offices and Bureaus face and provide high impact areas of focus for downstream analysis and reporting. Specifically,

the McChrystal Team’s assessment will be designed to solicit input from across the Agency’s Offices and Bureaus.

Utilizing McChrystal Group methodology refined through ten (10) years of performing organization assessments within complex Federal, State, and local organizations, as well as Fortune 500 companies, the McChrystal Team will partner directly with DHHR leaders to design and field a tailored assessment, optimized to uncover nuanced datapoints and perspectives from all DHHR Bureaus and Offices. Specific steps the McChrystal Team will take in collaboration with Agency Leadership include:

- Design of a custom, web-based survey instrument based on the Agency’s operational structure.
- Deployment of the instrument through Agency systems to ensure secure and seamless distribution to the respondents and ease of completion.
- A detailed analysis phase intended to identify critical findings, put them in context, and deliver statistically and contextually valid findings.

Figure 2 below shows a representative output from the McChrystal Team’s Organizational Network Analysis, which is a key deliverable from the McChrystal Team’s Organization Assessment. This analysis highlights key network influencers in the Agency and critical communication patterns within and outside its offices and bureaus.



Network Analysis shows how DHHR actually operates, regardless of the organizational hierarchy, visualizing the agency's communication patterns, and identifying information flows, decision-making pathways, and bottlenecks.

Figure 2: DHHR Network Visualization

Cataloguing “Current Priorities and Initiatives, Performance, Improvement Opportunities, Processes, Capabilities and Gaps, Risks, Redundancies, Resources, and Cost Efficiency Opportunities” through Key Strategy Document Collection and Review, and Interviews of Agency Leaders

In preparation for interviews, the McChrystal Team will conduct interviews of key stakeholders identified by DHHR, including Bureau Commissioners and Deputy Commissioners bureaus and other senior leaders of the agency, to better understand trends that emerged from the analysis of survey results.

For stakeholders internal to the Agency and its Offices and Bureaus, these interviews will include a request for specific documentation related to Agency/Office/Bureau processes and capabilities, key priorities and initiatives, risks, gaps, efficiency, and performance improvement opportunities. These interviews will be conducted in conjunction with domain Subject Matter Experts, who will then combine the insights gained from interviews and documentation reviews to generate focused assessments of the broader systems in which DHHR operates. These assessments will be incorporated in the final report noted below.

To promote consistency of feedback, stakeholder interviews will be structured according to a Strengths, Weakness, Opportunities and Threats (SWOT) analysis framework, and will be based on the perspective of the interviewee’s experience within the Agency and its Offices and Bureaus.

Identify Organizational Performance Challenges, Strategic and Operational Gaps, and Improvement Opportunities through Targeted Network Influencer Interviews

“Network Influencers” is a term the McChrystal Team uses to refer to individuals who are considered nodes of leadership and knowledge with outsized influence in the organization comparable to their role. Network influencers provide unique context related to process effectiveness within the Agency. They are identified by their supervisors, peers, and subordinates via the previously discussed Organizational Network Analysis. Network Influencers are specifically qualified to provide context into the Agency’s performance challenges and improvement opportunities. Interviews with these individuals serve to confirm hypotheses from the organization assessment, reduce partiality, and gain actionable intelligence about the most critical issues affecting the Agency and its Offices and Bureaus. As appropriate, Network Influencer interviews will be conducted in collaboration with our relevant Subject Matter Expert for the respective area of the Agency.

Outline the Current State of DHHR and Provide Insights to Align on the Strategic Plan

McChrystal Team Consultants and Subject Matter Experts will generate a final report summarizing the observations and insights from the survey, all interviews, document reviews, and recommendations. The report will also distill all quantitative and qualitative insights through a lens of a strategic context for DHHR. Once the report is finalized, the team will brief the Secretary of DHHR and any additional leaders selected by the Secretary. That briefing will be discussion-focused, and any feedback provided will be considered for the larger briefing to all Commissioners and Deputy Commissioners noted in Section 2.2.

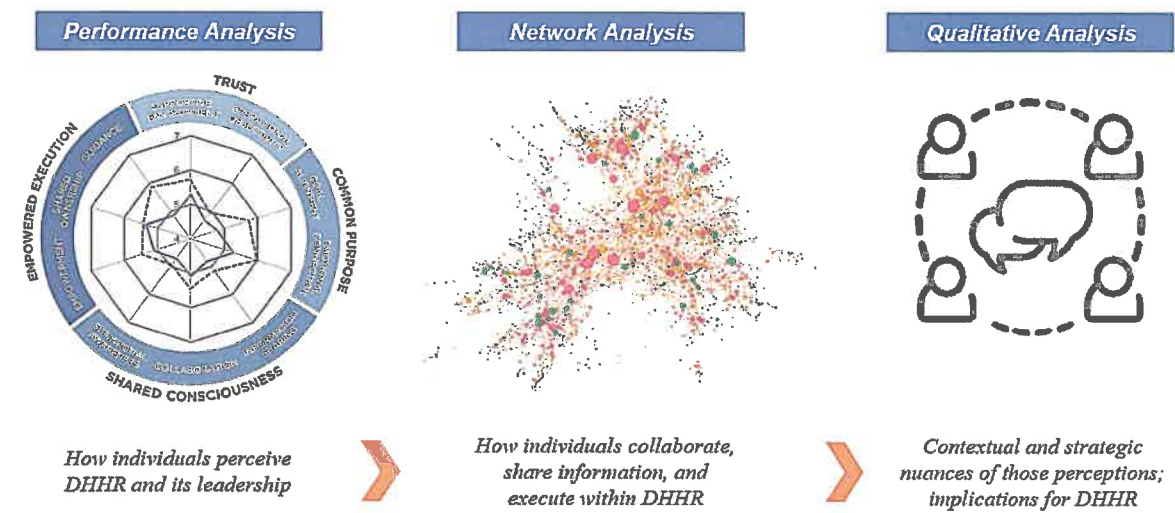


Figure 3: Organization Assessment Deliverable Outline

Organization Assessment Deliverables:

- Organization Assessment Final Report and Outbrief integrating insights from all elements of the assessment (See Figure 3) into a cohesive narrative, consolidated takeaways, and recommendations.

2.2 RFP Section 4.2.1.2: Strategic Plan

“The Vendor should provide an approach to develop and recommend a strategic plan for the Agency with priorities that directly support the Agency mission and goals to promote and provide health and human resources for the people of West Virginia in order to improve their quality of life.”

Overview: The power of a strategic plan does not come from words on a page. The power of a strategic plan comes from executive leaders’ alignment around the content of the plan and commitment to it. Its power also derives from how leaders communicate the strategic plan and convey how their teams contribute to its success. With this knowledge, leaders throughout the organization can then be empowered to make informed decisions according to how the executive leaders have defined success. The implementation of the McChrystal Team’s strategic planning approach described below will generate strategy alignment among DHHR’s senior leaders, thereby creating a sense of common purpose across the Offices and Bureaus.

Our teams have successfully applied the strategic plan framework shown in Figure 4 (below) at numerous organizations in the public and private sectors. Key to success is the ability to learn about the organization and adapt this framework to the needs and language of the organization. For example, DHHR may prefer to identify measurable “priorities and milestones” rather than “strategies and initiatives.” The execution of our proven strategy alignment methodology will help DHHR leaders create and align on a strategic plan that enables “consistent communication of mission, vision, values, and culture” to meet the needs of DHHR.

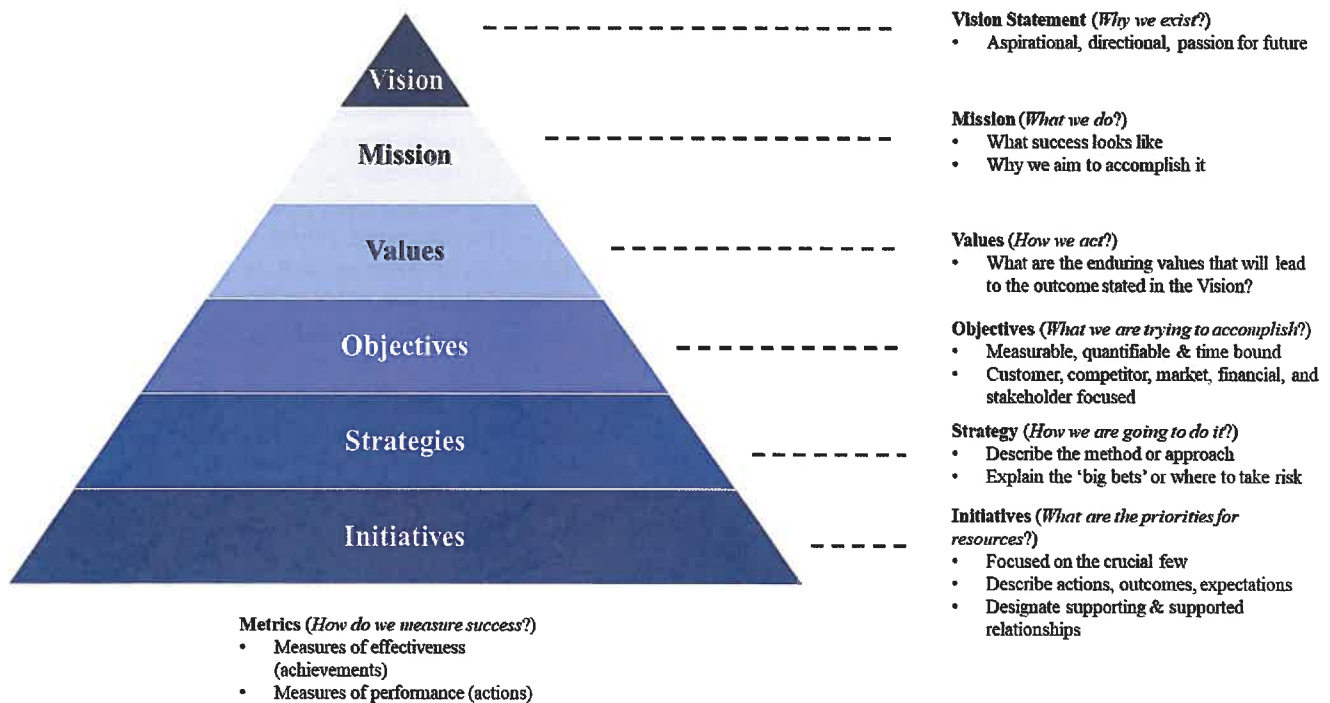


Figure 4: Strategic Plan Framework Visualization

Representative Timeline:

The timeline below outlines the activities, events and deliverables that comprise the development of DHHR’s strategic plan.

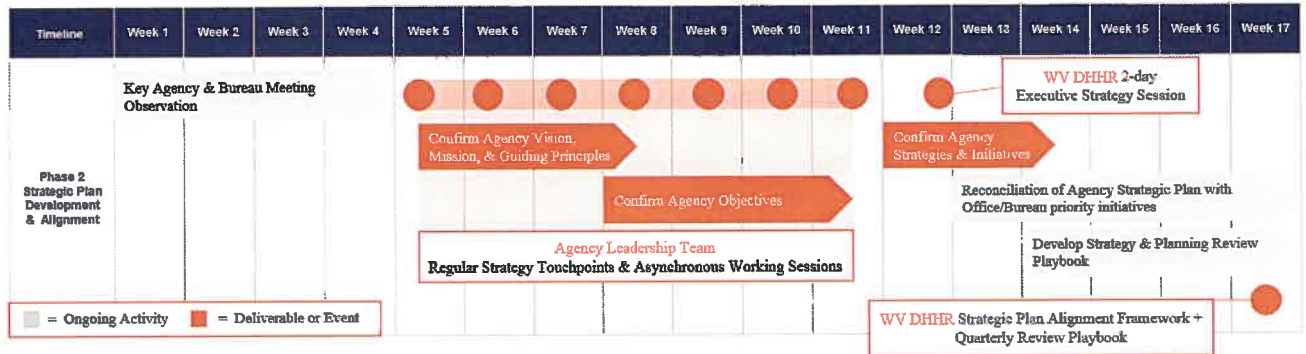


Figure 5: Strategic Plan Timeline

Approach: The following description conveys the McChrystal Team’s method to align DHHR leaders around the Agency’s future and to create a corresponding strategic plan.

Enable “Clear and Consistent Communication of Mission, Vision, Values, and Culture” Through Regular Observation of Agency Meetings and Working Sessions with Agency Leadership

As outlined in Figure 5, to efficiently align DHHR leaders around the mission, vision, values, and culture within the Agency’s strategic plan, the McChrystal Team will complement the interviews and document reviews noted in Section 2.1.1 with the observation and eventual facilitation of discussions during existing DHHR leadership team meetings. If these meetings do not already exist, the McChrystal Team will work with the necessary stakeholders to establish them. Members of our team will observe the leadership team meetings for the first three to four weeks of this partnership to understand each leader’s role while learning more about DHHR through the organization assessment. Once the organization assessment interviews are complete and documents have been reviewed, our team members will use portions of these DHHR leadership team meetings to facilitate conversations that gauge leaders’ level of alignment around the mission, vision, values, and culture. If needed, the McChrystal Team will also facilitate conversations that examine reasons for misalignment, challenge assumptions, and help the leaders progress toward alignment.

Enable DHHR to Establish “Top Overall Priorities and Milestones” During Leadership Offsite Meeting

While facilitating leaders’ alignment around the mission, vision, values, and culture, the McChrystal Team will simultaneously be preparing for a two-day offsite meeting for DHHR’s senior leaders. This preparation will include all components of the organization assessment mentioned in Section 2.1, as well as meetings between our Subject Matter Experts and the relevant Bureaus or Offices to prepare content for presentation and discussion. During the offsite, the results of the organization assessment, as well as the drafted mission, vision, and values, will be shared with and discussed by the Secretary, Commissioners, Deputy Commissioners, and Office senior leaders. Our team will then have each Bureau

share its high-level priorities and explain how they align with the Agency-wide mission, vision, values, and culture. Finally, our team will facilitate a series of discussions and activities, so the entire leadership team can identify and establish DHHR's overall priorities and milestones. At the conclusion of these discussions, DHHR leaders will know how well they are aligned on the future of the Agency, which will inform how the McChrystal Team completes the remaining tasks.

Assess Alignment of “Bureau/Office Level Priorities with Overall Agency Priorities”

Following the leadership offsite meeting, the McChrystal Team will meet with Bureau and Office leaders to review their goals, objectives, and/or priorities in more detail, and to establish whether they align with the Agency-wide strategic plan established during the offsite. Our team will provide a summary detailing areas where there is alignment and/or misalignment, and will provide recommendations, as necessary, for DHHR leaders to discuss how to proceed.

Establish the “Process and Governance” for Consistently Reviewing Progress Against the Strategic Plan

A foundational element for a successful strategic plan is establishing the right governance and associated processes. This entails establishing and executing a routine process for leaders to consistently review progress against the strategic plan, discuss barriers to progress, maintain alignment, and make resource allocation decisions or changes to the strategic plan, as necessary. Following the meetings with Bureau and Office leaders noted above, our team will create a Quarterly Strategic Review Playbook tailored to DHHR's organization. To create this Playbook, the McChrystal Team will combine our prior experience implementing Quarterly Strategic Review processes at other large, complex organizations with our knowledge of DHHR, so the process can feasibly be implemented by DHHR leadership (see Section 8 - Additional/Optional Services for more detail).

Advise Leaders on “Potential Operating Model and Organizational Structure Efficiencies”

The McChrystal Team's alignment framework provides a lens through which to evaluate DHHR's structure and determine if it aligns with and supports the DHHR mission, vision, values, and culture, as well as Agency goals and objectives. Our philosophy is that *“strategy drives structure”*. As such, we will partner with DHHR leadership to assess whether misalignments exist that would influence the fundamental structure of the Agency and the Offices and Bureaus that comprise it. The McChrystal Team is prepared to offer recommendations on organizational structure once the Agency's vision and aligned strategies are established.

The McChrystal Team will work directly with Agency leadership to identify any organizational misalignment that emerges from the organization assessment and/or the strategic planning process. The McChrystal Team will utilize our proven aligned strategy framework to support those discussions, along with benchmarks from the broader Health and Human Services environment, as provided by our Subject Matter Experts.

“Critical Success Factors” that Enable Successful Implementation of the Strategic Plan

Many factors will influence the success of this effort. However; in the McChrystal Team's experience, the three critical success factors that will enable successful implementation of the strategic plan are identified on the following page.

1. Leadership alignment on and commitment to the strategic plan.
2. The establishment of measurable objectives, including the strategies and initiatives to achieve those objectives.
3. A rigorous and durable quarterly review process that supports a disciplined review of the operating environment and progress to the plan.

The McChrystal Team’s approach (see previous sections for details) directly addresses the three critical success factors by:

1. Utilizing our proven strategy alignment framework to build the strategic plan through an iterative approach in collaboration with DHHR leadership.
2. Facilitating interactive sessions with leaders from DHHR and its Bureaus and Offices to establish the core objectives for the Agency along with the specific measures by which success will be determined.
3. Providing a McChrystal Team playbook customized for DHHR that establishes clear governance and provides step by step instructions for establishing and conducting a quarterly operational review process.

“Analysis of Health and Human Services Federal and State Funding Sources” to Inform DHHR Leaders’ Decisions around the Strategic Plan

Drawing from McChrystal Group’s ongoing partnership with the Virginia Department of Health (see Section 4.1.1) and HSRI’s extensive state health agency experience, the McChrystal Team is able to understand the complexity involved in state agencies’ funding sources. DHHR’s numerous programs spread across multiple Bureaus further complicates DHHR’s ability to manage its appropriations of State general revenue, multiple Federal block and categorical grants, and special revenue funds in a manner that enables the Agency to effectively meet the needs of West Virginians. Incorporating an understanding of this complicated funding structure into any conversations around DHHR’s strategic plan will be necessary to provide the senior leaders a level of confidence that the strategic plan will be feasible.

To inform this component of strategic plan discussions, our Subject Matter Experts will use their decades of experience in Human Services fields to conduct an environmental analysis for each relevant Bureau. To complete these analyses, the Subject Matter Experts will review relevant literature and best practices for current and historical context, including information on available Federal grant programs, as well as the DHHR budget and policies. Our team will also include DHHR’s financial leaders in the interviews referenced in Section 2.1, so we understand the breadth and depth of funding sources already utilized by DHHR. Upon consolidation of these inputs, our Subject Matter Experts will provide insights and recommendations based on their experience in the field.

Strategic Planning Deliverables:

- **DHHR Strategic Plan with analysis of senior leaders’ level of alignment** around the documented mission, vision, values, and culture, as well as overall objectives, priorities, and milestones
- **Quarterly Review Playbook** outlining the process by which DHHR leaders can conduct a quarterly review of the strategic plan to review progress, gain alignment on competing priorities, and make resourcing decisions if necessary.

3 RFP SECTION 4.2.1.3: EFFICIENT AND ITERATIVE DELIVERY OF SERVICES

“The Vendor should propose a schedule that achieves completion of all activities associated with strategic assessment and management consulting services, including the final organizational assessment and strategic plan, no later than 120 calendar days from contract award. Vendor should assume that schedule status updates are provided at least monthly and that all versions (approved, draft, etc.) of vendor work products, analyses, and report materials are made available upon request.”

3.1 Integrated Program Schedule

The McChrystal Team will be prepared to share status reports monthly, or more frequently as required and will make all versions (approved, draft, etc.) of work products analyses and report materials available upon request.

The McChrystal Team’s approach to concurrently executing the organization assessment and developing the strategic plan has three major benefits:

- 1) Allows DHHR to test understanding, interpretation, and assumptions along the way, reducing the risk that key facts, information and insights are missed.
- 2) Intelligence required for effective strategic planning accumulates faster and is integrated faster into the strategic plan development.
- 3) Efficiencies are gained in execution, leading to a more mature organization assessment and strategic plan at the end of the engagement.

The McChrystal Team will ensure that these benefits are realized by organizing teams to work across workstreams according to a method that specifies lead and supporting roles and will assign associated responsibilities for each phase of the framework. This approach promotes clear accountability for knowledge sharing and delivery across the program.

The following timeline illustrates how the McChrystal Team’s approach to developing and recommending a strategic plan for DHHR will be tightly integrated with the approach to the organizational assessment and informed by its findings.

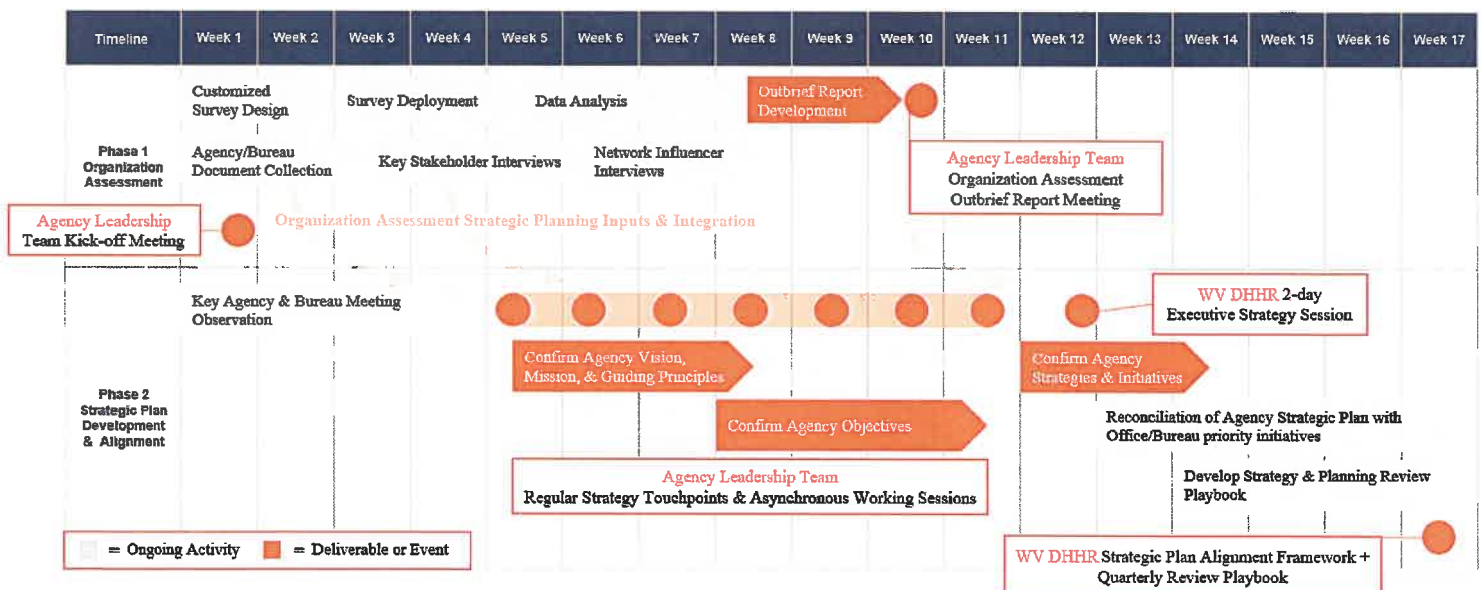


Figure 6: Integrated Program Schedule

3.2 Operating Assumptions

- **Sample population identified:** Through tables of organization, role analysis and other factors, DHHR will provide the McChrystal Team with the target population that will participate in the organization assessment and will notify the identified individuals that they will be participating.
- **Timely Access to Documents:** McChrystal advisors and subject matter experts will work with Agency, Bureau, and Office leaders, acting as DHHR Sponsors¹ and PoCs², to consolidate relevant strategy and financial documents – with the expectation leaders are responsive within two weeks of our request and materials are delivered prior to critical focus groups, key stakeholder interviews, and strategy working sessions.
- **Leaders’ availability:** Availability of Agency, Bureau, and Office leaders’, for active participation in interviews, workshops, and other engagements
- **Leadership Meeting Observations:** Approval for McChrystal Team members to attend and observe existing leadership meetings at the Agency, Bureau, and/or Office level, as needed, is required.
- **Information Technology:** Within one week of contract commencement, the McChrystal Team administering the organization assessment will need to be assigned internal West Virginia DHHR email accounts with corresponding network and physical access credentials as well as white-listing of email address for assessment survey distribution. While this access is granted, we will ensure compliance with all applicable privacy and security protocols in accordance with RFP Section 4.2.2.2 and as stated in Section 4.2 of this proposal.
- **DHHR leaders’ alignment** – At the completion of the 2-day Executive Strategy Session, DHHR leaders’ level of alignment on DHHR’s future will inform the McChrystal Team’s approach to the remaining six (6) weeks of the partnership.

3.3 Program Governance and Structure

The McChrystal Team’s integrated plan will be supported by a deliberate program structure that promotes collaboration with Agency leadership, knowledge sharing across the program, engagement of subject matter experts at critical points, as well as efficiency and cost effectiveness of delivery.

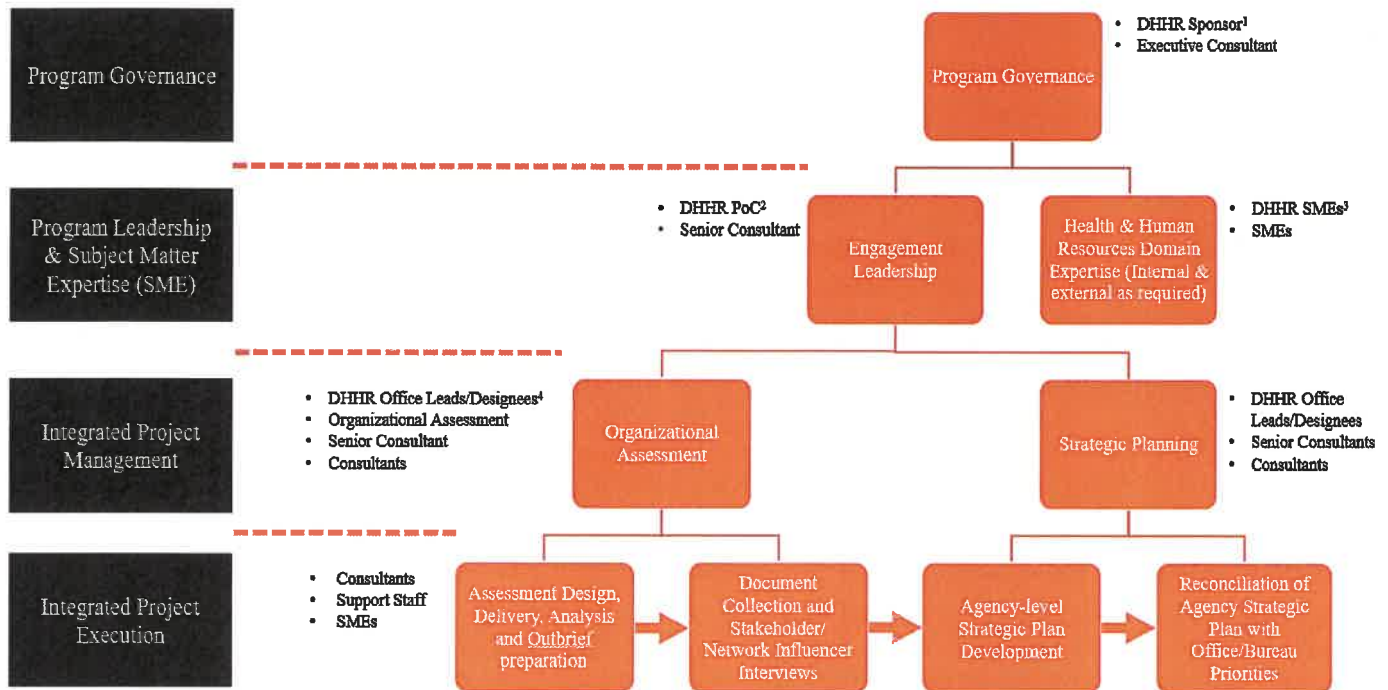


Figure 7: Engagement Team Structure and Work Breakdown

To be successful, the McChrystal Team’s integrated plan and program structure relies on active partnership, engagement, and collaboration between the McChrystal Team and DHHR leadership at multiple levels. Regardless of the experience, techniques, and methodology that McChrystal Team will bring to this effort, ultimate success will depend on DHHR’s willingness to learn, adapt and ultimately take ownership of the change in process and behavior it will introduce. Figure 7 above visualizes our recommended program governance and structure to create the right relationships and collaborative partnerships that will be required to introduce durable improvements in a program of this scope, scale and complexity.

¹ **DHHR Sponsor:** serves as the primary interface for the McChrystal Group Executive Consultant and as the voice of the Agency on matters related to the Agency and the engagement.

² **DHHR designated point of contact (PoC):** serves as the primary interlocutor with the McChrystal Group Senior Consultant and is responsible for creating the conditions for DHHR success by aligning and managing internal stakeholders, providing navigation and cultural guidance to the McChrystal Group Executive Consultant and other team members. Serves as a conduit to Senior-most leaders in the Agency for escalations when necessary.

³ **Internal DHHR Subject Matter Experts:** To interface with McChrystal Group Subject Matter Experts, as identified in RFP Section 4.3.1 and Section 4 of this proposal, in specific project matters impacting a technical domain at the Agency or its associated Offices and Bureaus.

⁴ **DHHR Office Leads or Designates:** Provides representation for respective DHHR Bureau or Office in matters related to the Organizational Assessment and Strategic Planning activities that pertain to Bureau or Office. Provides insight and navigation related to area of jurisdiction, actively participates in Organizational Assessment and Strategic Planning activities, and serves as an advocate for the Program at the Bureau or Office level.

4 RFP SECTION 4.2.2: MANDATORY PROJECT REQUIREMENTS

“The following mandatory requirements relate to the goals and objectives and must be met by the Vendor as a part of its submitted proposal. Vendor should describe how it will comply with the mandatory requirements. Failure to comply with mandatory requirements will lead to disqualification. The mandatory project requirements are listed below.”

4.1 RFP Section 4.2.2.1: In-Person and Remote Services Capability

“Vendor must have the capability to provide services in-person and remote (via video conference and teleconference) as mutually agreed upon by the Agency and the Vendor.”

The McChrystal Team has the proven capability to provide services in-person and remote (via video conference and teleconference) as required and as agreed on by the Agency and the Vendor. The McChrystal Team prefers working on-site with clients to provide a more hands-on experience, and we have extensive experience delivering services remotely and in a hybrid environment by leveraging a broad range of video and teleconferencing capabilities available on the market, including Microsoft Teams, Zoom and the Google suite, and are able to adapt our audio-visual tools to the specific needs and requirements of the Agency.

The McChrystal Team is adept at transitioning from in-person to remote events on very short notice and is able to skillfully drive engagement and derive significant value from both in-person and remote events and interactions. Due to the rapidly changing demands of the COVID-19 environment, some of the partners with whom the McChrystal Team have effectively operated in fully remote or hybrid environments include the United States Secret Service, the State of Connecticut COVID-19 economic and social recovery effort, and the West Virginia Higher Education Policy Commission (HEPC).

4.2 RFP Section 4.2.2.2: Security and Privacy Policy Compliance

“Vendor must comply with all current and future security and privacy policies and procedures of the Department and the West Virginia Office of Technology (WVOT)”

The McChrystal Team will comply with all current and future security and privacy policies and procedures of the Department and the West Virginia Office of Technology (WVOT) and confirms that it meets or exceeds all cybersecurity and privacy policy requirements. McChrystal Group will ensure all required language is provided within the applicable agreements to any subcontractors or consultants used on this effort.

Per the RFP, the policies references above can be found at the links below:

<http://www.wvdhhr.org/mis/policies.asp>

<https://technology.wv.gov/security/Pages/policies-issued-by-the-cto.aspx>

5 RFP SECTION 4.3.1: QUALIFICATIONS AND EXPERIENCE INFORMATION

5.1 RFP Section 4.3.1.1: Vendor Qualifications

5.1.1 RFP Section 4.3.1.1.1: Strategic Assessment, Management Consulting and Reorganization Vendor Qualifications

“Vendor should have a minimum of seven (7) years' experience providing strategic assessment, management consulting services, and/or reorganization services concerning entities conducting public health and/or health care functions.”

The following section describes McChrystal Group’s experience in providing strategic assessment, management consulting services, and /or reorganization services concerning entities conducting public health and/or healthcare functions.

In the 11 years since McChrystal Group’s founding, we have identified the precise behaviors and processes that generate highly effective teams. McChrystal Group’s proprietary diagnostic capabilities deliver a comprehensive portrait of how information sharing, and collaboration occurs within an organization. Each discipline featured in our Assessment process reveals distinct and actionable insights about an organization. Having conducted over 100 organization assessments in partnership with our clients, the Network Analysis has been optimized to help our partners solve for information bottlenecks and silos, the Performance Analysis is honed to identify and address strategically misaligned teams and highlight challenges in communication and prioritization. Our unique combination of business, government, and military leaders, academic researchers, and data scientists are adept in the consolidation and distillation of nuanced leadership challenges and complex management issues that comprise the Qualitative Analysis, contextualizing the specific emotions, perceptions, and cultural factors that can inform an organization’s performance. In undergoing an Assessment, our partners have access to comprehensive, multidimensional data that it can use to proactively solve opportunities among its teams.

In addition to health care systems and State and local departments of public health, McChrystal Group has conducted organization assessments, management consulting services, and reorganizational advisory services with 15 of the 45 healthcare, life science, biotech, and pharmaceutical Fortune 500 companies.

McChrystal Group’s public health and health care function partners (does not include life science, biotech, or pharmaceutical companies) are outlined in the following client experience chart:

RELEVANT CLIENT EXPERIENCE 2013 - 2022		Strategic Assessment	Management Consulting	Reorganization
Client	Period of Performance			
Maxim Health Care	2013	◆	◆	
MaineHealth	2014	◆	◆	
Children's Hospital Association	2015		◆	
DaVita	2015	◆	◆	
EviCore Healthcare	2015		◆	
Gates Foundation	2015		◆	
Rally Health	2015	◆	◆	
Medstar Health	2015-2018	◆	◆	
National Health Service (UK)	2016	◆	◆	
Sentara Healthcare	2016	◆	◆	
MD Anderson	2016	◆	◆	
Vibra Healthcare	2016	◆	◆	
Novant Health	2016	◆	◆	
American Cancer Society	2016	◆	◆	
City of Boston Public Health Commission (<i>COVID-19 Task Force</i>)	2016	◆	◆	
CareCentrix	2016, 2018	◆	◆	
Ascension Healthcare	2017, 2019	◆	◆	
University of North Texas Health System	2017, 2022	◆	◆	
Cleveland Clinic	2018-2019	◆	◆	
Optum Healthcare Operations	2018-2019	◆	◆	◆
Optum Healthcare Global Operations	2018-2019	◆	◆	◆
Optum Healthcare Ireland	2018-2019	◆	◆	◆
OptumRx	2018, 2019	◆	◆	
Missouri Health System (<i>COVID-19 Response</i>)	2020-2021	◆	◆	
Nebraska Department of Health (<i>COVID-19 Response</i>)	2020-2021	◆	◆	
Virginia Department of Health	2020-Present	◆	◆	
Texas Children's Hospital	2021-2022	◆	◆	
Rockefeller Foundation - State and Territory Alliance for Testing	2021-2022	◆	◆	
Brown University School of Public Health - State & Territory Alliance for Testing	2022	◆	◆	
Intermountain Health	2022	◆	◆	

5.1.2 RFP Section 4.3.1.1.2: Strategic Planning Vendor Qualifications

“Vendor should have a minimum of five (5) years' experience developing and implementing strategic plans for federal or state health and/or human services entities with 2,000 or more employees OR a minimum of seven (7) years' experience developing and implementing strategic plans for federal or state agencies with 2,000 or more employees.”

The following describes McChrystal Group’s experience in developing and implementing strategic plans for Federal or State health or human services entities with 2,000 or more employees.

As a thought partner for DHHR, McChrystal Group provides the planning expertise of eight retired US Army Officers, fifteen Special Operation veterans, and more than 20 teammates with on-the-ground COVID-19 emergency management experience. Aware of the distorting effects of institutional bias, we complement our military experience with Fortune 500 executives, top of their field academic experts, and former U.S. Government directors.

With experience facilitating in-person, hybrid, and virtual planning support, McChrystal Group’s strategy alignment process has been successfully implemented in Fortune 500 companies across nearly every industry as well as hundreds of other private sector partners and over two-dozen Federal, State, and local governments and agencies. McChrystal Group’s strategic alignment has enabled large enterprises to execute faster, adapt to changing dynamics in their markets and operating environments, and ultimately be more resilient organizations. McChrystal Group’s extensive work within both the private and non-profit healthcare space as well as within public health, particularly in response to the COVID-19 pandemic and recovery efforts, has not only improved the health outcomes of our partners’ members and constituents across the country and globally but also helped support McChrystal Group in its greater mission to continue supporting our nation in times of need.

Over the past eight years, McChrystal Group’s strategic planning Federal and State health and/or human services entity partners with 2,000 or more employees include:

Partner	Number of Employees	Performance Period
DaVita Healthcare	60,400	2015
Sentara	30,000	2016
MD Anderson	22,000	2017
National Health Service (UK)	1,327,890	2017
Optum Healthcare Operations	Approx. 60,000	2018-2019
Optum Healthcare Global Operations	Approx. 35,000	2018-2019
OptumRX	5,080	2018-2019
City of Boston	18,000	2020
State of Missouri	35,500	2020-2021
Nebraska Department of Health	4,650	2020-2021
Virginia Department of Health	Approx. 6,000	2020-2022
FEMA	20,000	2021-2022
Texas Children's Hospital	10,200	2022

5.1.3 RFP Section 4.3.1.1.3: Similar Projects and References

“Vendor should have completed a minimum of two (2) projects of similar scope and size to this solicitation within the last five (5) years. Vendor should provide as part of their proposal a summary of the projects completed and a customer reference point of contact including Name, Title, Email, and Telephone Number.”

Project Reference 1: McChrystal Group

Client:	Virginia Department of Health (VDH)
Project:	Transforming the Virginia Department of Health (VDH)
Period of Performance:	7/1/20 – 9/30/22
Point of Contact:	Name: Jeff Stover Title: Chief of Staff to the Commissioner of Health Email: jeff.stover@vdh.virginia.gov Phone: 804-864-7016
Scope:	<p>The Virginia Department of Health (VDH) – with more than 6,000 employees and contractors dispersed across 35 local health districts and the Central Office – engaged McChrystal Group in July 2020 to streamline communications, enhance collaboration, and enable faster decision-making amid the rapidly changing environment of the COVID-19 pandemic.</p> <p>McChrystal Group started its partnership with VDH by conducting an organizational assessment to assess the root causes of VDH’s operational challenges. McChrystal Group then led strategy alignment workshops to help the Commissioner’s Leadership Team (CLT) redefine the agency’s Strategic Plan, so they could account for the time-consuming responsibilities of the pandemic response and provide clear measurable goals, objectives, and priorities to leaders throughout the Agency. Throughout this two (2) year partnership McChrystal Group also established intra-agency information sharing forums, supported VDH’s inter-agency pandemic response communication and collaboration, provided leader development trainings, and consistently advised members of the CLT.</p> <p>Solutions:</p> <p>Organization Assessment – McChrystal Group surveyed VDH’s 842 supervisors – receiving 730 responses (87% completion rate) – and interviewed all members of the CLT to learn the complexities of the Agency and gain insights about operational challenges it faced daily. A final report was briefed to the CLT and then to all Office and District Directors to provide awareness, allow them to ask questions, and gain their support for recommended next steps. The results of this assessment enabled VDH leaders to quantify the challenges they experienced and better understand the root causes, so they could make informed decisions about how the Agency could move forward more effectively.</p> <p>Strategic Planning – Although VDH had an existing Strategic Plan, the goals and objectives were too broad and did not help leaders to make informed decisions in line with the Agency’s goals. Since large gatherings were still not permitted in Fall 2020 and eight-hour virtual leadership retreats were not likely to be effective, McChrystal Group facilitated two-hour virtual working sessions with the entire CLT every week for eight (8) weeks. During these virtual working sessions, McChrystal Group facilitated the CLT conversations – asking challenging questions and encouraging discussion and debate – until they first aligned on the goals and then the corresponding objectives for the entire agency. Once those levels of the strategy were defined, two weeks of focus groups were held with Office and District Directors to gain feedback, and subsequent changes were made with the CLT’s approval, so the Directors knew their feedback was valued. Finally, McChrystal Group met with relevant Directors to identify measurable initiatives that would either provide the CLT members with confidence that progress was being made or enable them to make informed decisions about necessary changes. Once the strategy was finalized and</p>

communicated throughout the Agency, McChrystal Group **worked with the CLT to define, implement, and refine a quarterly review process.**

Additional solutions provided – For the various intra-agency and inter-agency information sharing forums to improve communication and collaboration, McChrystal Group assessed the pace of change in the pandemic environment to determine how rapidly information needed to be shared, then designed and implemented an operating cadence to meet that pace of change. To enable these forums to serve as effective information sharing methods and not simply “another meeting” the team coached leaders on the behaviors they needed to demonstrate, implemented action trackers so conversations resulted in action, and facilitated connections being made during and after the forums. The team also developed and delivered both virtual and in-person training programs to senior leaders, as well as mid-level leaders throughout these two (2) years.

Impact:

While McChrystal Group’s initial efforts focused on supporting VDH through the pandemic, the team is continuing to work with VDH to enable its leaders to sustain the processes and behaviors developed throughout the pandemic. **This helps VDH protect and promote the health and well-being of Virginians as a more integrated and resilient Team of Teams® that can respond and adapt more quickly to future challenges.** Specific outcomes targeted and either achieved or currently in progress include:

- Strengthened trust and connectivity within teams, between teams, and with strategic partners to improve organizational performance.
- Enhanced inter-agency and intra-agency collaboration to help implement Public Health 3.0;
- Advanced leadership behaviors for all key leaders; and
- Reinforced culture of accountability.

Project and Reference 2: McChrystal Group

Client:	State of Missouri
Project:	COVID-19 Fusion Cell Project Management Consulting Services
Period of Performance:	6/1/2020 – 3/31/2021
Point of Contact:	Name: Todd Richardson Title: Director of MO HealthNet, Missouri's Medicaid program; Former Speaker of the Missouri House of Representatives Email: Todd.Richardson@dss.mo.gov Phone 573-751-6922
<p>Scope: The State of Missouri, with more than 35,500 employees and contractors statewide, engaged McChrystal Group in June of 2020 to conduct a strategic assessment of the State's inter-agency capability to respond to the Covid-19 pandemic. The goal of this effort was to create an agile, targeted and data-driven response to the pandemic. During the 9-month engagement, McChrystal Group worked directly with members of the Governor's senior staff, executive officers of 16 state agencies, and key community partners to break down and overcome traditional hierarchies and departmental silos within state government that were impeding the speed and scale required.</p> <p>Once the strategic plan was established, McChrystal Group coordinated the executive branch agencies to operate in a collaborative, cross-functional approach and provided project management support to state agencies to complement state capabilities and speed of execution to COVID-19 response activities.</p> <p>Solutions: Strategic Planning – Working collaboratively with the office of the Governor, the McChrystal Group developed a consolidated strategic plan that established core objectives, strategies, and cross-department initiatives to align the execution of time-sensitive initiatives across 16 discreet state agencies. The team facilitated conversations with executive leaders to help them align on the plan and confirm the measures of success were clearly defined.</p> <p>Once the plan was developed, ratified by the Governor's office, and cascaded to the initiative level, McChrystal Group provided project management support to Missouri Department of Health & Human Services (DHHS), the State Department of Emergency Management (SEMA), and all other state agencies on fifteen different cross-departmental lines of effort. With McChrystal Group's support, Missouri</p> <p>Impact: McChrystal's support to the State of Missouri's development and execution of an inter-agency strategic plan for the COVID-19 pandemic response led to the achievement of the following outcomes:</p> <ul style="list-style-type: none"> • Created a PPE marketplace and purchase of a PPE reserve, which enabled private sellers of PPE to contract with public and private buyers. • Increased the daily COVID-19 PCR testing by 960% during the first three months of the pandemic. • Developed a contact tracing program, supported by transformative technology which increased the number of state contact tracers by 10x in 8 weeks. • Developed a COVID-19 vaccine tiered prioritization and deployment plan to distribute approximately 13 million doses of vaccine the State's citizens. The State's vaccine prioritization and distribution plan was highlighted as a model for other states by the White House Coronavirus Task Force. 	

Project and Reference 3: McChrystal Group

Client	Rockefeller Foundation / Atul Gawande; Brown School of Public Health / Ashish Jha
Project:	Co-Leadership for the State & Territory Alliance for Testing (STAT Network)
Period of Performance:	3/1/21 – 4/15/22
Point of Contact:	Name: Dr. Clay Marsh Title: Vice President & Executive Dean for Health Sciences, Chief Health Officer, West Virginia University; Board Member, WVU Medicine; State COVID-19 Czar, West Virginia Email: cbmarsh@hsc.wvu.edu Phone: 304-293-4511

Scope:
 McChrystal Group partnered with the Rockefeller Foundation and Dr. Atul Gawande to design, implement, and grow a collaborative network of over 400 state public health leaders representing nearly 45 states and territories. Responsible for testing, vaccination, and the reopening of K-12 schools, these leaders used the rapid transfer of knowledge and expertise across both state and federal bureaucracy to accelerate innovation within public health and exponentially improve health outcomes across the United States. Subsequently, beginning in January 2022, Dr. Ashish Jha and his team at the Brown University School of Public Health assumed ownership for the Network, with McChrystal Group leading the transition team.

Solutions:

McChrystal Group supported the STAT Network in the implementation of the following solutions:

- Created an environment of shared ownership between otherwise disparate and independent state public health teams:** The McChrystal team supported the formation of a strategic Advisory Council comprised of eight state public health secretaries, advising the body on defining a shared vision of success for the STAT Network, as well as establishing common objectives and principles to which the STAT team was to hold the Network accountable for attaining. This team was responsible for developing and constantly nurturing an environment of trust, free from partisan influences, and conducive to cross-functional collaboration and learning between all states and federal partners. By identifying areas of common interest between diverse state stakeholders, the Network ensured the challenges addressed remained relevant to state members while maximizing the Network’s impact.
- Introduced new intelligence into the Network and distributed cross-functional information flow throughout the Network by establishing a consistent cadence including facilitated forums:** Adapting to the intensity of the pandemic, three communities of leaders held weekly or bi-weekly forums, according to the current demands of the environment to coordinate policy actions, share operational challenges, and innovative solutions. The three communities, focused across testing, vaccination, and K-12 reopening, were comprised of leaders from state and federal government as well as the private sector and academia.
- Drove action and developed durable relationships between state and federal leaders and subject matter experts by embedding a dedicated team:** McChrystal Group practitioners, in collaboration with Rockefeller Foundation experts, served as objective brokers of critical information and relationships within the Network. These practitioners were positioned with cross-network perspective to facilitate connections while removing the burden of outreach and coordination from state leaders responsible for the execution of their state priorities. The joint McChrystal Group & Rockefeller team ensured the Network remained impact-oriented, empowering operational state leaders and the Network to maintain a bias for action rather than purely an information-sharing webinar series.
- Adapted Network to confront emerging public health priorities by implementing a regular cadence of strategic review to recalibrate the Network’s objectives and charters**

- McChrystal Group provided operational expertise to support the Rockefeller Foundation in implementing a quarterly strategy and planning review for the eight-member Advisory Council of state health secretaries.
- The quarterly advisory council critically reviews the impact of the Network over the preceding three months while assessing the role of the Network moving forward within the context of broader public health trends and developments. McChrystal Group & Rockefeller leaders, forming the core STAT Network team, distilled these reviews into specific revisions to the STAT charter as well as concrete initiatives to be executed over the coming quarter. The regular cadence of review enabled state secretaries to directly influence the direction and focus of the Network and ensure the joint venture continues to deliver the impact demanded of it.
- As states cope with the evolution of the COVID-19 pandemic into a new transitory phase and ultimately endemic, this process remains more essential than ever in maintaining STAT's relevance. While helping their teams respond, adapt, and prepare for the next crisis, the Network can evolve to meet the challenge of new priorities such as public health and healthcare integration, the future of our healthcare workforce, advanced informatics, substance abuse, and mental health.

Project and Reference 4: HSRI

Client:	New Hampshire Department of Health and Human Services
Project:	HSRI's Evaluation of the Capacity of the New Hampshire Behavioral Health System
Period of Performance:	2017 - 2021
Point of Contact:	Name: Julianne Carbin Title: Director, Bureau of Mental Health Email: Julianne.Carbin@dhhs.nh.gov Phone: 603-271-8378
<p>Scope: The New Hampshire Legislature called for a comprehensive system evaluation to identify statewide behavioral health system needs, gaps, and recommendations. Under contract with the Department of Health and Human Services, HSRI used a mixed methods approach that consisted of three main elements: reviewing existing documents and reports, conducting interviews with a range of key informants, and analyzing data provided by DHHS and other stakeholders.</p> <p>Solutions: Conducted Assessment by Combining Quantitative Data with Stakeholder Perspectives - Working within a two-month timeframe, HSRI conducted a mixed methods evaluation that included interviews with 55 stakeholders around the state. HSRI also examined more than 53 existing reports, documents, and datasets, and analyzed quantitative data on service capacity, utilization, and characteristics of people served through Community Mental Health Centers, acute care and specialty hospitals, the state's psychiatric hospital, peer support programs, supported housing programs, and Assertive Community Treatment programs.</p> <p>Enhanced the Assessment with System Mapping - HSRI produced health system maps to display services available to individuals with mental illness or substance use disorders in New Hampshire; where possible, HSRI organized these by Community Mental Health Center region so the state could compare this inventory of services and bed capacity to utilization patterns.</p> <p>Impact: HSRI found several gaps that contribute to bottlenecks at various places in the system, resulting in individuals experiencing "boarding," or waiting for days or weeks in an emergency department for a hospital bed or transfer to another inpatient facility. Based on utilization data and population size, HSRI concluded New Hampshire did not appear to be facing a significant shortage in the number of inpatient beds and made a series of short- and long-term recommendations focused on different points in the larger behavioral health system, including crisis prevention, ED diversion, and disposition.</p> <p>HSRI also made several broader system-wide recommendations focused on issues that were cross-cutting or impacting the behavioral health system at multiple points. After the study, the state decided to redirect funds that were previously set aside for designated receiving facility beds for involuntary admissions to housing services. The state also used HSRI recommendations as the foundation for its 10-Year Strategic Plan for Mental Health.</p>	

Project and Reference 5: HSRI

Client:	Department of Health and Human Services (HHS) Assistant Secretary for Planning and Evaluation (ASPE)
Project:	Substance Abuse Disorder Providers and Insurance Reimbursement (Improving Access to Substance Use Disorder Treatment in the US)
Period of Performance:	2017 - 2019
Point of Contact:	Contract #: HHSP233201600015 Name: Judith Dey and Kristina West Title: ASPE Project Officers Email: Judith.Dey@hhs.gov, Kristina.West@hhs.gov
Scope:	In support of the ASPE within the federal department of HHS, HSRI examined and documented state policies and strategies around substance use disorder treatment for all 50 states , including provider licensing and credentialing requirements, reimbursements for services, and the innovative methods states are using to expand their provider networks.
Solutions:	Among its many responsibilities, the ASPE coordinates HHS’s evaluation, research, and demonstration activities and manages cross-Department planning activities, such as strategic planning. ASPE engaged HSRI for support with the evaluation and research that would uncover standout practices within the SUD programs and help ASPE identify strategies to expand access to providers and treatment.
Assessment approach	– In addition to examining existing literature, HSRI gathered data from all 50 states and D.C. regarding their licensing and credentialing requirements for providers and insurance reimbursement policies for Medicaid and Medicare, as well as commercial insurers’ policies. HSRI also interviewed national experts in the field for additional insights on barriers to treatment access and innovative strategies to address them.
Examining the system barriers	– Upon collection of the data and completion of the interviews, HSRI examined the system barriers to pursuing and receiving treatment, which included certain social determinants of health, availability of financial support for services, complex eligibility and admission criteria, lack of available treatment providers, and other healthcare system limitations. HSRI’s evaluation also identified six (6) key factors that act as barriers to entering the SUD counseling field. The team provided numerous recommendations to address identified barriers so ASPE could provide guidance and strategies for states to consider.
Impact:	HSRI’s findings and recommendations provided HHS ASPE with insights and strategies regarding how to provide tailored technical assistance to help states expand provider networks and increase access to substance use disorder treatment. The report HSRI provided to HHS ASPE, as well as additional details on this effort, can be found here: https://aspe.hhs.gov/reports/credentialing-licensing-reimbursement-sud-workforce-review-policies-practices-across-nation

6 RFP SECTIONS 4.3.1.2 – 4.3.1.11: REPRESENTATIVE STAFF BIOS

The following bios are current McChrystal Group and HSRI staff that meet or exceed the requirements of each position as identified in the applicable RFP Sections. These individuals are representative of the caliber of compliant personnel available from the McChrystal Team and may be assigned to the contract once awarded. In addition to the representative staff identified in this proposal, both McChrystal Group and HSRI have a cadre of seasoned professionals on hand that meet the requirements and are able to fulfill the role of each position as needed.

6.1 RFP Section 4.3.1.2: Principal/Executive Consultants

Chris Fussell, Principal/Executive Consultant McChrystal Group

Christopher “Chris” Fussell has worked in executive management consulting since 2012 when he joined McChrystal Group as President. Previous relevant experience includes Executive Officer of Naval Special Warfare Development Group and as Aide de Camp for Commanding General McChrystal. Prior to these roles, Chris served as an Operations Officer in the US Navy for SEAL Teams TWO and EIGHT.

Chris has provided executive-level consulting services for numerous Fortune 500 and Public Sector leaders in organizational effectiveness through improved process, behavior, knowledge management and operational excellence, including the Rockefeller Foundation in organizing its multi-state effort to coordinate Covid response best practices, as well as directly with Public Health offices of State and City Agencies, including the State of Missouri, the State of Nebraska, and the City of Boston. In addition, Chris has provided executive consulting services related to organizational assessment and strategic planning to large pharmaceutical companies, insurers, and hospital systems.

As President of McChrystal Group, Chris has ultimate oversight for the quality of products and services McChrystal Group delivers, has the authority to commit McChrystal Group resources, and make binding decisions to ensure all goals and objectives are achieved under the contract within budget and on schedule. Chris will organize and direct the overall performance of the McChrystal Group staff.

As the Executive Consultant on this effort, Chris will serve as the most senior-level counterpart to the Department of Health and Human Resources. Chris will oversee the timely performance and completion of all contract goals and objectives, including the Organization Assessment (RFP 4.2.1.1) and the creation of the Agency Strategic Plan (RFP 4.2.1.2), and will advise both workstreams based on his firsthand experience and subject matter expertise in organizational assessment and strategic planning.

Education:

- M.A. in National Security and Strategic War Studies
- B.A. in Philosophy

Certifications/Memberships:

- Senior Fellow, National Security at New America
- Member of the Board of Trustees, Naval Postgraduate School Foundation
- Lifetime Member, Council on Foreign Relations
- Senior Fellow, Yale University, Jackson Institute
- Recipient, Pat Tillman Award for highest peer-rated Special Operations officer

Publications:

- *Team of Teams: New Rules of Engagement in a Complex World*; Portfolio Penguin Group, 2015
- *One Mission: How Leaders Build a Team of Teams*; Portfolio Penguin Group, 2017

Meghan Bourne, Principal/Executive Consultant McChrystal Group

Meghan Bourne has been in the management consulting field since 2006, providing professional services such as organization assessments and strategic planning to Federal and State agencies, including public health and other public sector clients. At McChrystal Group, Meghan serves as a Partner in the Implementation practice. Most recently, Meghan was the lead partner for a strategic planning project at the Virginia Department of Public Health. Other past relevant experience includes serving as Senior Manager at Deloitte Federal, and Management and Program Analyst for the Federal Department of Transportation's Office of Inspector General.

Meghan has worked with the Virginia Department of Public Health providing strategic consulting and advisory services to the Commissioner and his leadership team related to strategic planning and operational execution. Prior to joining McChrystal Group in 2019, Meghan served as a Senior Manager in Deloitte Consulting's Federal Practice where she supported a range of clients in the Department of Defense on major strategic, operational, and human resource related programs. During her tenure at Deloitte, Meghan assessed the operating effectiveness of internal controls within the National Institutes of Health and helped evolve the assessment process from required annual reviews to a risk-based compliance approach using advanced data and analytics.

As the Operating Partner on McChrystal Group engagements, Meghan provides program leadership and relationship management with senior stakeholders and project sponsors. She oversees day-to-day operations of engagements and integrated programs. She works closely with senior client leadership on defining vision, mission, values, objectives, strategies, and priority initiatives for clients, and manages engagements including scope, planning, economics, and any required adjustments across the programs. This includes management of operational relationships, program dependencies, risks, and issues.

With eighteen years of staff management experience in a professional services context, Meghan will be responsible for directing the staff assigned to the engagement and ensuring quality and timely completion of program goals and objectives. Meghan, in her capacity as Operating Partner at McChrystal Group, is authorized to make binding decisions on behalf of the company.

As the Executive Consultant, Meghan will support the Organization Assessment (RFP 4.2.1.1) and the development of the Agency Strategic Plan (RFP 4.2.1.2) through the course of the engagement by working with the client PoC and the McChrystal Group team to create, oversee and execute the Agency goals and objectives. Meghan will be responsible for managing program risks, issues and dependencies across the lifecycle of the engagement.

Education:

- M.A. in Organizational Dynamics
- B.A. in Finance

6.2 RFP Section 4.3.1.3: Senior Consultant(s)

Walker Carter, Senior Consultant McChrystal Group

Walker Carter has been working in the fields of management and professional services consulting since 1997. Walker has served as a Principal at McChrystal Group in its Implementation practice since 2021. Past relevant experience includes Global Shared Services Program Manager and Business Relationship Manager at Hogan Lovells LLP, Director at PricewaterhouseCoopers (PwC), and Consultant Analyst at PA Consulting Group in the pharmaceutical industry practice.

Walker most recently served as the engagement lead for the West Virginia Higher Education Policy Commission's effort to build an integrated strategic plan and to introduce associated operational improvements. Primary activities included managing day-to-day operations of the program and working with the Chancellor for Higher Education and her Cabinet to establish a common vision, mission, set of values, objectives, strategies, and priority initiatives in support of the State of West Virginia's system of higher education. In the course of this work, Walker convened and led focus groups with Agency leadership and staff, as well as with key stakeholders in the State's institutions of higher education and within both the executive and legislative branches of State government.

Prior to his work with the Chancellor of Higher Education, Walker served as the principal on an engagement with a global cybersecurity firm to help its divisions collaborate more effectively in support of a shared mission. Prior to joining McChrystal Group, Walker managed a team responsible for building a shared service capability globally for one the largest international law firms, Hogan Lovells. Prior to joining Hogan Lovells, Walker led business and technology strategy for the Global Advisory practice of PricewaterhouseCoopers LLP, working closely with Chief Operating Officers and other senior executive leaders in the US and globally, to deliver transformational change across the organization.

Walker has more than 20 years' experience in the delivery of strategic planning and transformational projects, where he has consistently served as the primary interface with executive level stakeholders in the delivery of professional services and is adept at supporting clients in the development of their organizational strategies. He has extensive experience working with senior private and public sector clients to assess their market, organization, and leadership. As a former Program Management Office leader for an enterprise with more than 50,000 employees, he has considerable experience planning, directing, controlling, scheduling, coordinating, and organizing the management of critical tasks, which he will apply to the development of DHHR's Strategic Plan.

In conjunction with the Executive Consultants, Walker will assist with overseeing the quality and timely completion of the Strategic Plan and will manage dependencies between Organization Assessment (RFP 4.2.1.1) and the Strategic Plan (RFP 4.2.1.2). Additionally, Walker has extensive experience planning, organizing, and executing strategic and tactical tasks in support of client goals and objectives and will organize, direct, and manage all support services to the Agency related to this engagement, including in the planning and preparation of events, deliverables, scheduling, and other support required.

Education:

- Master of International Public Policy (M.I.P.P) in Finance and Law
- M.B.A. in International Business
- B.A. in International Studies

Certifications:

- ITIL Foundations

6.3 RFP Section 4.3.1.4: Consultant(s)

Jay McElroy, Consultant McChrystal Group

Jay McElroy is a Principal at McChrystal Group, where he has been leading project management efforts within the strategic assessment and strategy implementation fields across several industries since 2016. Jay has worked with the Virginia Department of Health since February 2021, first supporting the VEST Unified Command and the Cabinet-level Policy Group. He is currently leading the Virginia Department of Health's in progress review (IPR) of COVID-19 response efforts and supporting the COVID Task Force.

Prior to joining the Virginia Department of Health, Jay served the State of Missouri from April 2020 – January 2021, embedding within the COVID-19 Command Structure and overseeing the Missouri State Testing program, coordinating public health and logistics experts to design and implement a holistic, State-wide testing strategy.

Previously, he managed strategy and leadership development lines of effort within a leading global investment bank and oversaw a communications process implementation effort within a national retailer. Jay will oversee the coordination and integration of the organization assessment and strategic planning lines of effort, playing a supporting role in the execution of both. Due to his extensive technical background in public health from both a strategic and tactical execution perspective, Jay is a uniquely qualified project manager, to serve as the connective tissue between project elements, ensuring all are implemented seamlessly, efficiently, and to maximum effect.

Jay will oversee staffing resource management, prudently allocating the time of both consultant and Subject Matter Experts to various tasks and efforts and ensuring all project requirements are executed on-time and on-budget.

Education:

- M.A. in International Relations

Ché Albowicz, Ph.D., Consultant McChrystal Group

Dr. Ché Albowicz is a Principal consultant working on analytics projects within McChrystal Group's Team Science practice, drawing on nearly 10 years of consulting experience within organizational behavior and effectiveness analyses.

At McChrystal Group, Ché has led project teams across industries including biotech and health care, energy, higher education, government, and public health. In addition, Ché has supported McChrystal Group's research and development initiatives, focusing most recently on building and sustaining inclusive environments at work, and supporting leadership development.

Before joining McChrystal Group, Ché worked as a Research Analyst for a government contracting firm at the Defense Equal Opportunity Management Institute on Patrick Air Force Base in the Climate Enhancement Department. During her time there, she focused on survey development and design, assessment and analysis, and data management. Previously she worked as a consultant for the Center for Organizational Effectiveness, where she worked with organizations to identify their needs and deliver tailored interventions and solutions.

A leading voice in her field, Ché has published and presented research at professional conferences across several disciplines of organizational psychology, including workplace feedback, mindfulness, inclusion, and leadership.

Ché will be responsible for leading all analytics efforts within the Organizational Assessment, specifically providing quantitative expertise in McChrystal Group's proprietary Organizational Performance and Network Analyses and survey diagnostic tools.

Education:

- Ph.D. in Industrial/Organizational Psychology
- B.S. in Applied Psychology with a minor in Business Administration

6.4 RFP Section 4.3.1.5: Financial Subject Matter Expert

Shawn Murray, Financial SME McChrystal Group

Shawn Murray is the Chief Financial Officer at McChrystal Group, where he leads financial operations of the company in addition to supporting McChrystal Group's client partners as a senior advisor.

Prior to joining McChrystal Group, Shawn served for 28 years in the public sector and 2 years in the private sector. Most recently, Shawn reentered the public sector serving as the Finance and Admin Section Chief for one of FEMA's National Incident Management and Assistance Teams where he deployed in support of Presidentially-declared priority missions and natural disasters, including the Center for Disease Control's Ebola Response Mission, the flooding disaster in Texas, and wildfires disaster in California.

Shawn spent almost two years with Alcoa, Inc as the Senior Manager of Financial and Strategic Analysis for the Global Rolled Products group business unit, leading several successful cost saving initiatives. Shawn retired from the US. Army in 2012 after serving as an Aviator and Financial Comptroller for 26 years. For the first 13 years of his Army career, Shawn served in a variety of aviation command and staff positions in four Army divisions, including the 82nd Airborne Division and 101st Airborne Division. He spent the final 13 years in the Army as a Comptroller where he served as the command comptroller, Director of Resources and Chief Financial Officer for several major commands, including the Joint Special Operations Command, the U.S. Army Special Operations Command and U.S. Forces – Afghanistan.

Education:

- M.A. in National Security and Strategic Studies
- M.A. in Business Administration
- B.S., U.S. Military Academy

6.5 RFP Section 4.3.1.6: Organizational Development/Business Transformation Subject Matter Expert

Ann Bailey, Organizational Development/Business Transformation SME McChrystal Group

Ann Bailey has been working in the healthcare professional services field since 1993. During her career, Ann has acquired substantial experience providing organizational development, restructuring and business transformation services to large healthcare organizations with more than 2,000 employees in the public and private sectors, including in agencies of public health. Ann has considerable experience conducting detailed analyses, then applying quantitative findings to drive major transformational change. She does so by applying effective program and project management skills to structure, plan, organize, execute, and control program and project tasks in the successful delivery of transformational outcomes, including those related to strategy, organizational structure, and operational execution.

Ann is a Senior Principal at McChrystal Group, where she is currently working with a leading Fortune 50 biopharmaceutical company on strategic leadership development efforts. Ann also leads the firm's healthcare community of interest and is the leader of the firm's healthcare center of excellence, where she recently led a McChrystal Group Leadership Forum that brought together senior executives and thought leaders in public health, healthcare, and social determinants of health.

Prior to joining McChrystal Group, Ann worked for 5.5 years at Press Ganey, where she was a Director, Strategic Consulting, working on healthcare transformational change programs before becoming Vice President, Client Success. Previously, she was the President/Owner of Advanced Health Solutions, an independent consultancy specializing in transformational program development for health care executives and teams to improve safety, quality, patient/consumer experience and reliability. Her prior experience also includes serving as Commissioner at the National Health Service of England, a Director at Vizient (formally VHA) where she worked with community partnerships to improve health status, and a Consultant at Hamilton/KSA where she was a health care facilities planner.

At Press Ganey, Ann served as a lead consultant and team manager providing diagnostic assessments and a strategic framework for improvement and implementation support for multiple stakeholders on behalf of Clients with more than 10,000 employees. Ann also served as Director of Commissioning leading team to commission and performance manage services across the care continuum (primary and tertiary care, public health, sub-acute care, etc.) for 190,000 residents of a London borough, while serving as Commissioner.

Ann has extensive experience working with organizational stakeholders from the executive level to the front line to deliver high quality outcomes throughout the healthcare sector. Ann has led community partnerships and delivered community health assessments that are informed by social determinants of health to improve health outcomes for communities across the country. Network members of these community partnerships included health systems and their partners with over 10,000 employees each.

Ann will be responsible for management and delivery of project related activities in support of the organization assessment (RFP 4.2.1.1), including assessment design, configuration, deployment, analysis and Outbrief of organizational assessment findings. She will play a supporting role in stakeholder and network influencer interviews and strategy alignment process of the strategic plan (RFP 4.2.1.2) to ensure fidelity of strategy to organizational assessment findings.

Education:

- M.B.A. in Health Care Management
- B.A. in Economics

Certifications:

- Graduate Certificate in Dispute Resolution & Conflict Management

6.6 RFP Section 4.3.1.7: Child Welfare Subject Matter Expert

Linda Newton-Curtis, Ph.D., Child Welfare SME HSRI

Dr. Linda Newton-Curtis has been involved in the evaluation of human services interventions for nearly 20 years with areas of focus that include child welfare, substance use and drug courts, and education. Since 2017, has served as the Director of the Child, Youth, and Family team at HSRI. Prior to that, Linda was a senior research associate at HSRI for 8 years. From 2007 to 2009 she was a research associate at Portland State University. From 2004 to 2007 she was a research associate at Oregon Health and Sciences University.

Linda is currently leading the fidelity evaluation of the Florida Department of Children and Family statewide assessment of nine evidence-based programs (EBP) designated in the State's Prevention Plan. Linda is also working with the North Carolina Department of Health and Human Services to identify and develop a program to meet local needs and federal Family First Prevention Services Act (FFPSA) requirements. Linda is involved in designing the study, conducting data collection, and data reporting.

For over ten years, Linda has worked with the Ohio Department of Job and Family Services. She works with state representatives to understand data elements within Statewide Automated Child Welfare Information System (SACWIS) and delivery of SACWIS files; coordinates with and oversees sub-contractors' work to produce analytic files; and collaborates with sub-contractors around methodological approaches. She is also responsible for propensity score modeling, intervention outcomes analyses, and contributing to report writing and dissemination activities.

As project director for the Family Reunification through Recovery Court (FRRC), funded by the Ohio Office of Juvenile Justice and Delinquency Prevention, Linda planned, directed, and oversaw all aspects of the study, leading the evaluation design, data collection, analyses, and dissemination activities. Linda provided oversight to study team staff working on the study and collaborated and coordinated with local stakeholders to ensure study goals were met within relevant timelines and to assure any challenges were addressed as they arose.

Linda worked with the Mississippi Department of Child Protection Services to conduct a feasibility study and needs assessment for the implementation of a Kinship Navigator program in the State. Linda was involved in designing the study, data collection, data analysis and drafting the final report. The final report provided actional steps and recommendations for the implementation of a Kinship Navigator program that could be evaluated under the requirements of the Title IV-E Prevention Services Clearinghouse, 2018-2023.

Linda has worked with over 10 government agencies and has been responsible for providing project oversight to ensure high quality deliverables are provided to the agencies on time. Linda will assist with a fact-based assessment strategy in support of the organization assessment (RFP 4.2.1.1), including reviewing existing literature and data and conducting key informant interviews. She will also provide recommendations for the strategic plan (RFP 4.2.1.2).

Education:

- Ph.D. in Systems Science/Psychology
- MS in Psychology

Certifications:

- Certificate of Education

Greg Forehand, Ph.D., Child Welfare SME HSRI

Dr. Greg Forehand has more than 20 years of experience working with public agency staff to design consumer-driven and evidence-based interventions and to evaluate their effectiveness using experimental and quasi-experimental designs and advanced statistical procedures. He has been a research associate for the child, youth and family team at HSRI since 2011. Prior to that, Greg was an Evaluation Advisor at Education Northwest in Portland, Oregon for four years. From 2005 to 2007 Greg was a Youth and Family Therapist at Youth Contact; and from 2001 to 2005 he was a research assistant at Regional Research Institute for Human Services.

Greg is currently working with the Colorado Department of Human Services providing technical assistance in the development, implementation, and evaluation of Colorado's Kinship Navigator Program under the Family First Prevention Services Act. Greg is responsible engaging with stakeholders to assist in the operationalization and development of a service manual for the program, which aims to join family search and engagement, facilitated family engagement meetings, and kinship supports in a unified statewide Kinship Navigator Program. He is also responsible for designing a web-based randomization and data capturing system and conducting a rigorous outcome study of the program for consideration as an evidence-based practice in the Title IV-E Prevention Services Clearinghouse.

In 2019, Greg worked with the Mississippi Department of Child Protection Services To conduct a national and Mississippi-specific situation analysis, a review of existing and previously implemented kinship programs in the nation, focus groups with Mississippi. Greg was responsible for directing and coordinating each of these tasks for the needs assessment and feasibility study.

From 2013 to 2018 Greg served as the Project Director for the Evaluation of Colorado's Title IV-E Waiver, funded by the Colorado Department of Human Services. Greg was responsible for directing all aspects of the five-year evaluation, including the process, outcome, and cost studies of the waiver interventions across 42 counties in the state. He was also specifically responsible for designing a relational database system for the evaluation using existing data extracted from Colorado's state automated children welfare information system.

Greg has served as Project Director on several projects. He currently directs the evaluation of Colorado's Kinship Navigator Program. He directed the Mississippi Kinship Navigator Needs Assessment and Feasibility Study; and in 2017 Greg was responsible for directing all aspects of the Long Beach Community College Foster Youth Program Development and Evaluation.

Responsibilities included forming and leading a stakeholder steering committee; collecting and analyzing administrative data; conducting focus groups and interviews with foster youth, college administrators, staff, and community service providers; developing a structured set of program recommendations; and specifying evaluation strategies.

Greg has worked with over five government agencies and has been responsible for providing project oversight to ensure high quality deliverables are provided to the agencies on time. For the Evaluation of Colorado's Title IV-E Waiver, Greg led the evaluation which provided recommendation for improvement in child and family outcomes through four primary interventions: kinship supports, family engagement, Permanency Roundtables, and trauma-informed screening, assessment, and treatment.

On this effort, Greg will assist with a fact-based assessment strategy in support of the organization assessment (RFP 4.2.1.1), including reviewing existing literature and data and conducting key informant interviews. He will also inform recommendations for the strategic plan (RFP 4.2.1.2).

Education:

- Ph.D. in Social Work and Social Research
- M.S.W. in Social Work
- B.A. in Child Development and Psychology

6.7 RFP Section 4.3.1.8: Substance Use Disorder (SUD) Subject Matter Expert

Nilufer Isvan, Ph.D., Substance Use Disorder SME HSRI

Dr. Nilufer Isvan has more than 20 years of research and evaluation experience in the behavioral health field assisting government agencies. Her areas of interest include substance misuse prevention interventions, complex care needs, social determinants of health, health disparities, community integration, and the integration of physical and mental health.

Since 2021, Nilufer has been the Chief Methodologist at HSRI while also serving as a senior research associate. Prior to that, Nilufer was the Director of the Behavioral Health team at HSRI, and prior to that was a Senior Research Fellow at HSRI from 2006 to 2017. From 2003 to 2005, Nilufer was a senior research scientist at the Survey Research Group.

For the past five years, Nilufer has been working with the New Hampshire Department of Health and Human Services to evaluate an initiative to develop and pilot a continuum of care model for adolescents and transitional aged youth with substance use disorders and co-occurring substance use and mental health disorders, integrating evidence-based screening, assessment, treatment, recovery, and peer support services.

Nilufer worked with the River Valley Rising Substance Use Coalition in Maine from 2019 to 2021 to assess the Coalition's progress toward meeting its goals and objectives over the course of a grant funded through the Office of National Drug Control Policy (ONDCP) and Substance Abuse and Mental Health Administration's (SAMHSA). The goals of the DFC program are to strengthen collaboration among community entities and reduce substance use among youth.

Nilufer also worked with the Pennsylvania Department of Human Services to provide technical assistance (TA) to direct and monitor effective housing strategies to support Pennsylvania's pilot projects under the SAMHSA State Opioid Response Grant. Nilufer was responsible for providing technical support to grantees in using a data portal; and with providing data analysis and reporting.

Nilufer worked with the Assistance Assistant Secretary for Planning and Evaluation (ASPE) to document state licensing and credentialing requirements for substance use disorder (SUD) treatment providers in each state and the District of Columbia. From 2007 to 2012 Nilufer was the data analysis team lead for the Data Analysis Coordination and Consolidation Center (DACCC) funded by SAMHSA-CSAP.

While working on the DACCC, Nilufer also interacted with SAMHSA-CSAP to obtain requirements for deliverables, conducted original research to inform the field, presented findings at national conferences, and offered trainings in data and evaluation methods to CSAP staff and grantees.

The work Nilufer conducted for ASPE included reviewing state reimbursement policies for SUD services for Medicaid, Medicare, and a sample of private insurers; and to conduct case studies of states that have implemented innovative strategies to incentivize SUD providers to join provider networks and accept insurance reimbursement.

Nilufer has directed several projects at HSRI. As the data analysis team lead for the DACCC, she led a team of 15 research analysts in consolidating data from multiple sources into reports that summarize the performance of CSAP programs and contracts. Nilufer has worked with over a dozen agencies and since 2015, has been working with CMS, drafting TA plans, cost estimates, and working with states regarding Self-Direction and Home and Community Based Services research. Since 2019, Nilufer has led three

projects with the Massachusetts Commission for the Blind overseeing the projects, including study designs, statistical analysis, deliverables, and overall quality assurance.

Nilufer will assist with a fact-based assessment strategy in support of the organization assessment (RFP 4.2.1.1) and will apply her qualitative and quantitative methodological skills and program evaluation experience to performance measure development, study design, and complex statistical analysis, and providing technical assistance in measure development, data collection, and program evaluation.

Education:

- Ph.D. in Sociology
- M.S. in Computer Science and System Analysis
- B.S. in Computer Science and Statistics

6.8 RFP Section 4.3.1.9: Public Health Subject Matter Expert

Norman Oliver, M.D., Public Health SME McChrystal Group

Dr. Norman Oliver currently serves as Senior Advisor within McChrystal Group's Implementation practice. Prior to joining McChrystal Group as a Senior Advisor, Dr. Oliver's a 25-year career as a practicing physician in family medicine and as a leading authority within public health. Dr. Oliver was appointed Virginia State Health Commissioner by Governor Ralph Northam effective May 30, 2018.

Prior to this appointment, Dr. Oliver served as the Deputy Commissioner for Population Health for the Virginia Department of Health. Before accepting the Deputy Commissioner position, Dr. Oliver was the Walter M. Seward Professor and Chair of the Department of Family Medicine at the University of Virginia School of Medicine. As Chair, Dr. Oliver helped lead the transformation of the Department's clinic sites into patient-centered practices focused on population health. In his role as the Deputy Commissioner for Population Health, Dr. Oliver worked with the health department, state agencies, and healthcare systems across the state to improve the health and well-being of all citizens of the Commonwealth of Virginia. Dr. Oliver is a recognized leader in developing cross-agency and multi-sector approaches to implementing population health initiatives.

As the former Commissioner of Public Health, Dr. Oliver has nationally recognized experience in driving population health outcomes by addressing the health-related social needs of all members of the community, particularly the most vulnerable. Dr. Oliver has a long record of accomplishments in applied research related to health inequities, particularly those that affect racial and ethnic minorities. Most recently, his research interests have focused on improving the healthcare system's understanding of the role of discrimination and bias in perpetuating health inequities.

Throughout his career in practicing medicine and serving in major public health administrative roles at the state level, Dr. Oliver has demonstrated his consultative and technical expertise in public health matters, including his significant understanding of federal and state level funding sources, and how they can best be accessed and applied to achieve state-level public health outcomes. Dr. Oliver is also a nationally recognized thought leader on the future of Public Health, as described in the Public Health 3.0 vision that he developed in his capacity as Commissioner of Public Health for the Commonwealth of Virginia. This vision recognized the role of creating and deploying effective cross-functional teams to address the most pressing public health issues facing the country and all fifty states.

Dr. Oliver will serve as an integral part of the McChrystal Group team, serving as a resource to Department of Health and Human Resources leaders and teams during this engagement. Dr. Oliver will contribute to the McChrystal Group's fact-based organization assessment in support of the organization assessment (RFP 4.2.1.1), and the development of its strategic plan (RFP 4.2.1.2), by engaging with DHHR leadership, reviewing existing Agency documentation and literature, including strategic plans. Drawing on his extensive experience leading the strategic planning process in the Virginia Department of Health, Dr. Oliver will participate in conducting key informant interviews and provide recommendations for DHHR's strategic plan, providing critical executive public health perspective to this effort.

Education:

- M.A. in Medical Anthropology
- M.D. in Family Medicine

6.9 RFP Section 4.3.1.10: Mental/Behavioral Health Subject Matter Expert

David Hughes, Ph.D., Mental/Behavioral Health SME HSRI

With over 30 years of experience, Dr. David Hughes is a nationally recognized expert in behavioral health services research, evidence-based practices, quality measurement, and cost simulation models for health systems planning. Since 2017 David has been President of HSRI. From 2015 to 2017 he was the Executive Vice President of HSRI, and period to that, from 2008 to 2015, he was a vice president at HSRI. David has been with HSRI since 1993 when he began as a research assistant. He has directed and served in senior roles on dozens of HHS-sponsored projects and has worked on more than 15 projects for SAMHSA, ACL, ACF, and ASPE. He received the SAMHSA Leadership Award for his work on the behavioral health managed care multi-site study.

David has directed and served in senior roles on dozens of projects, including several state and county mental health needs assessments. He has directed several SAMHSA multi-site studies, including the National Evaluation of SAMHSA's Homeless Programs and the CSAT Adolescent Substance Use Managed Care Study. He also co-directed the SAMHSA-funded Study of the Cost Efficiency of the Mental Health Block Grant Program. David also served as a senior research specialist for the SAMHSA-funded Evaluation of the Cooperative Agreements to Benefit Homeless Individuals (CABHI) States and Communities project. He currently directs HSRI's work on the HCBS Technical Assistance project for CMS and on the CMS Technical Assistance Program.

David is responsible for overseeing dozens of projects at HSRI. Since 2017 David had been the project director for the North Dakota Behavioral Health Needs Assessment and Strategic Planning. He is responsible for carrying out all aspects of the study, including recruiting key informants for interviews, conducting interviews, and analyzing interview and service utilization data; and authoring final reports. David has worked with dozens of local, state and national behavioral health agencies, including but not limited to the South Dakota Department of Social Services; the North Dakota Department of Human Services; the Pennsylvania Department of Human Services; the Minnesota Disabilities Services Division; the Louisiana Department of Health and Hospitals; the Administration for Community Living (ACL), the Substance Abuse and Mental Health Services Administration (SAMHSA); and the Centers for Medicare & Medicaid Services.

David is currently working with South Dakota to develop a complete picture of its entire behavioral health system to help guide improvement efforts. David provides guidance to the project team and is helping with the final report. Since 2019, David has been helping the Louisiana Department of Justice to develop a Population Health Strategic Plan aligned with the Louisiana Medicaid Managed Care Quality Strategy. David is helping with the needs assessment which will help form the plan.

In 2017 and 2018, David led an in-depth review of North Dakota's behavioral health system and produced recommendations and strategies for implementing changes to address the needs of the community. Beginning in 2018, he began working with the State's Behavioral Health Planning Council to facilitate an in-depth strategic planning process to implement the recommendations for behavioral health systems transformation. Populations of focus include individuals with mental health conditions, substance use disorders, and brain injury. David is responsible for carrying out all aspects of the study, including recruiting key informants for interviews, conducting interviews, and analyzing interview and service utilization data.

For several years, David led a project in Milwaukee County to address systemic issues with access to service delivery within the adult mental health system. Following our study and between the years 2010 and 2014, the Milwaukee County Behavioral Health Division experienced a 23% reduction in the utilization of psychiatric crisis services and a 30% decrease in admissions to its adult inpatient units. As a

result, and in line with our recommendations, the County reduced the number of inpatient beds in its mental health complex (including the closure of entire units) to shift resources to less restrictive settings and community-based services.

David will assist with a fact-based assessment strategy in support of the organization assessment (RFP 4.2.1.1), including reviewing existing literature and data and conducting key informant interviews. He will also provide recommendations for the strategic plan (RFP 4.2.1.2) and will lend his expertise in the behavioral health field. He will advise the project team on relevant national developments with his work on projects with SAMHSA, CMS and the National Association of County Behavioral Health and Developmental Disability Directors.

Education:

- Ph.D. in Social Policy
- M.A. in Social Policy
- M.A. in Applied Sociology
- B.A. Honors in Sociology
- B.A. in Psychology and Sociology

Bevin Croft, Ph.D., Mental/Behavioral Health SME HSRI

Dr. Bevin Croft has almost 20 years of experience in the behavioral health field, with expertise in person-centered practice, peer-delivered services, quality improvement, and workforce development. She is currently the director of the behavioral health team at HSRI. From 2014 to 2021 Bevin was a research associate with HSRI. From 2013 to 2014 she was a policy analyst, and she joined HSRI in 2009 as a research assist. Prior to working at HSRI, Bevin was a Quality Coordinator at Cascap, Inc. from 2007 to 2009.

Since 2019, Bevin has been the co-director of the National Center on Advancing Person-Centered Practices and Systems (NCAPPS), funded by ACL. This project provides actionable technical assistance to assist states, tribes, and territories in transforming their long-term service and support systems by implementing U.S. Department of Health and Human Services policy on person-centered thinking, planning, and practice. Bevin is responsible for managing and overseeing all personnel and project activities for the NCAPPS project.

Since 2017 Bevin has been working closely with the North Dakota Department of Human Services to facilitate an in-depth strategic planning process to implement the recommendations for behavioral health systems transformation. Responsibilities include recruiting key informants for interviews, conducting interviews, analyzing interview and service utilization data, and facilitating a multi-phase strategic planning process.

From 2017 to 2019, Bevin directed the Multnomah County Mental Health System Analysis and Strategic Plan. She was also responsible for assuring the quality of all tasks and managing project timelines, staffing, meeting agendas and minutes, and data deliverables in close collaboration with the project team. For five years, Bevin was the Principal Investigator on a Robert Wood Johnson Foundation Grant that evaluated mental health self-direction in six states, charting best practices and exploring its impacts at the individual and system level. She assumed the role of principal investigator in 2017 and was responsible for overseeing all project activities.

Bevin has worked with several local and state agencies, including but not limited to Walla Walla County, Pierce County, Multnomah County, the North Dakota Department of Human Services, and the Administration for Community Living (ACL). As part of her role within these agencies, Bevin regularly interacts with agency staff, whether it through project work, or presenting findings at legislative hearings and conferences.

Currently Bevin is directing a needs assessment/gap analysis of behavioral health services in Walla Walla County, Washington as a guide for strategic planning to achieve improved outcomes through a comprehensive, evidence-based continuum of care. Bevin is also supporting the implementation and strategic plan for the North Dakota behavioral health needs assessment and strategic planning. Bevin led a behavioral health system analysis and study for Pierce County, Washington. The study identified the prevalence of behavioral health issues and the extent of services available to address behavioral health-related needs, and provided recommendations for services, policies, and practices the county should pursue to address system gaps. Bevin also supported the implementation of the recommendations.

Bevin will assist with a fact-based assessment strategy in support of the organization assessment (RFP 4.2.1.1), including reviewing existing literature and data and conducting key informant interviews. She will also provide recommendations for the strategic plan (RFP 4.2.1.2) and will lend his expertise person-centered planning.

Education:

- Ph.D. in Social Policy
- M.A. in Social Policy
- M.P.P. in Behavioral Health Policy
- B.A. in English and American Literature and European Culture Studies

6.10 RFP Section 4.3.1.11: Program Administrative Support

Jonah Mishkel, Program Administrative Support McChrystal Group

Jonah Mishkel is an Associate at McChrystal Group where he has worked within the strategy implementation practice since 2019.

Jonah is currently advising a major technology company on its strategy and execution in managing growth and building an integrated approach to customers. Previously, Jonah was a project manager supporting a team of McChrystal Group consultants advising a state public health agency on its COVID-19 response and vaccination rollout, a state's emergency management agency on developing its long-term strategy and operational review process. During his undergraduate studies Jonah studied European global economic engagement in Copenhagen, Denmark.

In these roles, Jonah has focused on strategy, operations, and communications to build and develop new organizational capabilities, providing tactical project management support, ensuring effective knowledge management, report/presentation crafting and finalization, as well as consultant team task tracking.

Jonah will provide project management support across the entirety of the McChrystal Group consulting team, providing knowledge management, program, scheduling, and deliverable design in support of the organization assessment (RFP 4.2.1.1) and the strategic plan (RFP 4.2.1.2).

Education:

- B.A. in Economics with minors in corporate strategy and financial economics

7 RFP SECTION 4.3.2: MANDATORY QUALIFICATION/EXPERIENCE REQUIREMENTS

“The following mandatory qualification/experience requirements must be met by the Vendor as a part of its submitted proposal. Vendor should describe how it meets the mandatory requirements. Failure to comply with mandatory requirements will lead to disqualification.”

7.1 RFP Section 4.3.2.1: Staff Acceptance

“The Vendor shall remove any staff rejected by Agency from the projects or services. Agency reserves the right to reject any staff proposed or later assigned under the contract.”

The McChrystal Team acknowledges and accepts DHHR’s right to reject any proposed or later assigned staff under the contract and agrees to provide replacement staff within a reasonable amount of time to ensure the performance schedule agreed upon at contract award is met.

8 RFP SECTION 4.2.1.4 ADDITIONAL/OPTIONAL SERVICES

“It may be necessary to analyze additional goals and objectives related to the strategic assessment and management consulting services provided. These additional/optional services would be performed utilizing the hourly rates provided in Attachment A: Cost Sheet. The Vendor should include in its proposal, an approach to determining which additional goals and objectives may be necessary as a result of the organizational assessment and strategic plan.”

Informed by McChrystal Team’s previous experience advising partners on similar projects, such as implementing the Virginia Department of Health’s Public Health 3.0 strategic plan, the following sections include several additional/optional elements that may subsequently be recommended as a means to assess organizational progress as well as protect DHHR’s investment in their strategic plan by ensuring cross-functional and accountable execution. All staffing estimates are approximated as standalone services and may potentially be optimized for efficiency if two or more are conducted concurrently. All McChrystal Team services will be proposed as firm, fixed price.

8.1 Reassessment Against Organizational Baseline

Overview: Objectively measure DHHR’s progress against operating model and strategic plan implementation goals, integrating both quantitative and qualitative analyses to assess the impact of interventions to date. The reassessment uses proprietary comparative analyses to quantitatively assess the DHHR operating model and strategic execution against organizational baselines established in the organization assessment and provides critical datapoints and insights to recalibrate and educate future action.

Approach: McChrystal Team advisors and data scientists will partner with DHHR leaders to reassess the organization through a series of targeted survey-based diagnostics, interviews, and focus groups to rapidly pulse the organization and measure progress to plan. Reassessments can be executed on an expedited timeline of ~8 weeks due to reduced administrative burden already undertaken in the initial Organizational Assessment and familiarity with DHHR and its problem sets. The reassessment culminates in an extensive leadership team outbrief and detailed recommendation roadmap.

Estimated Staffing Requirements & Timeline:

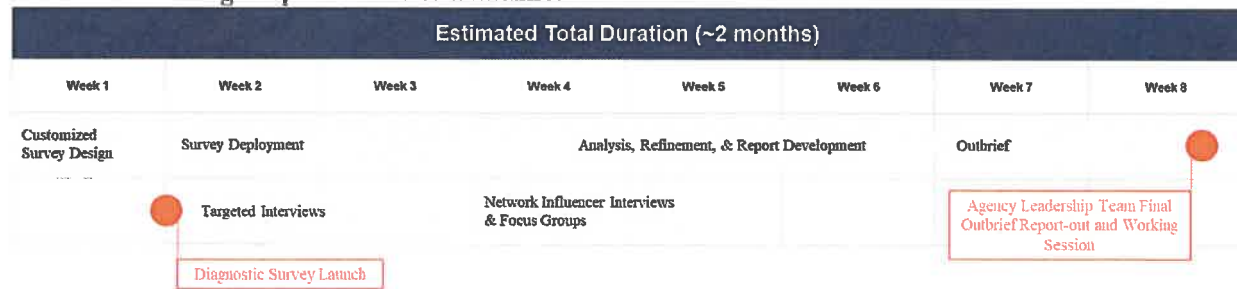


Figure 8: Reassessment Timeline

Approximate Timeline: 2 months

Approximate Staff Utilization:

- Principal/Executive Consultant: 10%
- Sr. Consultant: 50%
- Consultant (Analytics Program Lead): 40%
- Consultant: 100%

8.2 Cascaded Strategy Frameworks

Overview: Identify respective Bureau’s and Office’s key areas of responsibility for supporting DHHR’s overall strategic plan, directly influencing the prioritization of their efforts, identify critical areas of interdependency or resource-sharing between other DHHR Bureau’s or additional WV Agencies/Departments, as well as drive strategic context more deeply down into the organization.

Approach: The McChrystal Team will partner with Bureau/Office-level teams to develop fully nested strategy frameworks for each respective team, to include bespoke Bureau and Office-level objectives, priorities, and initiatives. Through the cascading process, the McChrystal Team will partner with Bureau and Office-level principals and senior leaders to develop the cascaded frameworks through a series of intensive strategy workshops. Cascaded strategy alignment is done holistically, with significant focus and resources allocated towards ensuring all Bureau and Office-level frameworks are horizontally alignment, directly addressing key points of interdependency and conflict.

Estimated Staffing Requirements & Timeline:

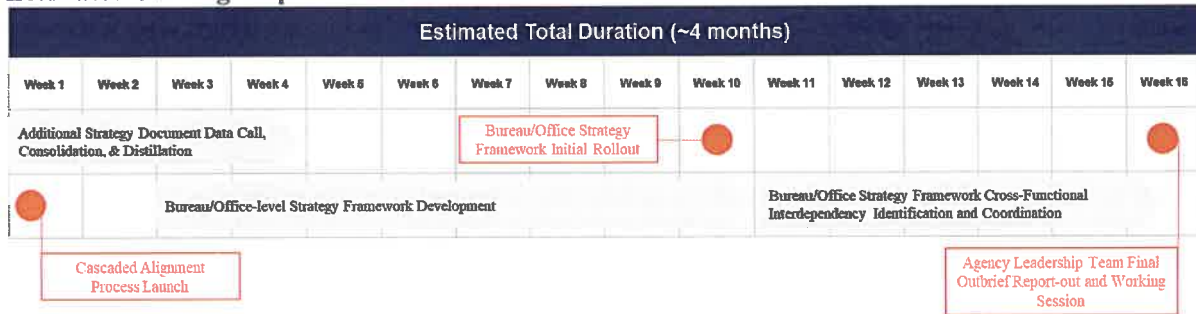


Figure 9: Strategy Framework Timeline

Approximate Timeline: 4 months

Approximate Staff Utilization:

- Principal/Executive Consultant: 10%
- Sr. Consultant: 100%
- Consultant: 100%
- Program and Administrative Support Staff: 50%

8.3 Operating Rhythm Implementation

Overview: As briefly discussed in Section 2.1, implementing a fully integrated strategy and planning review. Operating Rhythm (OR), in which processes are connected to drive accountability and sustained, cross-functional communication, is essential to maintaining strategic alignment, effective execution, and ultimately successful outcomes. By implementing a robust process by which to continuously facilitate bottom-up refinement of the strategic plan and top-down accountability for action, DHHR will catalyze progress against their strategic plan while streamlining its operating model.

Approach: The McChrystal Team’s Strategy & Planning Review provides an alignment check on DHHR’s strategic plan. Implementing the Strategy & Planning Review occurs over four phases

1. **Operationalizing the DHHR Initiative Charters:** Coordinating input vertically and horizontally across respective DHHR Bureaus and Offices, the McChrystal Team will guide each DHHR Initiative’s owner through constructing a detailed action plan, using a uniform two-page template. When completed across all Initiatives, DHHR leadership will be able to review the action plans, identifying interdependencies across key performance indicators (KPI’s) and potential misalignments and remediating accordingly.
2. **Pressure-testing the Action Plans:** After the action plans are built and aligned, the McChrystal Team will facilitate a discussion with the appropriate DHHR teammates to identify the following:
 - Resourcing requirements
 - Planning and operational interdependencies
 - Risks and assumptions
 - Sequencing tradeoffs—e.g., how do we decide if required to choose between when two initiatives start?
3. **Executing & Refining:** With action plans in execution, DHHR leadership and respective teams will meet on a quarterly basis to review progress against the strategic plan, to include objectives and key leading indicators, as well as the portfolio of Initiative action plans. To facilitate these conversations, the McChrystal Team will train DHHR personnel on how to employ our Strategy & Planning Review tools to include the meeting structure (agenda, templates, etc.), behaviors (questions, expectations), and post-meeting tools (after-action reviews, next-step briefs, decision-making templates, etc.). To ensure success, the McChrystal Team will provide facilitation support, and training for as many quarterly meetings as DHHR leadership feels is necessary during the engagement. Once underway, the process will ensure that daily execution aligns with long-term strategy.
4. **Integration with Operating Rhythm:** The McChrystal Team will advise DHHR in integrating the Strategy & Planning Review into DHHR’s current Operating Rhythm, coaching OR owners accordingly to ensure success. By ensuring the process is complementary rather than additive to current management and communications mediums, DHHR will streamline its operating model, making for more efficient, informed, and coordinated operation between DHHR Bureaus and Offices.

Estimated Staffing Requirements & Timeline:

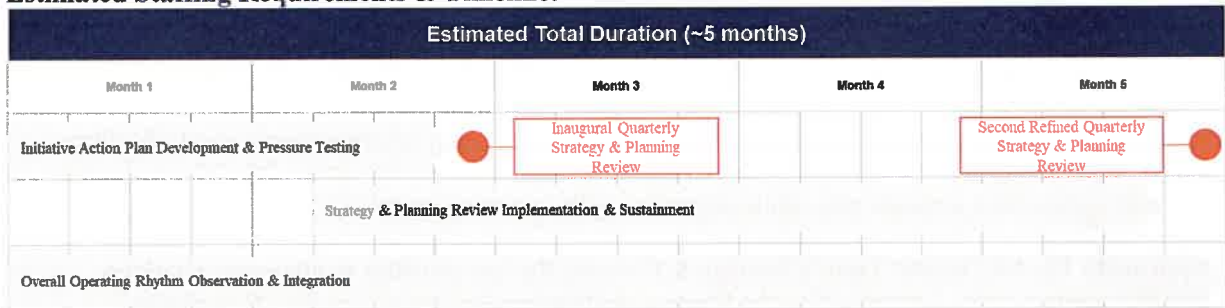


Figure 10: Operating Rhythm Timeline

Approximate Timeline: 5 months

Approximate Staff Utilization:

- Principal/Executive Consultant: 10%
- Sr. Consultant: 10%
- Consultant: 100%
- Program and Administrative Support Staff: 50%

9 ATTACHMENTS

9.1 Attachment A – Cost Sheet

The Attachment A – Cost Sheet is in Volume II: Pricing, contained in a separate sealed envelope per the requirements in Section 5.3.1 of the RFP.

9.2 Centralized Request for Proposals Form (CRFP_0506_HHR220000002 Version 4)

The Centralized Request for Proposals Form (CRFP) has been included within the sealed Volume II: Pricing envelope. If this document is not required as part of the proposal response, please disregard it.

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9.3 Federal Funds Addendum

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FEDERAL FUNDS ADDENDUM

REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317):

The State of West Virginia Department of Administration, Purchasing Division, and the Vendor awarded this Contract intend that this Contract be compliant with the requirements of the Procurement Standards contained in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements found in 2 C.F.R. § 200.317, et seq. for procurements conducted by a Non-Federal Entity. Accordingly, the Parties agree that the following provisions are included in the Contract.

1. MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS:

(2 C.F.R. § 200.321)

- a. The State confirms that it has taken all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Those affirmative steps include:

- (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
- (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
- (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
- (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;
- (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and
- (6) Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (1) through (5) above.

- b. Vendor confirms that if it utilizes subcontractors, it will take the same affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible.

2. DOMESTIC PREFERENCES:

(2 C.F.R. § 200.322)

- a. The State confirms that as appropriate and to the extent consistent with law, it has, to the greatest extent practicable under a Federal award, provided a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United

States (including but not limited to iron, aluminum, steel, cement, and other manufactured products).

b. Vendor confirms that will include the requirements of this Section 2. Domestic Preference in all subawards including all contracts and purchase orders for work or products under this award.

c. Definitions: For purposes of this section:

(1) "Produced in the United States" means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States.

(2) "Manufactured products" means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

3. BREACH OF CONTRACT REMEDIES AND PENALTIES:

(2 C.F.R. § 200.327 and Appendix II)

(a) The provisions of West Virginia Code of State Rules § 148-1-5 provide for breach of contract remedies, and penalties. A copy of that rule is attached hereto as Exhibit A and expressly incorporated herein by reference.

4. TERMINATION FOR CAUSE AND CONVENIENCE:

(2 C.F.R. § 200.327 and Appendix II)

(a) The provisions of West Virginia Code of State Rules § 148-1-5 govern Contract termination. A copy of that rule is attached hereto as Exhibit A and expressly incorporated herein by reference.

5. EQUAL EMPLOYMENT OPPORTUNITY:

(2 C.F.R. § 200.327 and Appendix II)

Except as otherwise provided under 41 CFR Part 60, and if this contract meets the definition of "federally assisted construction contract" in 41 CFR Part 60-1.3, this contract includes the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

6. DAVIS-BACON WAGE RATES:
(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that if this Contract includes construction, all construction work in excess of \$2,000 will be completed and paid for in compliance with the Davis–Bacon Act (40 U.S.C. 3141–3144, and 3146–3148) as supplemented by Department of Labor regulations (29 CFR Part 5, “Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction”). In accordance with the statute, contractors must:

- (a) pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor.
- (b) pay wages not less than once a week.

A copy of the current prevailing wage determination issued by the Department of Labor is attached hereto as Exhibit B. The decision to award a contract or subcontract is conditioned upon the acceptance of the wage determination. The State will report all suspected or reported violations to the Federal awarding agency.

7. ANTI-KICKBACK ACT:
(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that it will comply with the Copeland Anti-KickBack Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”). Accordingly, Vendor, Subcontractors, and anyone performing under this contract are prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The State must report all suspected or reported violations to the Federal awarding agency.

8. CONTRACT WORK HOURS AND SAFETY STANDARDS ACT
(2 C.F.R. § 200.327 and Appendix II)

Where applicable, and only for contracts awarded by the State in excess of \$100,000 that involve the employment of mechanics or laborers, Vendor agrees to comply with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, Vendor is required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

9. RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT.
(2 C.F.R. § 200.327 and Appendix II)

If the Federal award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

10. CLEAN AIR ACT
(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that if this contract exceeds \$150,000, Vendor is to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

11. DEBARMENT AND SUSPENSION
(2 C.F.R. § 200.327 and Appendix II)

The State will not award to any vendor that is listed on the governmentwide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

12. BYRD ANTI-LOBBYING AMENDMENT
(2 C.F.R. § 200.327 and Appendix II)

Vendors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

13. PROCUREMENT OF RECOVERED MATERIALS

(2 C.F.R. § 200.327 and Appendix II; 2 C.F.R. § 200.323)

Vendor agrees that it and the State must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

14. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT.

(2 C.F.R. § 200.327 and Appendix II; 2 CFR § 200.216)

Vendor and State agree that both are prohibited from obligating or expending funds under this Contract to:

- (1) Procure or obtain;
- (2) Extend or renew a contract to procure or obtain; or
- (3) Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Public Law 115–232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - (i) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - (ii) Telecommunications or video surveillance services provided by such entities or using such equipment.
 - (iii) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

In implementing the prohibition under Public Law 115–232, section 889, subsection (f), paragraph (1), heads of executive agencies administering loan, grant, or subsidy programs shall prioritize available funding and technical support to assist affected businesses, institutions and organizations as is reasonably necessary for those affected entities to transition from covered communications equipment and services, to procure replacement equipment and services, and to ensure that communications service to users and customers is sustained.

State of West Virginia

By: _____

Printed Name: _____

Title: _____

Date: _____

Vendor Name:

By:  _____

Printed Name: Martin Schweitzer

Title: Director of Government Relations

Date: 12 May 2022

McChrystal Group