

State of New Jersey

**COVID-19 Response—  
Continued Strategic and  
Operational Support (Phase 3)**

November 10, 2020

**Submitted to:**  
**New Jersey Office of Emergency Management**  
**Glen Szenzenstein**  
2 Schwarzkopf Drive  
Ewing Township, NJ 08628

*This proposal is the property of McKinsey & Company, Inc. Washington D.C. ("McKinsey") and must not be disclosed outside the Government or be duplicated, used, or disclosed in whole or in part—for any purpose other than to evaluate this proposal. If a contract is awarded to McKinsey as a result of, or in connection with, this proposal, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract and subject to the limitations of the New Jersey Open Public Records Act, N.J.S.A. 47:1A 1, et seq. ("OPRA") and other applicable law. This proposal contains trade secret and proprietary commercial or financial information, and information of a personal nature that is exempt from disclosure under OPRA and other applicable law. Accordingly, no portion of this document should be released without consulting McKinsey. This information is contingent on the Parties reaching mutually agreeable terms and conditions and upon acceptance of any limitations described herein.*

# McKinsey & Company

McKinsey & Company, Inc. Washington D.C.  
1200 19th Street NW Suite 1100  
Washington DC 20036  
United States  
Telephone +1 202 662 3100  
Fax +1 202 662 3175

November 10, 2020

Lt Colonel Glen Szenzenstein  
Homeland Security Branch  
New Jersey Office of Emergency Management  
2 Schwarzkopf Drive  
Ewing Township, NJ 08628

Subject: State of New Jersey's COVID-19 Response – Continued Strategy and Operational Support

Lt Colonel Szenzenstein:

In response to New Jersey Office of Emergency Management's (NJOEM) request for a proposal from McKinsey & Company, Inc. Washington D.C. (McKinsey) for continued Strategic and Operational Support to COVID-19 Response, we are pleased to provide the attached proposal, and in accordance with the State of New Jersey, Department of the Treasury, Division of Purchase and Property's Participating Addendum (Blanket P.O. #20-PROSV-00963) and National Cooperative Purchasing Alliance (NCPA) Master Agreement for Strategic Management Consulting Services with Region 14 Education Center, (Region 14 ESC) (Contract #11-30).

It would be our honor to continue to serve NJOEM on this important effort. We recognize the continued importance of this project for NJOEM and for the State of New Jersey, as NJOEM works in coordination with other State agencies to continue to expand healthcare delivery and public health capacity, in order to mitigate the impact of COVID-19 on lives and livelihoods of New Jersey residents and prepare the healthcare delivery and public health system for potential sustained or increased COVID-19 infections, while also working to prepare for the possible dispensing of one or more vaccines.

I am authorized to make representations on behalf of and legally bind McKinsey. If you have any questions about our proposal response, please do not hesitate to contact me at [REDACTED] [\[REDACTED\]@mckinsey.com](mailto:[REDACTED]@mckinsey.com). For contractual questions, please contact Briana Park, Contracts Manager, at [REDACTED] or [REDACTED] [\[REDACTED\]@mckinsey.com](mailto:[REDACTED]@mckinsey.com) and [mckinsey\\_contracts@mckinsey.com](mailto:mckinsey_contracts@mckinsey.com).

Sincerely

[REDACTED]  
Sarah Tucker-Ray, Partner

[REDACTED] phone

[REDACTED] [\[REDACTED\]@mckinsey.com](mailto:[REDACTED]@mckinsey.com)

## Table of Contents

<b>1.0</b>	<b>CONTEXT AND OBJECTIVES</b> .....	<b>1</b>
<b>2.0</b>	<b>PROPOSED APPROACH</b> .....	<b>1</b>
2.1	Support for COVID-19 vaccination implementation .....	2
2.1.1	Establish COVID vaccine nerve center (data, reporting, central orchestration) .....	2
2.1.2	Support provider registration and onboarding, points of dispensing sites (PODS) set-up, and overall logistics .....	2
2.1.3	Support for defined specific populations and establish consumer navigation approach and operations .....	3
2.2	Support for statewide surveillance and population-specific testing.....	3
2.2.1	Statewide surveillance plan .....	3
2.2.2	Population-specific testing plans.....	<b>Error! Bookmark not defined.</b>
2.3	Pandemic response IT .....	4
2.3.1	Pandemic response IT risk assessment and roadmap .....	4
2.4	Other pandemic reporting, analytics, and program management frameworks .....	5
2.4.1	Continued daily reporting of disease progression, healthcare capacity, and public health ....	5
2.4.2	Long-term care resiliency analytics capability building .....	6
2.4.3	Development of pandemic program management framework .....	6
<b>3.0</b>	<b>TEAM STRUCTURE</b> .....	<b>6</b>
<b>4.0</b>	<b>PROFESSIONAL FEES</b> .....	<b>8</b>
<b>5.0</b>	<b>PAYMENT SCHEDULE</b> .....	<b>9</b>
<b>6.0</b>	<b>ASSUMPTIONS</b> .....	<b>9</b>

---

## 1.0 CONTEXT AND OBJECTIVES

---

The State of New Jersey – like many parts of the U.S. and world at large, is taking extraordinary measures to mitigate the impact of the COVID-19 coronavirus on the social, health, and economic well-being of the community. To date, there have been more than 256,000 confirmed cases of COVID-19 in New Jersey, and more than 16,400 confirmed or probable deaths attributed to the disease. In response, the New Jersey Office of Emergency Management (NJOEM), in coordination with the Department of Health (DOH) and other agencies, has undertaken public health efforts focused on mitigating the impact of COVID-19 on New Jerseyans, including increasing the scale of viral testing for COVID-19, deploying contact tracers, and increasing the capacity of the local healthcare delivery system to meet the needs of those patients with mild, moderate, or severe symptoms of the disease, including tens of thousands that have required hospitalization, many requiring intensive care.

In March, Governor Murphy signed a number of Executive Orders to mitigate transmission of the virus, including an order for individuals to stay at home except for the operation or use of essential services. This among other measures to increase social distancing, appear to have reduced the rate of growth in virus transmission. Since peaking in middle of April, New Jersey reported >90% reduction in new cases per day; and >90% reduction in patients in the hospital. Based on improvements in these health metrics, the State has relaxed certain constraints on social and economic activity, while continuing to encourage social distancing, hygiene, as well as safeguarding measures applied to all economic activities.

Over the last several months, McKinsey has supported the NJOEM and other agencies in the State’s COVID-19 pandemic response in a number of ways, including but not limited to: increasing the State’s capacity of acute care beds, ICU beds, ventilators, personal protective equipment and other supplies, and therapeutics; increasing the capacity and throughput of COVID-19 viral testing; increasing the capacity and effectiveness of contact tracing; implementing an exposure notification app to support public awareness of exposure to COVID-19; supporting the State in implementing near-term actions to strengthen the resilience of New Jersey long-term care; and providing analyses and research to support State decisions regarding relaxation of constraints on social and economic activity coupled with social distancing, masking, and other safeguards. In each of these areas, McKinsey provided a combination of subject matter expertise, analytic capabilities, project management and other support, and played a role complementary to that of State agency decision makers and staff. In most cases, McKinsey has also supported capability building and knowledge transfer to State agency staff, so that activities previously supported by McKinsey are now being continued by State agency staff. Under the prior Statement of work, McKinsey continues to provide training and support for continuous improvement to contact tracing through the end of 2020.

Since September 1<sup>st</sup>, the State has observed an increase in virus transmission and prevalence. This increasing virus prevalence is also being observed (with a time lag) in terms of requirements for increased healthcare capacity. The State continues to work to monitor and mitigate viral transmission in the community while also working to ensure that the local healthcare delivery system and long-term care system have the personal protective equipment and other resources necessary to treat patients and mitigate further viral transmission. The State is also working to continuously evaluate new technologies and practices with respect to disease surveillance and testing, and to look for ways to augment its existing surveillance and testing strategy drawing upon new capabilities and capacities. The State is also preparing for the potential availability of one or more COVID-19 vaccines in the coming weeks or months. Based on the continued challenges presented by the virus, as well as opportunities presented by new and emerging surveillance, testing, and vaccination capabilities, the State of New Jersey is seeking McKinsey’s support with one or more of the following:

- Support for COVID-19 vaccination implementation
- Support for statewide surveillance and population-specific testing
- Pandemic response IT risk assessment and roadmap
- Other pandemic reporting, analytics, and program management frameworks

---

## 2.0 PROPOSED APPROACH

---

To address the State’s requirements, the McKinsey team will draw upon its knowledge of the context and unique challenges of New Jersey, example practices, its public sector, public health, and healthcare experience, and appropriate resources within McKinsey, including technical, business process, and healthcare knowledgeable resources. McKinsey will provide fact-based, independent analysis. We understand that the State of New Jersey will develop and will own its work and recommendations both internally and externally. Below, we outline four (4) proposed workstreams, (the tasks and deliverables are outlined in the following subsections), to address the scope of

services requested by the State of New Jersey over a 22-week engagement:

1. Support for COVID-19 vaccination implementation
2. Support for statewide surveillance
3. Pandemic response IT risk assessment and roadmap
4. Other pandemic reporting, analytics, and program management frameworks

Following, we outline key activities and deliverables whereby McKinsey will provide research, analysis, project management, and related support to the State. Our proposed role and responsibilities are meant to be complementary to that of State agency leaders and staff, while also allowing for the State to build capabilities to allow for transfer of responsibilities from McKinsey to the State over the course of the project.

## **2.1 Support for COVID-19 vaccination implementation**

---

The State of New Jersey is planning to implement a large-scale COVID-19 vaccination program, should one or more COVID-19 vaccines be deemed safe and effective. According to assumptions articulated in the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, limited COVID-19 vaccine doses may be available by November 2020, but supply may increase substantially in 2021. Given the scale and complexity of a large-scale COVID-19 vaccination program, this effort requires a rigorous inter-departmental and whole of state approach to meet the objectives of the State.

### **2.1.1 Establish COVID vaccine nerve center (data, reporting, orchestration)**

---

#### **Objective**

Support the State of New Jersey in implementing a large-scale COVID-19 vaccination program by standing up a COVID-19 vaccine nerve center. This COVID-19 vaccine nerve center will collect, analyze, and report critical data elements, support program oversight and operations, and ensure critical issues are raised and addressed across the vaccination program, all under the oversight and decision-making of State of New Jersey leaders.

#### **Key Activities**

- Support in establishing vaccination program operating model and support overall orchestration
- Help the State identify, raise, and address critical topics across the vaccination program
- Help establish overall reporting goals and identify suite of potential reporting metrics required
- Identify key data elements to be collected and methods of collection
- Build and expand analyses and reporting required to support vaccination program implementation
- Support the State in ensuring required data can be reported and tracked and is reported to partners, as required

#### **Deliverables**

- Established vaccination program operating model
- Structured set of vaccine roll-out data, analytics, and reporting

### **2.1.2 Support provider registration and onboarding, points of dispensing sites (PODS) set-up, and overall logistics**

---

#### **Objective**

Support the State of New Jersey in their registration and onboarding of providers, setting-up Points of Dispensing Sites (PODS), and overall logistics, in order to meet the State's COVID-19 vaccination objectives. This work will likely support the State in scaling its potential COVID-19 vaccination capacity and throughput over time as additional vaccine supply becomes available.

#### **Key Activities**

- Review existing PODS plans, refine estimates for PPE and supply requirements, support development of checklist requirements and operating model for vaccination site
- Continue tabletop, functional, or full-scale exercises to test operational plans

- Support site launches based on State leadership guidance on state-wide sequencing
- Support the State's provider registration, onboarding, and training; support the State in setting-up PODS-support for training and troubleshooting
- Support the State for ongoing site reporting and ongoing site performance improvement

### **Deliverables**

- Analyses and learnings to support the development of the State's approach for setting-up its state-wide PODS network
- Analyses and learnings to support the State's approach for ongoing performance improvement for its state-wide PODS network

## **2.1.3 Support for defined populations, and consumer navigation**

### **Objective**

Support the State of New Jersey in its notification of and supporting the navigation of specific populations, based on guidance from the State, in order to meet its COVID-19 vaccination objectives. According to assumptions articulated in the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, limited COVID-19 vaccine doses may be available by November 2020, but supply may increase substantially in 2021. Especially during the period of limited supply, the State will need to ensure that prioritized populations are notified and supported in navigating how to receive their COVID-19 vaccination. This work will support the state in setting-up the operational approach to effectively notify and support these individuals and populations.

### **Key Activities**

- Perform analytics and gather learnings from other related programs to develop plans for consumer navigation for specific populations
- Help establish vaccine implementation committee(s) of community members with expertise in care and access for critical populations to enhance development of plans and reach of activities
- Support the State in their engagement of employers, community leaders, and vaccination providers as part of specific population plans for consumer navigation
- Support the State in determining points of contact for each population group to be vaccinated in the initial phases and establish methods of communication and coordination
- Support the State in establishing a navigational call center (and / or other engagement models, including the use of technology) to notify individuals and populations and help them navigate how to receive their vaccination

### **Deliverables**

- Analyses and learnings to support development of approach for defined specific populations
- Plan and operating model for navigational call center
- Analyses and learnings to support development of an engagement plan for employers, community leaders, and vaccination providers of critical populations

## **2.2 Support for statewide surveillance**

The State of New Jersey continues to mobilize a broad pandemic response effort against COVID-19. Ongoing efforts in the daily assessment of epidemic in New Jersey and managing operational response to changes (e.g., hot spots), disease surveillance, deployment of general and population-specific testing strategies, and containment initiatives—including contact tracing, are mission-critical elements in this response. The evidence and best practices in each of these areas are evolving, as is the nature of the epidemic and the individual behavior of New Jerseyans. The State is committed to ensuring the decisions and policies in response to the pandemic and the operations of the response itself are data-driven and grounded in the best evidence. This requires focused efforts to support the development of a statewide surveillance plan to complement other State efforts.

### **2.2.1 Statewide surveillance plan**

#### **Objective**

A data-rich environment across the state and at the local level is critical to support decision-making and operational response to COVID-19. The State believes that both passive and sentinel surveillance approaches are important in

the COVID-19 response. The CDC describes several types of surveillance for COVID-19 (e.g., serological) that the State has not implemented to date. To manage this stage of the pandemic, the state believes it needs an integrated surveillance strategy that expands current surveillance efforts and coordinates across multiple approaches and data sources. Furthermore, the State wants to deepen its ability to identify, characterize, and respond to emerging hotspots identified by surveillance efforts.

### Key Activities

- *General surveillance*
  - Collect fact base on latest surveillance innovations (e.g., serological) and applications from other jurisdictions
  - Continue to support development of an integrated statewide surveillance strategy that covers multiple systems (e.g., virologic, serologic, and mortality surveillance, contact tracing, cluster investigation) and approaches (e.g., including sentinel surveillance)
  - Continue to identify additional data elements and collection mechanisms as required to support analytic foundation for surveillance
- *Hotspot / safeguarding analytics*
  - Determine what additional data elements and collection mechanisms are required to support analytic foundation for hotspot / safeguarding
  - Support the State in building an automated visualization dashboard incorporating available structured data elements at a high-level of granularity (by geography, setting, demographic, other)
  - Develop approach to expanding/evolving data collected where appropriate based on gaps identified in currently available data

### Deliverables

- *General surveillance*
  - Fact base on latest surveillance innovations and approaches from other jurisdictions
  - Defined set of data elements and sources to support surveillance
  - Integrated statewide surveillance strategy across multiple systems
- *Hotspot / safeguarding analytics*
  - Defined set of available data elements and sources to support reporting
  - Automated visualization dashboard incorporating available structured data elements at a high degree of granularity (by geography, setting, demographic)
  - Proposed data elements to add and potential sources/approach

## 2.3 Pandemic response IT

New Jersey data systems were not designed for the information flows needed to support the complex nature of vaccine inquires for today. The cost of acquiring, formatting, cleaning and presenting data is growing exponentially with the fragile web of data connections and a fresh architecture using modern techniques is needed to manage complexity at a lower overhead.

### 2.3.1 Pandemic response IT risk assessment and roadmap

#### Objective

The workstream objective is to develop a near-term and long-term robust data architecture solution that will support the information needs of NJ Public Health users in vaccine tracking.

#### Key Activities

- *Public Health System Diagnostic, Triage and Roadmap (80% focus)*
  - Focusing on vaccines, map out full data lifecycle, including what information needs to be collected, what are the collection mechanisms / how is the data ingested, how is data transferred, what interoperability with 3rd party systems is needed, what system capacity is required, and how is the data used / reported
  - Quantitatively and qualitatively assess the capabilities and performance against near and mid-term needs of the following systems of NJ Department of Health across the full data lifecycle to identify risks:
    - Syndromic surveillance (CDRSS)
    - Electronic lab reporting (ELR)
    - Immunization information system (NJIIS)

- Others
  - Conduct workshops with IT, data, and analytics leads to develop architecture design in support of defining the desired end state for platform, data flows and analytics functions
  - Co-create a target state advanced analytics and reporting architecture with associated roadmap from current state to address anticipated state needs
- *Use case identification and prioritization (20% focus)*
  - Capture the vision for the NJ Public Health IT/ data enterprise of the future that would go beyond pandemic support to enable tracking and analysis for racial/ ethnic disparities, population health, opioids etc.
  - Chart a series of technical and operational initiatives that work towards the aspirational vision while continuously delivering on program benefits throughout the journey

## Deliverables

- *Technical Readiness Assessment and enhancements for Public Health System*
  - Documented full data lifecycle with operational and technical pain-points along with remediation options and risk mitigations across primary systems of NJ Department of Health
  - Documented critical componentry for near-term replacement to meet the goal of vaccine readiness, including vendor market scans of scalable commercial offerings that could be leveraged in an accelerated fashion
  - Architecture roadmap to incrementally enable technical capabilities to support use case implementation roadmap and will include considerations for talent, resourcing, vendor partners, timing, and procurement path
- *Use case implementation roadmap*
  - A list of prioritized use cases that will be enabled in near, mid and long terms taking into consideration business requirements, system enhancements, data availability, etc. This roadmap will be grouped as:
    - Accessible: Can be implemented in the current system
    - Achievable: Can be implemented with some investment
    - Aspirational: Require significant modernization

## 2.4 Other pandemic reporting, analytics, and program management

The State of New Jersey has built its pandemic response capabilities broadly throughout the pandemic. This capability building to date better positions the State to respond to various pandemic needs. However, given the unprecedented nature of COVID-19, there remain critical areas where the State needs additional pandemic reporting, analytics, and program management framework support and capability building.

### 2.4.1 Continued daily reporting of disease progression, healthcare capacity, and public health

#### Objective

Support the State's pandemic response infrastructure by supporting key recurring pandemic response coordination meetings, including the 10:00 AM Executive Check-in meeting, focused on monitoring disease progression, healthcare capacity and public health through an automated set of key reports and data elements, maintenance of up to date action items, collection of learnings across topics, and progress management infrastructure. Notably, McKinsey has also transitioned significant responsibilities to State agency staff with respect to daily reporting and project management, while automating other data analytics and reporting to support the State more efficiently. As part of this stream of work, McKinsey would continue to provide automated reporting as well as ad hoc reporting and issue resolution, while also supporting OEM, DOH, and others in continuing to build internal capabilities.

#### Key Activities

- Support key recurring pandemic response coordination meetings, including the 10:00 AM Executive Check-in meeting, focused on monitoring disease progression, healthcare capacity and public health through
  - An automated set of key reports and data elements
  - Maintenance of up to date action items
  - Collection of learnings across topics
  - And progress management infrastructure

#### Deliverables

- Support for key recurring pandemic response coordination meetings, including the 10:00 AM Executive Check-in
- Automated set of key reports and data elements

## 2.4.2 Long-term care resiliency analytics capability building

---

### Objective

Support the State in building long-term care resiliency analytics capabilities, including onboarding analytics team members, supporting analytics team capability building, and transitioning knowledge. In addition, we will provide analytics and learnings from other States and expert sources to support the State in assessing key questions related to Veterans Homes.

### Key Activities

- Onboard long-term care analytics team members and support analytics team capability building
- Transition institutional knowledge associated with all long-term care reporting, analytics, and data sets
- Provide analytics and learnings from other States and expert sources to support the State in assessing key questions related to Veterans Homes, potentially including connection model with the State and overall model

### Deliverables

- Transition of long-term care reporting, analytics, and data sets
- Analytics and learnings from other States and expert sources on Veterans Homes

## 2.4.3 Development of pandemic program management framework

---

### Objective

Support the State by helping to establish a framework and operating model for pandemic program management, focusing on ELC.

### Key Activities

- Develop framework and operating model for effective management of ELC
- Set up a monitoring and tracking tool for the ELC funding and deliverables that would then be managed by internal DOH individuals

### Deliverables

- Framework and operating model for effective management of ELC

## 3.0 TEAM STRUCTURE

---

McKinsey's team-based client service approach maximizes partnership with our clients and minimizes cost risks. It is comprised of leadership, one or more full-time task teams, subject matter experts, research, knowledge, tools and advanced analytics that we will make available to the State of New Jersey.

Each engagement is led by one or more experienced Partners whose role is to provide ongoing client counseling and leadership to the McKinsey team. The lead operational partner may spend 40-100% of his/her time on the project, and frequently is supported by one or more partners who provide focused strategic and operational guidance.

**Dr. Ellen Feehan** will serve as Engagement Director as well as in-depth subject matter expert for the COVID-19 vaccination implementation team. Ellen will manage the rest of the team and ensure quality execution of the work plan. Ellen will also serve as the co-Engagement Director of the other pandemic reporting, analytics, and program management frameworks team in partnership with Dr. Jordan VanLare. Dr. Feehan brings significant clinical experience, as well as experience leading complex teams in strategic and operational support including in crisis response. Ellen brings recent experience supporting NJOEM and DOH in scaling healthcare capacity including acute care and ICU beds, ventilators, and personal protective equipment (PPE) as well as supporting Long Term Care.

**Dr. Jordan VanLare** will serve as Engagement Director and in-depth subject matter expert for the statewide surveillance plan team. Dr. VanLare will also serve as the co-Engagement Director of the other pandemic reporting, analytics, and program management frameworks team in partnership with Dr. Feehan. Dr. VanLare co-leads McKinsey's research team examining strategies to allow for relaxation of constraints on social and economic activity following COVID-19 outbreak, including the use of testing, tracing, quarantine and surveillance to mitigate

virus transmission. Dr. VanLare also brings recent experience supporting NJOEM and DOH in scaling of testing and tracing capacity, as well as analyses supporting State deliberations on constraints on social and economic activity.

**Zachary Greenberg, Bill Yau** will support Drs. Feehan and VanLare, in leading their respective teams. Zachary and Bill are Associate Partners in McKinsey's Healthcare Practice, who previously served the State on its COVID response. Each has experience with leading complex teams in strategy and operations improvement.

**Stuart Sim** will serve as Engagement Director and in-depth subject matter expert for the pandemic response IT team. Stuart is a Partner in McKinsey's New Jersey Office and leads the data architecture practice, building large scale analytics platforms for public sector and global companies.

**Jeff Lewis and Jessica Kahn** will provide expertise and guidance to the pandemic response IT team. Jeff is accountable for the overall impact of the IT engagement and brings technology industry expertise. He is a Senior Partner in McKinsey's New Jersey Office and leads technology practice in healthcare. Jessica Kahn is a partner in the Washington D.C. office. She leads the firm's State Health and Human Services IT domain (Medicaid, Public Health, SNAP). Prior to joining McKinsey, she has over 20 years of experience in local, state & federal government managing public health and Medicaid programs, including leading Data & Systems for Medicaid at CMS.

**David Nuzum and Steve Van Kuiken** will provide oversight and direction to these teams. David and Steve are Senior Partners with McKinsey who have previously served the State across a range of Health, Healthcare, Economic Development, and other projects including the State's COVID response. Steve leads McKinsey's overall service to the State of New Jersey. David leads our health and human services client service to the State. David and Steve will maintain a line of sight to activities undertaken by the project teams outlined here. David and Steve also have a close understanding of the broader research, analysis, and client support capabilities that McKinsey is deploying for COVID-19 mitigation globally, and will bring that to bear in ensuring that our teams working in New Jersey are drawing on the firm's latest thinking and capabilities, and mobilizing additional subject matter experts as may be helpful to meet the State's goals for this project.

Dr. Feehan, Dr. VanLare, and Stuart Sim will be further supported by six (6) teams of full-time consultants (varying over the duration of the 20 weeks), as outlined in Exhibits 4.1-4.4. Each of the teams described in these Exhibits will be comprised of one Engagement Manager as well as additional full-time consultants and analysts, who will provide round-the-clock support to research, analysis, and framing of options for decision-making by the State. Specific individuals staffed full-time to the project will be determined at the time of contract execution, based on availability. Our teams will also draw upon extensive subject matter experts, including now more than 150 McKinsey clinicians, analysts, and data scientists that are staffing McKinsey's COVID-19 Centers of Excellence, developing research and analysis to enable our client service teams. All McKinsey teams include support from McKinsey's communications, graphics, IT, and administrative specialists. The number of experts, knowledge professionals, data analytics specialists, and support personnel we use on any given engagement depends upon the complexity of issues involved in the work and the needs of the project. This support is built into our team bundle rates.

## 4.0 PROFESSIONAL FEES

Based on the proposed services, McKinsey offers the below Firm Fixed Price (FFP) price quote for this engagement, based on a project timeframe spanning late November 2020 to early April 2021. To calculate the price for this effort, we estimated the number of weeks and teams required to complete the tasks and deliverables described in this document (Exhibit 4.1-4.4).

### Exhibit 4.1: Proposed price for Workstream #1: Support for COVID-19 vaccination implementation

McKinsey Proposed Team Structure	Weekly Rate	Weeks	Total Price
Partner/Associate Partner leadership; plus 5 full-time consultants; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$188,291	1-7	\$1,318,037
Partner/Associate Partner leadership; plus 3 full-time consultants; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$150,210	8-20	\$1,952,730
Partner/Associate Partner leadership; plus 5 full-time consultants; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$188,291	1-20	\$3,765,820
Partner/Associate Partner leadership; plus 4 full-time consultants; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$174,539	1-10	\$1,745,390
<b>SUBTOTAL Firm Fixed Price for Workstream #1</b>			<b>\$8,781,977</b>

### Exhibit 4.2: Proposed price for Workstream #2: Surveillance planning and analysis

McKinsey Proposed Team Structure	Weekly Rate	Weeks	Total Price
Partner/Associate Partner leadership; plus 3 full-time consultant; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$150,210	1-10	\$1,502,100
<b>SUBTOTAL Firm Fixed Price for Workstream #2</b>			<b>\$1,502,100</b>

### Exhibit 4.3: Proposed price for Workstream #3: Pandemic response IT risk assessment and roadmap

McKinsey Proposed Team Structure	Weekly Rate	Weeks	Total Price
Partner/Associate Partner leadership; plus 3 full-time consultant; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$150,210	1-10	\$1,502,100
<b>SUBTOTAL Firm Fixed Price for Workstream #3</b>			<b>\$1,502,100</b>

### Exhibit 4.4: Proposed price for Workstream #4: Other pandemic analytics and governance support

McKinsey Proposed Team Structure	Weekly Rate	Weeks	Total Price
Partner/Associate Partner leadership; plus 3 full-time consultant; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$150,210	1-10	\$1,502,100
<b>SUBTOTAL Firm Fixed Price for Workstream #4</b>			<b>\$1,502,100</b>

**TOTAL Firm Fixed Price for all Workstreams** **\$13,288,277**

Each of the teams as described in Exhibits 4.1-4.4 includes a full-time Engagement Manager; the balance of full-time consultants may be a mix of Specialists, Associates, and/or Business Analysts. Engagement Managers, Specialists, and Associates are typically post-graduate roles including several years of relevant experience in research, analysis, problem solving, strategy development, and/or operational implementation in consulting, clinical, scientific, public sector, and/or corporate environments.

## 5.0 PAYMENT SCHEDULE

McKinsey will submit invoices in accordance with the following schedule (**Exhibit 5.1**). Prior to submitting each invoice, McKinsey will meet with the State of New Jersey to review progress made against deliverables.

**Exhibit 5.1: Payment schedule.**

Billing Period	Billing Amount
November 30	\$2,003,502
December 23	\$5,008,755
January 30	\$3,229,511
February 28	\$1,354,004
March 30	\$1,354,004
April 30	\$338,501
<b>TOTAL</b>	<b>\$13,288,277</b>

## 6.0 ASSUMPTIONS

McKinsey's approach to providing the services proposed hereunder (the "Services") and the proposed price in Section 4.0 are based on the following assumptions.

- The Services are covered countermeasures to the COVID-19 epidemic under the U.S. Department of Health and Human Services' February 4, 2020 Declaration pursuant to the Public Readiness and Emergency Preparedness Act.
- The needs of State of New Jersey may evolve from week to week. McKinsey is committed to work with NJOEM leadership to continuously refine the scope and objectives of our team's work to meet the most pressing needs as defined by State leadership. Accordingly, the actual projects, activities, and deliverables completed by McKinsey's team may differ from those outlined above. Any such variance to the project scope as outlined above shall be discussed with McKinsey and any modifications to the proposed price or schedule hereunder shall be mutually agreed upon in writing between the State and McKinsey.
- Our team may operate either remotely or a combination of remote and on-site, provided we mutually determine to operate on-site.
- McKinsey does not provide categorical recommendations on matters of public policy; but rather, provides fact-based analysis and framing of options and trade-offs; all authority for policy decisions shall continue to reside with State agency leaders. Our analysis shall not serve as a substitute for policy, regulatory or operational decision-making by the State of New Jersey.
- The Services shall not be deemed medical, investment, legal, tax, accounting or other regulated advice, such as professional advice normally provided by licensed or certified practitioners, and do not constitute policy advice. McKinsey does not supplant the NJOEM or the State's management or other decision-making bodies and does not guarantee results. McKinsey's Services are an extension of and supplement to the government functions performed by NJOEM and the State. NJOEM and the State remain solely responsible for their decisions (including policy decisions), actions, use of the deliverables provided hereunder (the "Deliverables") and compliance with applicable laws, rules and regulations. In lieu of the provision of Article 4.1 of the State of New Jersey, Department of the Treasury, Division of Purchase and Property's Participating Addendum (Blanket P.O. #20- PROSV-00963), in no event shall McKinsey's liability to NJOEM or the State for the Services exceed the fees paid by NJOEM/State for the Services. Neither party will be liable for any lost profits or other indirect, consequential, incidental, punitive or special damages.
- NJOEM and the State of New Jersey acknowledge and agree that the situation around COVID-19 is highly dynamic, evolving rapidly, subject to significant uncertainty, a lack of reliable information and other events completely beyond the Parties' control. McKinsey's Services are being provided on an expedited basis and may not have the benefit of certain detailed analyses in performing the Services. The State will review and approve or concur in McKinsey's work, including its methodologies and approaches, in carrying out the Services. In order to be able to complete the Services, McKinsey will rely on the State's timely cooperation, including the State making available relevant data, information and personnel; performing any

tasks or responsibilities assigned to the State; and notifying McKinsey of any issues or concerns that the State may have relating to the Services.

- **Warranty:** the information included in the Deliverables is intended to inform management judgement only and will not contain, nor are they for the purpose of constituting or informing, policy judgments or advice. McKinsey emphasizes that statements of expectation, forecasts and projections relate to future events and are based on assumptions that may not remain valid for the whole of the relevant period of the resultant purchase order for the Deliverables. McKinsey expresses no opinion as to how closely the actual results achieved will correspond to any statements of expectation, forecasts or projections. McKinsey makes no representation or warranty of any kind, express or implied, regarding the accuracy, adequacy, validity, reliability, availability or completeness of any information in the Deliverables. NJOEM and the State agree not to make any representations or warranties regarding the accuracy, adequacy, validity, reliability, availability or completeness of any information in the Deliverables.
- McKinsey's work for NJOEM and the State is intended for the State's and contact tracing vendors' internal use only. In order to promote true neutrality on issues, provide an environment for uncensored guidance for our clients, ensure compliance with our contract confidentiality requirements, and better empower our clients, McKinsey does not advocate, present findings, or consent to public references in any public meeting, writing, or other public forum. Based on our commitment to transparency, McKinsey may disclose that we have been retained by the State along with a general description of the Services. In consideration for its Services, NJOEM and the State agree not to use McKinsey's name or refer to McKinsey's work outside its organization without McKinsey's prior written permission. NJOEM and the State also understand that McKinsey will not advocate, present findings, or speak on their behalf in any public forum without specific written authorization and agreement.
- **Intellectual Property:** If McKinsey's pre-existing tools are to be provided to NJOEM, the State, or the contact tracing vendor during the course of this Purchase Order, McKinsey and NJOEM will negotiate a commercial license ("Solutions Agreement") permitting NJOEM, the State, and/or the contact tracing vendor (and its authorized users) to use the services and tools that constitute McKinsey's background intellectual property (not including copyrighted works first produced or created under the resultant Purchase Order). The Solutions Agreement will replace other data rights provisions and clauses. McKinsey assumes that the NJOEM will enter into reasonable negotiations for a Solutions Agreement to take place after Purchase Order award to cover the Services that allow McKinsey to deliver impact to NJOEM and the State while protecting its proprietary data.
- **STATE'S INDEMNITY FOR THIRD PARTY LIABILITIES**
  - NJOEM and/or the State of New Jersey agree to hold harmless and not pursue claims or suits against McKinsey for any losses, damages, costs or expenses arising out of the provision of these Services. Should third party suits be filed against McKinsey, NJOEM, or the State arising out of the provision of these Services, the Parties agree to cooperate with each other during such litigation, including the timely provision of documents and witnesses to each other as well as the filing of supportive documents and briefs in such litigation.
  - McKinsey shall be reimbursed by NJOEM and/or the State of New Jersey for liabilities (and expenses incidental to such liabilities, such as defense costs and expert fees), to third parties, including business entities, not compensated by insurance without regard to and as an exception to any limitation of cost or limitation of funds clause in the State of New Jersey, Department of the Treasury, Division of Purchase and Property's Participating Addendum (Blanket P.O. #20-PROSV-00963) and National Cooperative Purchasing Alliance Master Agreement for Strategic Management Consulting Services with Region 14 Education Center (Contract #11-30). These reimbursable liabilities must arise out of the performance of the Services, whether or not caused by the negligence or the gross negligence of McKinsey or of McKinsey's agents or employees and must be represented by final judgments or settlements approved in writing by the State. These reimbursable liabilities are for: i--the loss of or damage to property, (other than property owned, occupied or used by McKinsey, rented or in the care, custody or control of McKinsey); ii--third party business interruption or economic loss claims; and iii--third party death and injury.
  - If any suit or action is filed by third parties against McKinsey arising out of the latter's performance of this engagement, McKinsey will notify NJOEM and/or the State of such suit or

action. NJOEM and/or the State of New Jersey and McKinsey will collaborate in defending or settling the claim if the claim exceeds McKinsey's insurance coverage. NJOEM, the State and McKinsey agree to cooperate with each other in defense of such claims, including the timely provision of witnesses, documents and supportive briefs and filings in such litigation.

McKinsey  
& Company

State of New Jersey

# COVID-19 Response— Continued Strategic and Operational Support

July 31, 2020

Submitted to:  
New Jersey Office of Emergency Management  
Glen Szenzenstein  
2 Schwarzkopf Drive  
Ewing Township, NJ 08628

*This proposal is the property of McKinsey & Company, Inc. Washington D.C. ("McKinsey") and must not be disclosed outside the Government or be duplicated, used, or disclosed in whole or in part—for any purpose other than to evaluate this proposal. If a contract is awarded to McKinsey as a result of, or in connection with, this proposal, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract and subject to the limitations of the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1, et seq. ("OPRA") and other applicable law. This proposal contains trade secret and proprietary commercial or financial information, and information of a personal nature that is exempt from disclosure under OPRA and other applicable law. Accordingly, no portion of this document should be released without consulting McKinsey. This information is contingent on the Parties reaching mutually agreeable terms and conditions and upon acceptance of any limitations described herein.*

# McKinsey & Company

McKinsey & Company, Inc. Washington D.C.  
1200 19th Street NW Suite 1100  
Washington DC 20036  
United States  
Telephone +1 202 662 3100  
Fax +1 202 662 3175

July 31, 2020

Lt Colonel Glen Szenzenstein  
Homeland Security Branch  
New Jersey Office of Emergency Management  
2 Schwarzkopf Drive  
Ewing Township, NJ 08628

Subject: State of New Jersey's COVID-19 Response – Continued Strategy and Operational Support

Lt Colonel Szenzenstein:

In response to New Jersey Office of Emergency Management's (NJOEM) request for a proposal from McKinsey & Company, Inc. Washington D.C. (McKinsey) for continued Strategic and Operational Support to COVID-19 Response, we are pleased to provide the attached proposal, and in accordance with the State of New Jersey, Department of the Treasury, Division of Purchase and Property's Participating Addendum (Blanket P.O. #20-PROSV-00963) and National Cooperative Purchasing Alliance (NCPA) Master Agreement for Strategic Management Consulting Services with Region 14 Education Center, (Region 14 ESC) (Contract #11-30).

It would be our honor to continue to serve NJOEM on this important effort. We recognize the continued importance of this project for NJOEM and for the State of New Jersey, as NJOEM works in coordination with other State agencies to continue to expand healthcare delivery and public health capacity, in order to mitigate the impact of COVID-19 on lives and livelihoods of New Jersey residents and prepare the healthcare delivery and public health requirements for changes in social and economic activity as well as potential increases in COVID-19 infections.

I am authorized to make representations on behalf of and legally bind McKinsey. If you have any questions about our proposal response, please do not hesitate to contact me at [REDACTED] or [REDACTED]@mckinsey.com. For contractual questions, please contact Briana Park, Contracts Manager, at [REDACTED] or [REDACTED]@mckinsey.com and [mckinsey\\_contracts@mckinsey.com](mailto:mckinsey_contracts@mckinsey.com).

Sincerely,

[REDACTED]  
Sarah Tucker-Ray, Partner

[REDACTED] telephone

[REDACTED]@mckinsey.com

## Table of Contents

<b>1.0</b>	<b>CONTEXT AND OBJECTIVES</b> .....	<b>1</b>
<b>2.0</b>	<b>PROPOSED APPROACH</b> .....	<b>1</b>
2.1	Strengthen resilience of long-term care by supporting implementation of critical near-term improvements.....	2
2.1.1	Comprehensive program management for near-term recommendations .....	2
2.1.2	Support the implementation of recommendations .....	2
2.2	Implement and refine containment initiatives including contact tracing, surveillance and pandemic response.....	3
2.2.1	Comprehensive program management.....	3
2.2.2	Reporting strategy and operational approach, dashboard creation, and metric development .....	4
2.2.3	Rapid response teams and safeguard effectiveness teams in response to contact tracing and other surveillance signals .....	4
2.2.4	Contact tracing training.....	5
2.2.5	Contact tracing operations and value assurance.....	5
2.2.6	Containment initiatives and pandemic response readiness long-term strategy .....	6
2.2.7	Communications and stakeholder management .....	6
2.3	Plan for a safe, flexible, equitable, and responsive economic restart and crisis response .....	7
2.3.1	Pandemic scenario planning.....	7
2.3.2	Targeted pandemic response projects in partnership with the private sector .....	7
<b>3.0</b>	<b>TEAM STRUCTURE</b> .....	<b>8</b>
<b>4.0</b>	<b>PROFESSIONAL FEES</b> .....	<b>9</b>
<b>5.0</b>	<b>PAYMENT SCHEDULE</b> .....	<b>10</b>
<b>6.0</b>	<b>ASSUMPTIONS</b> .....	<b>10</b>

## 1.0 CONTEXT AND OBJECTIVES

The State of New Jersey – like many parts of the U.S. and world at large, is taking extraordinary measures to mitigate the impact of the COVID-19 coronavirus on the social, health, and economic well-being of the community. To date, there have been more than 180,000 confirmed cases of COVID-19 in New Jersey, and more than 15,800 confirmed or probable deaths attributed to the disease. The New Jersey Office of Emergency Management (NJOEM), in coordination with the Department of Health (DOH) and other agencies, has undertaken efforts to increase the scale of viral testing for COVID-19, while also increasing the capacity of the local healthcare delivery system to meet the needs of those patients with mild, moderate, or severe symptoms of the disease, including thousands that have required hospitalization, many requiring intensive care.

In March, Governor Murphy signed a number of Executive Orders to mitigate transmission of the virus, including an order for individuals to stay at home except for the operation or use of essential services. This among other measures to increase social distancing, appear to have reduced the rate of growth in virus transmission. Since peaking in middle of April, New Jersey has reported a >90% reduction in new cases per day; and >80% reduction in patients in the hospital. Based on improvements in these health metrics, the State has begun to relax certain constraints on social and economic activity, while continuing to encourage social distancing, hygiene, as well as safeguarding measures applied to all economic activities. Based on these changes, and further changes anticipated in the fall, including re-opening of schools, the administration understands the need to plan for the possibility of re-surgence of virus transmission. The fall will also be a critical time given the additional strain that may be placed on the healthcare system by the seasonal flu.

Based on these circumstances, the State of New Jersey is seeking McKinsey's support with one or more of the following:

- Strengthening resilience of long-term care by supporting implementation of critical near-term improvements
- Implementing and refining containment initiatives, including contact tracing, surveillance and pandemic response
- Plan for a safe, flexible, equitable, and responsive economic restart and crisis response

## 2.0 PROPOSED APPROACH

McKinsey will provide fact-based, independent analysis. We understand that the State of New Jersey will develop and will own its work and recommendations both internally and externally. To address the State's requirements, the McKinsey team will draw upon its knowledge of the context and unique challenges of New Jersey, example practices, its public sector, public health, and healthcare experience, and appropriate resources within McKinsey, including technical, business process, and healthcare knowledgeable resources. Below, we outline the three proposed workstreams, (the tasks and deliverables outlined in the following subsections), to address the scope of services requested by the State of New Jersey over a 22-week engagement:

1. Strengthen resilience of long-term care by supporting implementation of critical near-term improvements
2. Implement and refine containment initiatives including contact tracing, surveillance and pandemic response
3. Plan for a safe, flexible, equitable, and responsive economic restart and crisis response

In addition to these three workstreams, the McKinsey team will continue its support for core emergency response infrastructure for the 22-week period of the engagement. This includes supporting key recurring emergency response planning meetings, including the daily 10:00 AM Executive Check-in meeting and the Monday-Wednesday-Friday 8:30 AM Testing Taskforce meeting, focused on monitoring disease progression, healthcare capacity and public health through the preparation of key reports and data elements, collection of case examples across topics, maintenance of up to date action items, and progress management infrastructure. This support will include not only the meetings themselves, but the progress management support between meetings, including following-up with key action item owners and completion of supporting analyses as applicable. Under this 22-week engagement, the McKinsey team will continue to support the State of New Jersey's senior leadership on an ongoing basis across critical topics, including scenario planning, any existing knowledge on key disease, public health, and economic considerations (e.g., vaccine development), and other emergency response activities.

## 2.1 Strengthen resilience of long-term care by supporting implementation of critical near-term improvements

---

We understand that the State of New Jersey is implementing the recommendations from Manatt delivered on June 2, 2020 related to strengthening the resilience of New Jersey's Nursing Homes in the wake of COVID-19. The implementation of these recommendations requires a coordinated inter-departmental effort. This effort requires a rigorous overall approach to implementation and analyses and data specific to each recommendation area.

### 2.1.1 Comprehensive program management for near-term recommendations

---

#### Objective

Support the State of New Jersey in the implementation of the Manatt recommendations to strengthen the resilience of New Jersey's Nursing Homes, including organizing the response team, data collection and analysis, process management, and capability building.

#### Key Activities

- Work with DOH and partners to organize the team to most effectively implement the Manatt recommendations
- Conduct analyses to most effectively support implementation of recommendations as applicable; support surveys and data collection as needed to receive and evaluate new data sources
- Support process management to assist with effective and comprehensive implementation of recommendations, including tracking progress against recommendations
- Support capability building, across data analysis, process management, and incorporation of learnings and insights

#### Deliverables

- Comprehensive tracker of progress against recommendations, including status of execution

### 2.1.2 Support the implementation of recommendations

---

#### Objective

Support the State of New Jersey to implement recommendations to strengthen the resilience of New Jersey's Nursing Homes, through sharing of insights and learnings, enhanced and refined reporting and dashboards, and internal process mapping as needed.

#### Key Activities

- Manatt recommendation 1 to the State: Consolidate and help bolster response through a central long-term care (LTC) emergency operations center
  - Share insights and learnings in optimizing operating model for the new structure and examples of other states or analogues
  - Develop (or enhance) dashboard through metric selection and visualization, including information relevant to both DOH and Department of Human Services (DHS)
  - Conduct analysis to support the State's decision on optimal configuration of regional coordination model(s) in support of central LTC emergency operations center
- Manatt recommendation 2 to the State: Implement "reopening" plan and forward-looking testing strategy
  - Synthesize guidance and examples of LTC reopening plans from other jurisdictions
  - Support the development of a multi-stage plan to support the State's guidance; identify elements of associated guidance that would need to be developed by DOH and Communicable Disease Service (CDS)
  - Support DOH in developing the State's resurgence plan with cross-stakeholder scenario planning support
- Manatt recommendation 3 to the State: Implement strategy for resident and family communications
  - Share insights and learnings from other geographies on resident and family communications
- Manatt Recommendation 4 to the State: Recognize, stabilize and resource the workforce
  - Share insights and learnings on workforce, potential options for the State to ensure readiness of workforce in high-needs settings
- Manatt recommendation 6 to the State: Institute new procedures to regulate and monitor facility ownership
  - Create process maps to support the State's decision on the addition of specialized roles/resources across both DOH and DHS to monitor requirements

- Collect insights and learnings based on other settings or geographies as necessary
- Manatt recommendation 7 to the State: Improve oversight of and increase penalties for nursing homes
  - Collect insights and learnings based on other settings or geographies as necessary
- Manatt recommendation 8 to the State: Rationalize and centralize LTC data collection and processing
  - Support in defining range of options for data collection, report development, and implementation
  - Support the development of data communications strategy based on insights and learnings in other settings
- Manatt recommendation 9 to the State: Improve safety and quality infrastructure in nursing homes
  - Collect insights and learnings on safety and quality infrastructure across geographies
- Manatt recommendation 10 to the State: Strengthen state agency organization and alignment
  - Provide ongoing support for project management and communication
- Manatt recommendation 11 to the State: Create governor's task force on transforming LTC delivery system
  - Support development for the State's stakeholder engagement plan

### **Deliverables**

- Insights and learnings across recommendations as required, including examples of other states or analogues
- Refined dashboard, including data collection, metric selection, report development/visualization, and communication
- Analyses to provide fact-based information in support of key State decisions as applicable (per above)
- Process mapping across both DOH and DHS in support of the State's deliberations on key roles and processes, as needed to implement recommendations

## **2.2 Implement and refine containment initiatives including contact tracing, surveillance and pandemic response**

We understand that the State of New Jersey's goal for this workstream is to build sustainable contact tracing, surveillance, and pandemic response capabilities as New Jersey continues to battle the COVID-19 pandemic. With expanded testing infrastructure and capabilities in place, New Jersey can now focus on activities that quickly identify outbreaks and proactively mitigate these through contact tracing and mobilization of other planned actions.

### **2.2.1 Comprehensive program management**

#### **Objective**

Provide comprehensive program management to help facilitate and coordinate the rollout and operation of contact tracing and other closely related public health efforts across New Jersey.

#### **Key Activities**

- Provide program management support to the State for the implementation of contact tracing and related public health initiatives (e.g., testing), including management of action trackers, follow-ups, and timelines
- Support root cause troubleshooting, coordinating and de-bottlenecking across stakeholders (e.g., State agencies, local health departments, and vendors)
- Provide integrated reporting and dashboards on an ongoing basis to inform situational awareness and identify early warning indicators
- Provide targeted support of collateral for planned communications campaigns
- Provide administrative assistance (e.g., clarification of FEMA documentation requirements)

#### **Deliverables**

- Draft execution plan for contact tracing, including role of the State and potential partners, to be reviewed and finalized by the State
- Program management reports and dashboards for contact tracing and other closely related public health initiatives
- Communications collateral

---

## 2.2.2 Reporting strategy and operational approach, dashboard creation, and metric development

---

### Objective

Develop an operational approach to surveillance and metrics, with links to decision-making / outcomes management

### Key Activities

- Work with the State to define the specific set of data elements required for surveillance (e.g., seroprevalence studies, waste water surveillance, syndromic and other hospital data, symptom data)
- Identify path to obtain necessary data (e.g., hospitals, social media, consumer transaction data, surveillance testing, etc.)
- Develop dashboard and set of flags / circuit breakers that would trigger local investigation / follow up
- Work with the State to define process, governance, and approach to engaging with data and range of potential actions

### Deliverables

- Summary of recommended data elements for surveillance and how to obtain
- Defined approach and support for standing up local data-gathering capability
- Dynamic dashboard with built-in triggers for specific follow-up actions

---

## 2.2.3 Rapid response teams and safeguard effectiveness teams in response to contact tracing and other surveillance signals

---

### Objectives

Develop and launch rapid response teams (RRT's) in coordination with CDS to be deployed in partnership with local departments of health (LDH's) and Local Information Network Communication System (LINCS) organizations to identify and contain clusters, including through contact tracing; as well as safeguarding effectiveness teams (SETs) to proactively and systematically audit compliance and effectiveness of safeguarding in 3-5 sectors/activities.

### Key Activities

- Define recommended skill sets for State teams, roles, responsibilities, and interface with LDH's and LINCS
- Develop approach to hotspot evaluation and assessment of safeguarding adherence and effectiveness
- Compile initial fact base on safeguarding effectiveness based on available global evidence and define approach to systematically maintaining an evidence-based understanding of effectiveness
- Define recommended business needs for system of record to integrate insights from rapid response and safeguard effectiveness teams into broader surveillance data sets, including integration of desk research from global evidence
- Develop recommended approach to audit compliance and effectiveness of safeguarding in 3-5 sectors/activities, including what and how to measure (e.g., geography, approach to data collection, sampling approach, links to decision making)
- Support safeguard effectiveness teams to perform rapid-cycle local evaluation of high-burden safeguarding interventions (e.g., spacing at restaurants)

### Deliverables

- Assist State with its rapid response teams launch(es)
- Draft Playbook for role of rapid response teams, with refinements based on experience to date
- Fact base on global evidence on safeguarding effectiveness
- Assist State with safeguarding effectiveness teams launch(es)
- Draft Playbook for role of safeguarding effectiveness teams
- Initial assessment of safeguarding effectiveness in 3-5 sectors/activities, based on safeguarding effectiveness team findings in targeted geographies

---

## 2.2.4 Contact tracing training

---

### Objective

Support the Department of Health and local departments of health in collaboration with the contact tracing training vendor to provide ongoing/on-the-job coaching and training, recognizing that contact tracing is not “static” and training needs to evolve with the program as it is refined.

### Key Activities

- Develop approach to systematically and continuously identify what elements of training are working and where there are gaps based on initial performance of contact tracing workforce
- Solicit and codify insights and learnings in contact tracing training from across the State based on local experience
- Codify insights and learnings in contact tracing training from other jurisdictions
- Inform updates to existing training curriculum and/or support development of new training collateral based on front-line learnings from other jurisdictions and best-practice sharing across New Jersey (e.g., in empathy, engagement)
- Define approach to ongoing coaching/on-the-job training for contact tracers, including process for contact tracing managers to “listen-in”, assess performance, and provide feedback to ensure continuous improvement
- Train-the-trainers to enable contact tracing managers to perform “listen-ins” and provide coaching and feedback
- Coordinate with training vendor to ensure value to the State and prevent delay, including management of logistics, training records, and workforce engagement

### Deliverables

- Playbook to systematically and continuously assess training and modify curriculum
- Insights and learnings in contact tracing training from across the State and other jurisdictions
- Recommendations to update or supplement existing training materials
- Train-the-trainer manual for contact tracing manager listen-ins and feedback/coaching
- Live training sessions to train the trainers on contact tracing manager listen-ins and feedback/coaching

---

## 2.2.5 Contact tracing operations and value assurance

---

### Objective

Support immediate implementation and operations needs for the State of New Jersey’s contact tracing efforts and help improve its overall efficiency and effectiveness

### Key Activities

- Support contact tracing workforce quality and performance management (e.g., workforce size, dynamic deployment over time and locations, continuous improvement)
- Define, launch, and support operations of contact tracing quality assurance program, focusing on areas of greater risk with measurement at the contact tracer level
- Train members of the State, local departments of health, and vendor teams on quality program to support transition over time
- Define and support the launch of a contact tracer performance management program—including appropriate metrics and day-to-day practices
- Develop contact tracing operations dashboard to assess quality and manage performance of vendors and local health departments
- Track, evaluate, and support potential interventions for upstream and downstream factors related to contact tracing (e.g., PCR testing trends, containment initiative trends)
- Evaluate contact tracing efforts across the US (Federal, State, and private sector) and share insights and learnings in contact tracing and virtual call center services operations relevant to New Jersey
- Identify opportunities for improvement in contact tracing approach to improve efficacy and sustainability of the contact tracing program (e.g., development of master queue to enable load balancing across local jurisdictions within the State; batch updates for Master Person Identifier (MPI); ability to capture, store, and read State

identification images currently being collected by case managers; advanced analytic capabilities to improve efficiency and efficacy

### **Deliverables**

- Contact tracing operational support artifacts (e.g., standard operating procedures, FAQs, wraparound social services catalog, insights and learnings across local health departments)
- Dynamic model for workforce requirements, over time and location
- Dynamic model for capacity requirements for containment initiatives (e.g., quarantine and isolation) and supportive services
- Operations dashboards for the contact tracing continuum (testing, contact tracing, containment initiatives)
- Fact packs on contact tracing and virtual call center service operations insights and learnings
- Codification of operational improvement opportunities for contact tracing

## **2.2.6 Containment initiatives and pandemic response readiness long-term strategy**

---

### **Objective**

Develop strategy to support the long-term needs for contact tracing and related elements of pandemic response preparedness

### **Key Activities**

- Assist the State in developing and refining framework for contact tracing and pandemic response preparedness overall
- Define needs / aspiration to support / replace manual components of contact tracing
- Define future technology requirements for contact tracing and identify potential sources to fill (e.g., public source apps, ability to integrate with private sector contact tracing efforts)
- Define future needs for testing innovation (e.g., point-of-care testing) and testing at scale (e.g., in the event of a resurgence)
- Assist the State in developing action plan to prepare for future testing needs (e.g., stockpile requirements)
- Prepare and integrate high-level, preliminary plans for vaccine deployment for the State's review
- Assess potential role of new vehicles/mechanisms to improve agility and pandemic response infrastructure (e.g., public health institutes)

### **Deliverables**

- Draft long-term vision, strategy, and roadmap for contact tracing and pandemic response preparedness (including testing and vaccine readiness) for State's review
- Draft implementation plan for State's review on elements of strategy requiring immediate action
- Technology roadmap for contact tracing and draft recommendations on pandemic response readiness
- Support State in development of vaccine deployment plan

## **2.2.7 Communications and stakeholder management**

---

### **Objective**

Support the State in engaging and communicating with stakeholders across State agencies/local departments of health, industry/employers, civil society, and consumers on contact tracing and pandemic response preparedness.

### **Key Activities**

- Assist the State in defining communications strategy and plan (e.g., stakeholder mapping, potential roles for critical stakeholders, critical themes to communicate)
- Support engagement and convening of critical stakeholders (e.g., ward leaders, other municipal leaders, members of business community, religious and community leaders, etc.)
- Coordinate with contact tracing communications vendor and the State to provide targeted collateral (e.g., messages, artifacts for specific stakeholder groups/audiences)

---

## Deliverables

- Draft communications strategy and plan for State's review
- Staff support to state for convening functions
- Targeted collateral (e.g., infographics)

## 2.3 Plan for a safe, flexible, equitable, and responsive economic restart and crisis response

---

We understand that the State of New Jersey's goal for this workstream is to continue to ensure that economic sectors (e.g., restaurants, retail), enablers (e.g., transit, education, and childcare), and activities (e.g., gatherings) are managed to ensure the best health outcomes for New Jersey's residents while also managing and offsetting the challenging socio-economic effects of pandemic management.

### 2.3.1 Pandemic scenario planning

---

#### Objective

Facilitate planning workshops for New Jersey to understand and prepare for potential future pandemic scenarios.

#### Key Activities

- Develop representative set of 5-7 pandemic scenarios (e.g., State-wide resurgence, isolated outbreaks, shortages in certain critical resources) with supporting materials
- Facilitate workshops with State leaders, driving to alignment on actions-to-be-taken given different scenarios
- Summarize workshop outcomes into playbooks for future reference
- Support steps to build resilience of local employers and workforces for major increases in infection rate

#### Deliverables

- Scenario planning preparation materials (e.g., scenario overviews, supporting facts)
- Playbook for potential pandemic scenarios

### 2.3.2 Targeted pandemic response projects in partnership with the private sector

---

#### Objective

Facilitate collaboration between the New Jersey administration/agencies and the private and social sectors in pandemic response

#### Key Activities

- Provide targeted project management and research/analysis support on the development of employer and employee mobile applications that facilitate a safe return to work amid the pandemic
- Provide targeted project management and research/analysis support on the rollout of digital divide collaborations across the government and private and social sector players, to help students and employees manage through the pandemic
- Provide targeted project management and research/analysis support on the New Jersey childcare challenge to help working parents manage through the pandemic
- Provide additional as-needed targeted project management and research/analysis support on evolving priorities of the Restart & Recovery Commission and the CEO Council

#### Deliverables

- Selected project management, facilitation and research/analysis documents for prioritized pandemic response collaboration between the public, private, and social sectors in New Jersey

### 3.0 TEAM STRUCTURE

McKinsey's team-based client service approach maximizes partnership with our clients and minimizes cost risks. It is comprised of leadership, a full-time task team, senior experts, research, knowledge, tools and advanced analytics that we will make available to the State of New Jersey.

Each engagement is led by one or more partners whose role is to provide ongoing counseling and leadership to the McKinsey team and to the client. The lead operational partner may spend 40-100% of his/her time on the project, and frequently is supported by one or more partners who provide focused strategic and operational guidance.

**Dr. Ellen Feehan** will serve as Engagement Director as well as in-depth subject matter expert for the Long-Term Care team. Ellen will manage the rest of the team and ensure quality execution of the work plan. Ellen brings significant clinical experience, as well as experience leading complex teams in strategic and operational support including in crisis response. Ellen brings recent experience supporting NJOEM and DOH in scaling healthcare capacity including acute care and ICU beds, ventilators, and personal protective equipment (PPE).

**Dr. Jordan VanLare** will serve as Engagement Director and in-depth subject matter expert for the Contact Tracing and Surveillance team. Jordan co-leads McKinsey's research team examining strategies to allow for relaxation of constraints on social and economic activity following COVID-19 outbreak, including the use of testing, tracing, and quarantine to mitigate virus transmission. Jordan also brings recent experience supporting NJOEM and DOH in scaling of testing and tracing capacity, as well as analyses supporting State deliberations on relaxing constraints on social and economic activity.

**Zachary Greenberg and Bill Yau** will support Ellen and Jordan, in leading their respective teams. Zachary and Bill are Associate Partners in McKinsey's Healthcare Systems and Services Practice, who previously served the State of New Jersey on its COVID response. Each has experience with leading complex teams in strategy and operations improvement.

**Mike Kerlin** will serve as Engagement Director as well as in-depth subject matter expert in support of the safe economic restart and crisis response team. Mike will manage the rest of the team and ensure quality execution of the work plan. Mike has been leading McKinsey support of the safe economic restart for New Jersey over the past 3 months and has been leading economic development engagements in New Jersey for several years. He is also the leader of McKinsey's Economic Development Service Line in North America.

**David Nuzum and Steve Van Kuiken** will provide oversight and direction to these teams. David and Steve are Senior Partners with McKinsey who have previously served the State of New Jersey across a range of Health, Healthcare, Economic Development, and other projects including the State's COVID response. Steve leads McKinsey's overall service to the State of New Jersey. David leads our healthcare service to the State, as well as our State and Local Public Sector Healthcare Service Line. David and Steve will maintain an understanding of the State's overall response to the COVID-19 pandemic, as well as a line of sight to activities undertaken by the project teams outlined here. David and Steve also have a close understanding of the broader research, analysis, and client support capabilities that McKinsey is deploying for COVID-19 mitigation globally, and will bring that to bear in ensuring that our teams working in New Jersey are drawing on the firm's latest thinking and capabilities, and mobilizing additional subject matter experts as may be helpful to meet the State's goals for this project.

Ellen, Jordan, and Mike will be further supported by 3-5 teams of full-time consultants (varying over the duration of the 22 weeks), as outlined in Exhibits 4.1-4.3. Each of the teams described in these Exhibits will be comprised of one Engagement Manager as well as additional full-time consultants and analysts, who will provide round-the-clock support to research, analysis, and framing of options for decision-making by the State. Specific individuals staffed full-time to the project will be determined at the time of contract execution, based on availability. Our teams will also draw upon extensive subject matter experts, including now more than 150 McKinsey clinicians, analysts, and data scientists that are staffing McKinsey's COVID-19 Centers of Excellence, developing research and analysis to enable our client service teams. All McKinsey teams include support from McKinsey's communications, graphics, IT, and administrative specialists. The number of experts, knowledge professionals, data analytics specialists, and support personnel we use on any given engagement depends upon the complexity of issues involved in the work and the needs of the project. This support is built into our team bundle rates.

## 4.0 PROFESSIONAL FEES

Government organizations and agencies are being asked to respond quickly and efficiently to address multiple challenges (e.g., healthcare, supply chain management, service operations, economic stability/recovery, and employment). In recognition of the extraordinary challenges faced by government organizations, McKinsey has developed new philanthropic prices for all U.S. public sector work directly related to the response to, and recovery from COVID-19. This applies only to COVID-specific work and is not applicable for scopes of work that do not directly relate to COVID-19. For this engagement, we will be offering the State of New Jersey our COVID pricing, which is distinct from our commercial team structure, and includes McKinsey's growing body of focused research, analytics, and content specialists dedicated to the COVID-19 response, recovery, and mitigation.

Based on the proposed services, McKinsey offers the below Firm Fixed Price (FFP) price quote for this engagement. To calculate the price for this effort, we estimated the number of weeks and teams, consistent with our COVID-19 team bundles and associated philanthropic rates, required to complete the tasks and deliverables described in this document (Exhibit 4.1-4.3).

### Exhibit 4.1: Proposed price for Workstream #1: Long-Term Care

McKinsey Proposed Team Structure	Weekly Rate	Weeks	Total Price
Partner/Associate Partner leadership; plus 3 full-time consultants; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$144,840	1-12	\$1,738,080
<b>SUBTOTAL Firm Fixed Price for Workstream #1</b>			<b>\$1,738,080</b>

### Exhibit 4.2: Proposed price for Workstream #2: Contact Tracing, Surveillance, and Pandemic Response

McKinsey Proposed Team Structure	Weekly Rate	Weeks	Total Price
Partner/Associate Partner leadership; plus 3 full-time consultants; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$144,840	1-8	\$1,158,720
Partner/Associate Partner leadership; plus 5 full-time consultants; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$181,560	1-12	\$2,178,720
Partner/Associate Partner leadership; plus 3 full-time consultants; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$144,840	13-22	\$1,448,400
<b>SUBTOTAL Firm Fixed Price for Workstream #2</b>			<b>\$4,785,840</b>

### Exhibit 4.3: Proposed price for Workstream #3: Safe Economic Restart and Crisis Response

McKinsey Proposed Team Structure	Weekly Rate	Weeks	Total Price
Light Partner/Associate Partner leadership; plus 1 full-time consultant; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$43,860	1-4	\$175,440
Partner/Associate Partner leadership; plus 3 full-time consultants; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$144,840	5-8	\$579,360
Partner/Associate Partner leadership; plus 2 full-time consultants; additional subject matter experts; as well as research and support from McKinsey COVID centers of excellence	\$127,500	9-12	\$510,000
<b>SUBTOTAL Firm Fixed Price for Workstream #3</b>			<b>\$1,264,800</b>

**TOTAL Firm Fixed Price for all Workstreams \$7,788,720**

Most of the teams as described in Exhibits 4.1-4.3 includes a full-time Engagement Manager; the balance of full-time consultants may be a mix of Specialists, Associates, and/or Business Analysts. Engagement Managers, Specialists, and Associates are typically post-graduate roles including several years of relevant experience in research, analysis, problem solving, strategy development, and/or operational implementation in consulting, clinical, scientific, public sector, and/or corporate environments.

Pricing as reflected above is based on McKinsey's COVID-specific pricing which is standard for public sector work related to COVID-19 throughout the U.S. in 2020. Each of the teams as proposed in Exhibits 4.1-4.3 includes research and/or analytic modeling support from McKinsey's COVID centers of excellence.

## 5.0 PAYMENT SCHEDULE

McKinsey will submit invoices in accordance with the following schedule (Exhibit 4.1). Prior to submitting each invoice, McKinsey will meet with the State of New Jersey to review progress made against deliverables.

Exhibit 4.1: Payment schedule.

Billing Period	Billing Amount
August 30	\$2,060,400
September 30	\$2,464,320
October 30	\$1,960,440
November 30	\$651,780
December 23	\$651,780
<b>TOTAL</b>	<b>\$7,788,720</b>

## 6.0 ASSUMPTIONS

McKinsey's approach to providing the services proposed hereunder (the "Services") and the proposed price in Section 4.0 are based on the following assumptions.

- The Services are covered countermeasures to the COVID-19 epidemic under the U.S. Department of Health and Human Services' February 4, 2020 Declaration pursuant to the Public Readiness and Emergency Preparedness Act.
- The needs of State of New Jersey may evolve from week to week. McKinsey is committed to work with NJOEM leadership to continuously refine the scope and objectives of our team's work to meet the most pressing needs as defined by State leadership. Accordingly, the actual projects, activities, and deliverables completed by McKinsey's team may differ from those outlined above. Any such variance to the project scope as outlined above shall be discussed with McKinsey and any modifications to the proposed price or schedule hereunder shall be mutually agreed upon in writing between the State and McKinsey.
- Our team may operate either remotely or a combination of remote and on-site, provided we mutually determine to operate on-site.
- McKinsey does not provide categorical recommendations on matters of public policy; but rather, provides fact-based analysis and framing of options and trade-offs; all authority for policy decisions shall continue to reside with State agency leaders. Our analysis shall not serve as a substitute for policy, regulatory or operational decision-making by the State of New Jersey.
- The Services shall not be deemed medical, investment, legal, tax, accounting or other regulated advice, such as professional advice normally provided by licensed or certified practitioners, and do not constitute policy advice. McKinsey does not supplant the NJOEM or the State's management or other decision-making bodies and does not guarantee results. McKinsey's Services are an extension of and supplement to the government functions performed by NJOEM and the State. NJOEM and the State remain solely responsible for their decisions (including policy decisions), actions, use of the deliverables provided hereunder (the "Deliverables") and compliance with applicable laws, rules and regulations. In lieu of the provision of Article 4.1 of the State of New Jersey, Department of the Treasury, Division of Purchase and Property's Participating Addendum (Blanket P.O. #20- PROSV-00963), in no event shall McKinsey's liability to NJOEM or the State for the Services exceed the fees paid by NJOEM/State for the Services.

Neither party will be liable for any lost profits or other indirect, consequential, incidental, punitive or special damages.

- NJOEM and the State of New Jersey acknowledge and agree that the situation around COVID-19 is highly dynamic, evolving rapidly, subject to significant uncertainty, a lack of reliable information and other events completely beyond the Parties' control. McKinsey's Services are being provided on an expedited basis and may not have the benefit of certain detailed analyses in performing the Services. The State will review and approve or concur in McKinsey's work, including its methodologies and approaches, in carrying out the Services. In order to be able to complete the Services, McKinsey will rely on the State's timely cooperation, including the State making available relevant data, information and personnel; performing any tasks or responsibilities assigned to the State; and notifying McKinsey of any issues or concerns that the State may have relating to the Services.
- **Warranty:** the information included in the Deliverables is intended to inform management judgement only and will not contain, nor are they for the purpose of constituting or informing, policy judgments or advice. McKinsey emphasizes that statements of expectation, forecasts and projections relate to future events and are based on assumptions that may not remain valid for the whole of the relevant period of the resultant purchase order for the Deliverables. McKinsey expresses no opinion as to how closely the actual results achieved will correspond to any statements of expectation, forecasts or projections. McKinsey makes no representation or warranty of any kind, express or implied, regarding the accuracy, adequacy, validity, reliability, availability or completeness of any information in the Deliverables. NJOEM and the State agree not to make any representations or warranties regarding the accuracy, adequacy, validity, reliability, availability or completeness of any information in the Deliverables.
- McKinsey's work for NJOEM and the State is intended for the State's and contact tracing vendors' internal use only. In order to promote true neutrality on issues, provide an environment for uncensored guidance for our clients, ensure compliance with our contract confidentiality requirements, and better empower our clients, McKinsey does not advocate, present findings, or consent to public references in any public meeting, writing, or other public forum. Based on our commitment to transparency, McKinsey may disclose that we have been retained by the State along with a general description of the Services. In consideration for its Services, NJOEM and the State agree not to use McKinsey's name or refer to McKinsey's work outside its organization without McKinsey's prior written permission. NJOEM and the State also understand that McKinsey will not advocate, present findings, or speak on their behalf in any public forum without specific written authorization and agreement.
- **Intellectual Property:** If McKinsey's pre-existing tools are to be provided to NJOEM, the State, or the contact tracing vendor during the course of this Purchase Order, McKinsey and NJOEM will negotiate a commercial license ("Solutions Agreement") permitting NJOEM, the State, and/or the contact tracing vendor (and its authorized users) to use the services and tools that constitute McKinsey's background intellectual property (not including copyrighted works first produced or created under the resultant Purchase Order). The Solutions Agreement will replace other data rights provisions and clauses. McKinsey assumes that the NJOEM will enter into reasonable negotiations for a Solutions Agreement to take place after Purchase Order award to cover the Services that allow McKinsey to deliver impact to NJOEM and the State while protecting its proprietary data.
- **STATE'S INDEMNITY FOR THIRD PARTY LIABILITIES**
  - NJOEM and/or the State of New Jersey agree to hold harmless and not pursue claims or suits against McKinsey for any losses, damages, costs or expenses arising out of the provision of these Services. Should third party suits be filed against McKinsey, NJOEM, or the State arising out of the provision of these Services, the Parties agree to cooperate with each other during such litigation, including the timely provision of documents and witnesses to each other as well as the filing of supportive documents and briefs in such litigation.
  - McKinsey shall be reimbursed by NJOEM and/or the State of New Jersey for liabilities (and expenses incidental to such liabilities, such as defense costs and expert fees), to third parties, including business entities, not compensated by insurance without regard to and as an exception to any limitation of cost or limitation of funds clause in the State of New Jersey, Department of the Treasury, Division of Purchase and Property's Participating Addendum (Blanket P.O. #20-PROSV-00963) and National Cooperative Purchasing Alliance Master Agreement for Strategic

Management Consulting Services with Region 14 Education Center (Contract #11-30). These reimbursable liabilities must arise out of the performance of the Services, whether or not caused by the negligence or the gross negligence of McKinsey or of McKinsey's agents or employees and must be represented by final judgments or settlements approved in writing by the State. These reimbursable liabilities are for: i--the loss of or damage to property, (other than property owned, occupied or used by McKinsey, rented or in the care, custody or control of McKinsey); ii--third party business interruption or economic loss claims; and iii--third party death and injury.

- o If any suit or action is filed by third parties against McKinsey arising out of the latter's performance of this engagement, McKinsey will notify NJOEM and/or the State of such suit or action. NJOEM and/or the State of New Jersey and McKinsey will collaborate in defending or settling the claim if the claim exceeds McKinsey's insurance coverage. NJOEM, the State and McKinsey agree to cooperate with each other in defense of such claims, including the timely provision of witnesses, documents and supportive briefs and filings in such litigation.