

**RFP 21-2664**  
**Behavioral Health Gap Analysis**  
**TECHNICAL PROPOSAL**  
**ATTACHMENT F**

Please supply *all* requested information *in the yellow-shaded areas* and indicate any attachments that have been included. Document all attachments and which section and question they pertain to.

**2.4.1 General Information**

Please provide a brief history of your agency as it pertains to the proposal, including the year it was established.

Indianapolis-based KSM Consulting, LLC ("KSMC") began business November 4, 2008 and is an independent technology, data analytics, and management consulting firm. KSMC works in both the public and private sectors across all industries to help clients fulfill their missions, meet their goals, and solve their toughest challenges. Employees embody KSMC Values of Client Focus, Fearless Problem Solving, Empathy, and Deep Expertise while working to fulfill the mission of "helping our clients, coworkers, and communities thrive." The firm serves clients nationally from its headquarters in Indianapolis.

Please provide a list of all full-time staff members, include the names and professional backgrounds of each. As well, please identify which management staff that would directly handle this account and their length of tenure with the agency and the roles they perform.

For the Behavioral Health Gap Analysis, KSMC will establish a statewide gap analysis that highlights our key partnerships with the State of Indiana. Our interest and commitment envisions a pertinent and usable, narrative gap analysis report, as well as an impactful data use tool supported by our team's behavioral health knowledge and technology expertise for generating meaningful outcomes for unmet needs of Hoosiers across our State. KSMC partnered with eHealthcare, STLogics and Bingle Research Group for this project. Our representative project team is:

**Jeanine Motsay**, as a Business Solution Owner, is a Senior Consultant with KSMC. For the Division of Mental Health and Addiction (DMHA), Jeanine most recently worked as a project Clinical Consultant on the Statewide Psychiatric Hospital System Cerner-EHR implementation in 2018 and 2019. Jeanine also worked on the initial project management team of FSSA's Enterprise Data Warehouse (EDW) implementation in 2012. Jeanine consulted with FSSA from 2006 to 2010 on the Division of Family Resources (DFR) Welfare Modernization project.

Jeanine's other public sector experience includes the State of Indiana Family and Social Services Administration, Office of Medicaid Policy and Planning; both State of Michigan and Minnesota Medicaid programs; Centers for Medicare and Medicaid Services, Drug Enforcement Agency, National Committee for Quality Assurance, National Institutes of Health, and National Institute on Drug Abuse.

Jeanine is also a licensed mental health clinician who has practiced psychotherapy in Indianapolis since completing her graduate studies in Clinical Mental Health Counseling. In her practice, Jeanine treats Medicaid-insured clients with mental health and substance use diagnoses.

Currently, Jeanine works for KSMC as a Business Solution Owner with the State of Indiana, Management Performance Hub's Data-Driven Addition, Prevention and Recovery project. This project collects ecosystem and individual data sets, and then combines data science with data analytics for saving Hoosier lives in Indiana's fight against the Opioid Crisis. She also works on the Management Performance Hub's Prescription Drug Patient Monitoring External Research Environment project. This project provides researchers critical data to meet their research needs to improve Hoosier lives. Jeanine is also a subject matter expert for behavioral health use case development with KSMC's work for the United States Department of Health and Human Services.

**Dave Work**, as a Project Manager, is a Manager at KSMC in the Public Sector Services group. In Dave's current role, he provides leadership and strategic guidance to initiatives in both State and Federal settings. Dave is a certified Agile coach and implementation expert through the Scaled Agile Framework (SAFe), as well as a certified project manager through the Project Management Institute. Dave has had experience in various settings leading large scale technology initiatives.

Dave is a high performing leader with a proven track record in project implementation and building customer focused technology solutions. He has led multidisciplinary teams to deliver both custom and commercial off-the-shelf solutions from inception to production rollout. From his previous experience, Dave is also an expert in vendor management, contract negotiation, finance, and the healthcare supply chain.

Dave has played a large part in KSMC's effort to fulfill the data sharing needs of Health and Human Services. He managed large-scale custom development initiatives to establish a data sharing platform for the federal government, focusing on driving value for the user through utilizing best practice Agile development processes.

Our team partner, **eHealthcare**, with Founder Shelia Tunison, RN, BSN, strengthens our team with a Research Business Analyst to: 1) work seamlessly with the behavioral health research community to support, communicate, and educate staff on appropriate

utilization and integration of the applicable research applications across the enterprises; 2) clearly communicate task needs and expectations across multidisciplinary teams and stakeholders; 3) maintain up-to-date process documentation workflows associated with research data; 4) conduct workflow assessments and identify best practice standards to incorporate into future processes; and 5) to provide research expertise to support research analytics and cohort development. The Research Business Analyst will also have experience in data collection for the formats of the KSMC technology solution. This includes electronic health record knowledge with electronic health record systems like Cerner and Epic. eHealthcare brings 16 years of consulting support to health care organizations and recently, the DMHA Behavioral Health electronic health record implementation. This includes a unique understanding of data collection capabilities of the current systems and discrete data needed for the gap analysis.

Our team partner, **STLogics**, with Kamran Shaikh as Quality Assurance Analyst, will conduct Quality Assurance initiatives, including technical documentation and testing. This is representative of his similar work with STLogics for the FSSA Eligibility Modernization project. He will strengthen our team to: 1) execute tests and analyzing results as per client requirements; 2) work with Research Business Analyst to fill any gaps in requirements; 3) prepare the test plan, test strategy, system and integration test cases; 4) coordinate with client and development team; and, 5) ensure comprehensive understanding of solution(s) by technical documentation. Founded in 2004, STLogics provides Information Technology Services to State and local agencies to include: 1) End-to-End Application Development using various technologies; 2) Testing and QA Services; 3) PMO Services; 4) Website design and development, Mobile App development; and 5) Robotic Process Automation.

Our team partner, **Bingle Research Group**, with President Fred Bingle, will conduct a supply/demand-focused study. Since founding the firm in 1999, Fred Bingle has conducted numerous quantitative research studies involving surveying in the State of Indiana among both the general public and providers for FSSA projects and FSSA-related projects. This includes survey data analysis work for DMHA Evaluation Services.

**Bernardo Unzueta**, as a Technical Solution Lead, is the Team Lead for architecture and engineering teams responsible for providing value-driven data solutions to meet KSMC clients' data needs. With KSMC, Bernardo has served leading roles for projects at the State of Indiana Management Performance Hub (MPH), such as, data management re-architecture, cloud record linkage, data-driven addiction, prevention and recovery data analytic design, and metadata management.

Bernardo also has prior consulting experience with the Division of Mental Health and Addiction (DMHA), where in collaboration with DMHA staff, was involved with the architecture and engineering of the DARHMA system, the CANS and ANSA behavioral assessment solution and automation of the TEDS datasets to meet federal grant requirements.

**Derrick Bovard**, as a Senior Data Architect, is responsible for designing data architecture models to support a variety of data solutions from data warehousing and business intelligence to advance data analytics. With KSMC, Derrick has been the lead data architect for the Data-Driven Addiction, Prevention and Recovery project with the State of Indiana Management Performance Hub (MPH). Derrick's extensive experience includes leading and building healthcare data platforms that served a variety of consumers, as well as help improve clinical outcomes.

**Cristian Guandique**, as a Senior Data Engineer, is responsible for providing advanced data analytics consulting services with KSMC. In his time with KSMC, Cristian has worked directly with data leaders within the State's Family and Social Services Administration (FSSA), the Indiana Department of Health (IDOH), and the Management Performance Hub (MPH). Cristian's background is in data science and data architecture, but part of his maturation over the past year has involved engaging executive level stakeholders at the "business" level. To that end, Cristian has shown remarkable leadership qualities with respect to translating complex technical issues surrounding data integrity use and sharing for leadership within FSSA and beyond in a manner that is understandable and actionable.

**Abel Barrera**, as a Software Engineer, is the Data Team Lead at KSMC responsible for engineering innovative data solutions for a wide spectrum of technologies and business needs, from business intelligence and cloud solutions to statistical analysis and modeling. With KSMC, Abel designed a custom Tableau extension to create a dynamically rendering scorecard that measures an agency's data quality based on business rules and key performance indicators (KPIs) for the State of Indiana, Management Performance Hub (MPH). Abel's background includes self-service business intelligence (SSBI), software engineering to productionize data science solutions as well as statistical modeling for advanced analytics.

Our Management Team:

**Kate Shelby** is a Senior Delivery Leader for KSMC's work at the State of Indiana Family and Social Services Administration. As a former government executive, Kate brings more than 12 years of experience working at the State of Indiana, local government, and Eli Lilly & Co., to help FSSA set and achieve its vision on a multitude of projects. Teams under Kate have delivered self-service business intelligence (SSBI) outcomes for all FSSA divisions, and Kate led teams that launched OECOSL's public-facing benefits portal (Early Ed Connect), provided \$40 million in COVID assistance to childcare providers, and helped identify opportunities and improve outcomes related to OECOSL's child care systems.

Please provide past work experience which is directly correlated to the Statewide Gap Analysis.

Based on KSMC's prior and current work within FSSA, IDOH, and MPH (to include PLA, IDOE, DWD, DOC), as well as federally with Health and Human Services (HHS), KSMC is uniquely positioned for comprehensive data/collection/analysis. Our team's recent and ongoing work, directly correlated to Indiana's Statewide Gap Analysis needs:

1) The Data-Driven Addiction, Prevention and Recovery (DDAPR) project is a four-year project where KSMC works with the Management Performance Hub (MPH) stakeholders building upon the analytic work of the Drug Data Working Group (DDWG).

MPH is building upon prior DDWG achievements with DDAPR by using a multi-pronged approach, examining the opioid crisis from macro and micro viewpoints. These parallel analyses are necessary to form a foundational understanding of the crisis. While the macro-analysis will describe the comprehensive ecosystem of the opioid crisis, micro-analysis will produce discrete, individual-level facts about how subgroups of people are affected by the crisis. These analyses, when conducted, will be presented to a wide and varied group of stakeholders to educate the public on the research, describe the efficacy of programs and services, confirm or dispute commonly-held narratives about the crisis, and help drive action (whether that be changes in program and policy or participation in continued analysis).

The Conceptual Model is an analytical and research framework developed in DDAPR's first year. It represents the project's current understanding and organization of significant data domains, data elements, and the relationships between them. DDAPR Year 2 will continue the *Micro Analysis* conducted in Year 1. The Micro Analysis research is predicated on understanding risk factors for individuals at any point in their Substance Use Disorder (SUD) journey. DDAPR Year 2 will also continue the *Macro Analysis* conducted in Year 1. The Macro Analysis focuses on accurately displaying the opioid ecosystem, organized vertically by domains (Demographics, Influences, Health, Lifestyle, and Pathway) and horizontally by connections between nodes within the domains. This research framework allows analysts and agency stakeholders to map the behaviors of populations throughout the nodes and draw conclusions from the information created via that mapping.

2) KSMC has worked the past year with data collection and analyses for the United States Health and Human Services, which includes agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institutes of Health (NIH). Initial use cases involving Opioid Use Disorder and Medication-Assisted Treatment (MAT) providers evolved to mental health and substance use care resiliency as COVID-19 occurred. The focus on resiliency incorporated, by geographical locators, related data sets for unemployment, incident reports and crime statistics, as well as emergency medical services to name a few. KSMC developed collaborative relationships with data providers both within and outside the federal government to understand data use and collection for data analytics presented to HHS.

3) The Management Performance Hub (MPH) External Research Environment (ERE), launched this summer, provides external researchers, such as Regenstrief Institute, the ability to perform research use cases like Medication-Assisted Treatment (MAT) care resiliency during COVID-19 with Prescription Drug Monitoring Data from INSPECT. KSMC provides project management and subject matter expertise for the ERE.

4) For FSSA research initiatives within Indiana University Richard M. Fairbanks School of Public Health, KSMC has partnered to source data sets for the analysis of outcomes associated with receiving Medicaid coverage following incarceration among adults in Indiana within the Indiana Department of Corrections (DOC). In addition, KSMC is supporting efforts currently to link and provide de-identified data between DOC and DMHA to the Fairbanks School of Public Health.

5) For the Self-Service Business Intelligence (SSBI) project, FSSA, in partnership with KSMC, produced a scalable knowledge base including standard operating procedures (SOPs) around version control, source code management, and technical platform design for the benefit of all State of Indiana Agencies. Through execution of this project, FSSA is able to sustain an effective SSBI program across divisions, including DMHA, improve engagement with business intelligence tools at previously under-served divisions, and develop “data curious” staff throughout the agency to adopt and utilize data assets available. The project establishes access to data for visualization sharing and creation, training and development of a data user community.

Current dashboards in development: DMHA, DMHA Diagnosis, Time to Care, & Social Determinants of Health Dashboards; dashboards which show DMHA monthly diagnoses by provider, the time it takes clients to receive care from their providers, and the demographics of the client populations. Also, currently in development: DMHA, Suicide Hotline Dashboards; which shows uses call volume data to assist with call center agent scheduling.

6) Prior consulting experience with the Division of Mental Health and Addiction (DMHA), involving the architecture and engineering of the DARHMA system, the CANS and ANSA behavioral assessment solution, and automation of the TEDS datasets to meet federal grant requirements, in collaboration with DMHA staff.

Please provide the range of your agency’s services and capabilities to include but not limited to:

1. Creating, disseminating surveys, presenting results in an understandable manor,
2. Accumulating relevant data to compare, contrast and decrease the need for new research,
3. Ability to identify the need for new research and ability to create methodology, and creating a return on investment methodology.



KSMC has prior consulting engagements creating, disseminating surveys, and presenting results in an understandable manor. KSMC has experience accumulating relevant data to compare, contrast, and decrease the need for new research. KSMC has the ability to create methodology, and in creating return-on-investment methodology. We have created impactful outcomes with the following work:

1) On July 1, 2020, Early Learning Indiana (ELI) distributed a survey to Early Childhood Education (ECE) providers across the state (total distribution N= 3,269). The survey was co-constructed by ELI staff and KSMC and consisted of 10 total questions intended to better understand the current state of provider needs and recommendations for strategies to strengthen the ECE field. The survey was distributed by email and was administered online via SurveyMonkey. The KSMC team cut responses on July 9<sup>th</sup> after a total of 616 responses, representing a 19% participation rate, providing a 95% confidence rate with a 3.56 confidence interval.

2) In July 2019, emailing of surveys began via a web-based survey platform to directors in licensed childcare centers, registered childcare ministries, licensed Head Start and Early Head Start facilities, and licensed family childcare home programs. Surveys obtained from 355 directors who constituted 29% (n=1,216) of all licensed childcare centers and registered ministries in Indiana. All licensed childcare centers and registered ministries received teacher surveys and were asked to distribute surveys to their teaching staff electronically. Surveys were returned from 474 teaching staff who constituted 3% (N=13,669). Family childcare surveys were obtained from 501 or 26% of licensed family childcare owners (N=1,961).

3) Our team partner, Bingle Research Group, has conducted numerous quantitative research studies involving surveying for FSSA (HIP 2.0 Evaluation, HIP 2.0 Public Education Campaign, OECOSL Paths to Quality Daycare Rater Visit survey, OECOSL Local Child Care Resources & Referral Services, DMHA Evaluation Services). The FSSA projects involve both the general public and providers. FSSA work products include general provider and Community Health Clinics telephone survey, focus groups to test concepts, development of a Child Care Needs Assessment online survey for key employers, and holding calls with subgrantees, as well as quantitative survey data collection and analysis.

4) Our team partner, eHealthcare, has comparable experience with their service line for large physician practices where they reviewed government and insurance reimbursements to see where there were deficiencies and then did workflow gap analyses to determine where in the workflow data or documentation was not being captured. They then presented to the organization a plan of action to address the workflow issues and estimates of increased reimbursement based on the analyses.

Please provide how you plan on providing relevant data based on the scope of work.

Our team is poised with an exceptional technical solution background and working behavioral health system knowledge for providing relevant data and meeting the requirements of completing a gap analysis; to address how unmet service needs and gaps would be feasible. Supporting DMHA's priorities and goals by a data-driven process. The would include, as confirmed through requirements gathering, data and information that are available through the Indiana's Management Performance Hub (MPH), Professional Licensing Agency (PLA), Indiana Department of Health and other agencies including State Epidemiological work, as well as SAMHSA's data sets including, but not limited to, the National Survey on Drug Use and Health, the Treatment Episode Data Set (TEDS), the National Facilities Survey on Drug Abuse and Mental Health Services, the annual State and National Behavioral Health Barometers, and the Uniform Reporting System (URS). In addition to in-state data, SAMHSA has identified several other data sets that are available through various federal agencies, CMS, the Agency of Healthcare Research and Quality (AHRQ), and others. Our team experience with surveying target populations and utilizing less mature data sets like electronic health record systems adds additional value for meeting DMHA needs. Moreover, survey data and identifiable ways to extract supply, demand, and provider data for ingestion will be considered. For example, KSMCs team experience includes Cerner and Epic electronic health records as well as smaller EHR systems and is knowledgeable to collect non-extractable data into an appropriate ingestion format.

Our dedicated project team has experience collecting a wide array of data sets including survey data to meet the data analytic needs of the Behavioral Health Gap Analysis. After an initial Discovery and Requirements Gathering process, the data sets identified in the RFP Scope of Work will be considered with additional data sets to be collected. The data sets will be solidified with stakeholders to include performance metric considerations for monitoring of desired outcomes. As the narrative comprehensive report is completed with disparities and other filters by county for the Interactive MAP Tableau tool, priorities for future data sets will also be considered. KSMC will engage with DMHA stakeholders the other ways data sets could be analyzed in subsequent work.

Please provide how there will be collaboration with state, local government, stakeholders, academia, workforce, and stakeholders to ensure all data can be acquired?

KSMC would like to support meaningful impact with comprehensive gap analysis reporting and a problem-solving data solution in the State of Indiana's behavioral health space providing a proactive approach to meeting Hoosier service needs. KSMC believes in practicing [Design Thinking](#) with our clients and within our organization and solutioning collaboration. Design Thinking is a deeply human process that taps into the



creative abilities we have but overlook. It is often referenced as the methodology that led to innovation. Design Thinking is rooted in the belief that innovation starts with people, bringing them together, and most importantly, working to understand and meet their needs.

Design Thinking is ingrained in our culture at KSMC. Our project teams pass this way of thinking on to our clients and affiliates and use in facilitating project sessions. Design thinking is key to innovation, and it's one of our most powerful tools along with our core values: Client-Focused, Fearless Problem Solving, Deep Expertise and Empathy. The latter, empathy, lends for us to collaborative most effectively. We start with people. We seek to deeply and truly understand others, across our clients', their communities, in our own communities, and inside KSMC. It is this deep understanding that allows us to develop and deliver transformative solutions.

This is how we will collaborate with state, local government, stakeholders, academia workforce, and stakeholders to ensure all data can be acquired.

Please demonstrate your agency's ability to oversee and manage accounts payable/receivable for suppliers, as well as the ability to pay promptly for continuation of services and the resources used for obtaining women or minority-owned suppliers.

KSM Consulting is a certified re-seller and has provided our clients with Microsoft, SAP, Barracuda, and Ingram Micro products as certified partners, among others. Our accounts payable department process 200+ vendor invoices a month and issues payments bi-weekly within vendor terms.

#### **2.4.2 Financial Information**

Please provide last audit within 5 years.

KSMC has provided the most recent Dunn & Bradstreet Business Report. This is deemed as acceptable document within section 2.3.3 of the RFP.

Please provide a representative list of your larger, smaller, and mid-sized accounts—both private and public sector—indicating total billings for each account.

KSMC has provided the most recent Dunn & Bradstreet Business Report. This is deemed as acceptable document by IDOA.

Provide timelines to ensure deliverables are provided by August 1, 2021.

The period of this project is anticipated to begin November 2020 and continue through July 2021 or as mutually agreed to by all parties.

The project will begin with **Discovery and Design Requirements**. In this phase, DMHA stakeholders will be engaged for requirements gathering. Given our knowledge of the behavioral health community, we envision government, communities, academia, provider and local stakeholders will be engaged during this phase as well. Individuals, caregivers, and peer support concerns will also be designed for capture. Creative approaches provided by our team to determining service supply and demand will be agreed upon by DMHA stakeholders. How and to which behavioral health ecosystem workstreams such as epidemiology, workforce, incarceration, etc. will be used in the gap analysis will also be defined.

Next, we will conduct **Data Collection and Gap Assessments**. The actions planned in the prior phase will be completed within the requirements framework. Data collected of “the State of Indiana” will be assessed encompassing the entire continuum of care for substance use, mental health, primary care, prevention, and recovery for the purpose of a wholistic person approach. KSMC understands the overall goal of the gap analysis is to use data to inform and enhance state and community decisions, regarding substance use disorder (SUD), mental health (MH), prevention of each, primary care, practices and policies as well as promote positive behavioral health over the lifespan. While collecting data for study, KSMC will analyze data quality for building the Interactive MAP required in the project.

In the final phase, we will provide **Gap Analysis Reporting and Interactive Map Development**. The report will provide a narrative assessment from research and data collected of “the State of Indiana.” KSMC will report narrative to identify geographical areas in highest need, types of need for each area and data-driven suggestions on best strategy to meet those needs. The data compiled and reported on will be able to be used for monitoring, evaluation purposes, and strategic planning. The design of the Interactive Map will illustrate the narrative report. The Interactive MAP (Tableau tool) will show the state by county and how the county meets or is in need of specific services and will be dynamic and multi-faceted.

#### 2.4.4 Other Information

What specific, innovative strategies would your agency be implementing to ensure the initial contract cost can be duplicated and create a cost savings.

With technology strategies that use refresh and real-time data, ongoing performance measuring tactics, mappings for adding data sets, as well as intuitive technology design, the Tableau Interactive Map by county would be infinitely expandable with return on investment beyond initial project costs. This would allow DMHA to pursue evolving and valuable, monitoring, measuring and research topics. Examples of criteria or guiding questions for evaluating include, but are not limited to:

- What is or isn't significant from the Statewide Gap Analysis research to better understand?
- What behavioral health issues are currently prioritized or of interest from stakeholders?
- What significant features in the behavioral health system are not fully understood or merits deeper research and analysis?
- What data-driven solutions might be of need in the future?
- What tools can DMHA provide that are similar to or enhance the existing tools used by its stakeholders?
- Does the potential work product confer a benefit in real-time or near real-time?
- Does the potential work product help illuminate the current, unknown behavioral health effects of COVID-19?
- Does the potential work help analyze and/or assess behavioral healthcare resiliency?
- How does the identify of stress points or features of the healthcare system that are unable to meet peoples' needs changing over time?

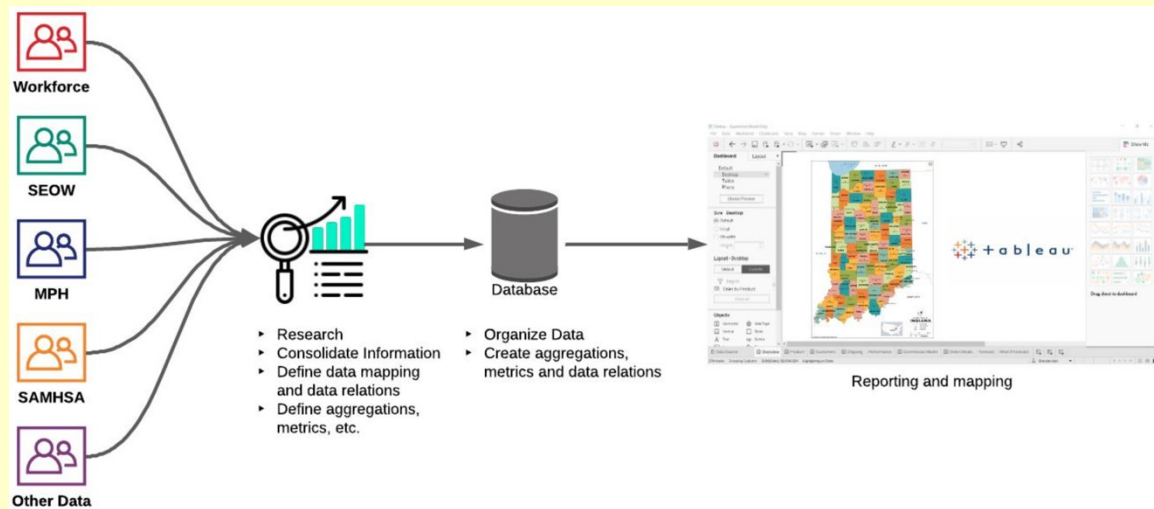
What additional information can your agency provide that will assist the state in the evaluation of your proposal?

- 1) KSMC will support DMHA's vision for complex reporting to treat a person as whole.
- 2) KSMC has a trusted partnership with the State of Indiana. Our key roles within the Family and Social Services Administration (FSSA), Indiana Department of Health (IDOH), Department of Child Services, Department of Workforce Development, and the State's Management Performance Hub (MPH). Our key projects also directly correlate to the Statewide Gap Analysis: 1) Indiana's Management Performance Hub (MPH) on the Data-Driven Addiction, Prevention and Recovery (DDAPR) project as well as 2) the External Research Environment (ERE) project, and 3) the United States Health and Human Services provides us a unique understanding of federal data use. We bring this unique set of experiences and relationships that DMHA cannot get from any other partner, or the set of partner's we have assembled on our team.
- 3) KSMC goes above and beyond, defining what consulting is and how it is done. In that KSMC, sees DMHA's request for proposal as the opportunity to apply advanced methods or better data gap analyses and complex solution problem-solving. KSMC understands

there can be varied factors contributing to delays and difficulties in accessing mental health and substance use services.

Also, that complex obstacles exist which are biologically, economically, socially, attitudinally, historically, and geographically based. Obstacles exist even more so for populations and services targeted for the Substance Abuse and Prevention Treatment Block: pregnant women and women with dependent children, intravenous drug users, tuberculosis services, early intervention services for HIV/AIDS, and primary prevention services. Obstacles affect not only objective need but perceived need for care and supply of behavioral health providers.

4)KSMC recognizes the opportunity to leverage the familiar FSSA business intelligence infrastructure built as part of the FSSA SSBI project to create a comprehensive “heat map” for DMHA internal use. KSMC understand the infrastructure is fed by data sourced from multiple sources including the Enterprise Data Warehouse (EDW) and can envision how DMHA could utilize the Tableau dashboard platform tool provided by the Data & Analytics team for divisional use.



5) KSMC will include with key priorities, metrics that DMHA seeks, including, but not limited to:

- 1) Completion of treatment
- 2) Gaps between treatment
- 3) Justice involvement in correlations
- 4) Correlations of social determinants of health
- 5) Returning to treatment/justice involvement

6) The combination of qualitative and quantitative data will be used to complete the gap analysis. Qualitative data will include gathering of perspectives, practices, and policies.

Quantitative data will include sources referenced throughout the response for state demographics, estimated demand of provider and program composition, as well as national comparisons. The context of the study, such as during/post-pandemic period, as well as any study limitations will also be identified in the analysis.

7) Continuous collaboration and cooperation are a requirement for projects that will enjoy long-lasting utility and success across the State. Our approach to project management and project progress reporting:

This project will be approached with comprehensive, communicative, transparent, and client-supportive project management, in order to successfully align with DMHA requirements and intent. The project management methodology will be a hybrid waterfall-Agile development methodology that provides opportunities to assess the project throughout its development. This is achieved through ongoing sprints, or short development and evaluation cycles, that focus on presenting workable increments of a product or project. Teams focus on condensed work cycles and the product development within them enabling faster, and often, more successful development.

Throughout the process, teams maintain constant communication and evaluation of every aspect of development including requirements, design, personnel, process, and the Agile tools in place. KSMC, in coordination and agreement with key stakeholders, may provide a KSMC project org chart, regular project updates, electronic deliverables, and a dynamic form of project communication.

To the extent that progress is susceptible to performance metrics, status and progress reports will be provided on at least a weekly basis or as otherwise agreed in order to ensure key stakeholders are completely informed with respect to the project's progress. Regular meetings will be undertaken with stakeholders as well as inter-team meetings to ensure collective actions drive the achievement of the major goals and objectives and to facilitate upward and downward communication.

8) Our team stands confident to provide the required work products of a comprehensive Behavioral Health Gap Analysis report and Interactive MAP. This includes:

1) necessary discovery to assess the current program across the continuum of care (substance use disorder (SUD), mental health (MH), primary care, prevention and recovery), 2) quality data analysis, aggregate data, and report data in useable forms for DMHA, 3) planning and developing a comprehensive report for the "state of the State of Indiana" across the continuum of care (substance use disorder, mental health, primary care, prevention and recovery) for treating the person as whole, 4) the data use, then, by the State/communities for monitoring, evaluation and planning, 5) an overall gap analysis goal for data to inform and enhance decisions across the continuum of substance use disorder, mental health, prevention of each, primary care, practices and policies as well as promote positive behavioral health over the lifespan.