

HEALTH MANAGEMENT ASSOCIATES

Proposal to Provide
School/Community Mental Health Needs Assessment

PRESENTED TO:

Town of Westford, Massachusetts

TECHNICAL PROPOSAL

May 29, 2019

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HEALTH MANAGEMENT ASSOCIATES

May 24, 2019

Jodi Ross, Town Manager
Westford Town Hall, Town Manager's Office
55 Main Street
Westford, MA 01886

Dear Ms. Ross:

Health Management Associates, Inc. (HMA) is pleased to submit our proposal to perform both base and alternate bid tasks as outlined in the Town of Westford Request for Proposals for **School/Community Mental Health Needs Assessment**.

HMA has assembled a team for this engagement that understands and appreciates Westford's need to develop a plan for enhanced safety and wellness within its schools and community.

Our team has hands-on experience conducting and implementing community wellness assessments and training. We have established a reputation for working in close collaboration with stakeholders across diverse communities. Finally, we have earned the respect and trust of our clients by tackling projects on the fast track. We look forward to collaborating with Westford and leveraging our knowledge of best practices in Massachusetts and beyond to inform and shape a set of recommendations and final deliverables that meet the needs of Westford community.

Hayley Skinner, a senior consultant in our Albany, New York, office, will oversee and manage the project. Ellen Breslin, a principal consultant in our Boston office, will serve as a subject matter expert across key deliverables of the project, bringing decades of experience in conducting policy and financial research and analysis of the behavioral health system within Massachusetts. Ms. Skinner and Ms. Breslin will be supported by two research assistants located in Boston and Los Angeles, both of whom have significant experience in primary and secondary research, project management, and report development.

In addition to the credentials of the assembled team, we are confident HMA is uniquely qualified to meet and exceed the requirements of this RFP through our:

- extensive experience with community health assessment and behavioral health gap analysis
- familiarity with behavioral health systems and supports in Massachusetts
- bench-strength of national colleagues from whom we will source additional resources and insights

Please contact our contracts director, Jeff DeVries, at contracts@healthmanagement.com or 517-482-9236 if you have any questions regarding this response. As vice president, I am authorized to bind HMA contractually with this bid.

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Jodi Ross
May 24, 2019
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We are excited to work with The Town and Schools of Westford and are confident HMA will provide exemplary service on this project. Thank you for the opportunity to bid on this very important work. We look forward to your decision.

Sincerely,

A handwritten signature in blue ink that reads "Kelly Johnson". The signature is written in a cursive, flowing style.

Kelly Johnson
Vice President

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UNDERSTANDING THE PROBLEM

Health Management Associates (HMA) appreciates and understands the challenges faced by towns and schools like Westford Schools across the nation as they grapple with how to respond to troubling trends in youth risk behaviors and rising indicators of poor mental health and social and emotional wellness.

Putting the Needs of the Westford Community First

HMA will put the needs of Westford and its community first.

We recognize the gravity of concerns and needs in Westford Schools and throughout this project we will work to ensure these needs and concerns will drive the recommendations we make to you.

- » By all accounts, the children of Westford should be thriving. It is a town filled with highly educated families, and it is a safe community with above-median income. Schools are recognized for their quality of academics. Data from the Emerson College 2016 Youth Risk Behavioral Survey, however, tells a different story about how the children of Westford are doing, highlighting troubling patterns that must be addressed:
 - Stress. Levels of teen stress continue to rise, with 60 percent of surveyed high school students reporting they experienced somewhat or very high stress due to their academic workload over the past 12 months.
 - Suicide. Concurrently, while both the percent of high school students that have seriously considered or attempted suicide in the past 12 months has gone down, suicide ideation has trended upward during this same time interval, suggesting there is a growing prevalence of low levels of suicide risk which may evolve to acute risk if not addressed.
 - Vulnerable populations. The data indicate startlingly higher risk of poor mental health indicators among sub-populations within the Westford community, including students with learning disabilities and LGBTQ students.
 - Access to services. Compounding Westford's rising levels of certain risk behaviors is the increasing sense that student access to mental health resources may not be sufficient. Case in point, while many students participating in the 2016 Emerson study reported turning to school counselors and teachers for support, students also cited lack of access to school counselors.

The HMA team identified for this engagement will work with Westford town and school leaders to identify gaps and barriers in school and community mental health and social and emotional wellness resources by engaging a range of stakeholders to ensure a representative assessment of community capacity relative to constituent need. Engaging diverse stakeholder groups for constructive and productive conversations is a hallmark of the HMA consultative process. Within the context of this initiative, we will not only engage town and school staff, but we will engage and value the voices of the community whose families, friends, and neighbors have been directly affected by issues of youth mental health and social and emotional health and wellness.

HMA will also work to understand the perspective of public and commercial payers and leaders from the health system, including provider groups, to ensure a robust assessment of Westford's current capacity relative to student and community need.

The HMA team is confident in our ability to engage these critical stakeholders as our reputation both within Massachusetts as well as on the national front has afforded us the kinds of relationships with healthcare leaders across the industry. This enables us to request their partnership as we look to work together within the local and national community to tackle this critical issue.

Given the specified timeframe allotted for this needs assessment process and the critical importance of engaging diverse stakeholder groups in the discussion, close collaboration between the aligned HMA team and Westford town and school staff and leadership will be important across this engagement. Such close collaboration will serve to create an efficient process around identification, engagement, and completion of qualitative data collection via stakeholder conversations, expert interviews, and participation in relevant community forums. This type of collaboration will also be critical to ensuring HMA experts have ample time to assess and synthesize the data to drive a robust set of recommendations that are evidence-based.

PROJECT APPROACH

HMA is pleased to present the following proposed approach to completing both base and alternate bid tasks as outlined in the School/Community Mental Health Needs Assessment RFP. Our proposed approach is founded upon the belief that collaboration, engagement, and commitment to best practice should guide the work that we do and our extensive experience partnering with organizations to execute comprehensive and efficient multi-stakeholder community-level initiatives. The resulting analysis will provide a strong foundation for Westford to promote emotional wellness of your students and the community longer-term.

Base and Alternate Bid Tasks

STEP 1: PROJECT KICKOFF

Within one business day of contract execution, the HMA team will begin project kickoff planning activities. This will include working with Town of Westford staff to schedule the project kickoff meeting. We hope this will take place the following business week. Key goals for the project kickoff meeting include review of key project deliverables, associated timelines, and involved parties, including identification of the stakeholders. During this initial project startup, we will also discuss each component of the larger assessment and our preferred or recommended method of data collection. We aim to leave this kickoff meeting ready to hit the ground running so that we may immediately turn our attention to scheduling stakeholder sessions. Post kickoff, we will work with Westford town and school leaders on reaching out to stakeholders to keep the project on track and within the stated timeframe.

STEP 2: CONDUCT PRIMARY RESEARCH AND ANALYSIS

HMA's proposed approach is centered around a primary research process that engages community stakeholders and experts in the field of student mental health and social and emotional wellness to inform core deliverables across both base and alternate bid tasks.

Given the timeline associated with this engagement, the HMA team proposes to kickoff primary research collection through a series of five stakeholder sessions scheduled across the month of August. Each of these sessions will be geared towards specific stakeholder populations, including school and town staff, as well as school and town community members. The following five sessions are those

proposed by HMA staff, though subject to change following conversations with the Westford Town leadership team at time of project kickoff:

- Westford Schools Staff (administration and teachers)
- Westford Schools Health/Mental Health Resources
- Westford Community Members (families, students)
- Westford Town Staff
- Westford Healthcare Providers

Each stakeholder session will be two hours in length and will include a focus on experiences and needs relative to special populations in the community. Each session will be attended in-person by one or more HMA staff. When possible, additional HMA staff will attend virtually. Session scheduling, meeting coordination, and preparation (including printing) will be managed by Westford Town staff. HMA research coordinators will assist with coordination of efforts between Westford Town staff and HMA staff as appropriate.

In addition to the above stakeholder sessions, HMA staff will pursue the opportunity to participate in Westford community meetings and other forums where topical issues will be discussed across the project period to gain additional information, context, and insights to inform the project. Specific meeting attendance will be determined as community meeting schedules and agendas are shared with HMA staff.

As a final step in the qualitative research process, members of the HMA team will seek input from three to five experts in the field of student mental health and social and emotional wellness to gather their insight into current capacity, needs, and best practices across topics spanning core and alternate bid deliverables. HMA research staff will also complete secondary research into national trends and best practices across the topical focus points of this analysis.

STEP 3: CONDUCT SECONDARY RESEARCH AND ANALYSIS

Analysis of existing community, state and national resources, including available data sets, will serve as a primary focus for secondary research efforts. Concurrent to completion of primary interviews, members of HMA team will mine existing data sources to understand trends in youth risk behaviors nationwide, across Massachusetts, and within Westford and its neighboring communities. Data sources accessed will include state and national surveys, including the national Youth Risk Behavior Surveillance System (YRBSS) and Massachusetts Youth Health Survey (MYHS), as well as data available via research studies and topical briefs.

Table 1 presented below highlights the base and alternate bid deliverables informed through this secondary research process.

TABLE 1: PROPOSED APPROACH FOR BASE AND ALTERNATE BID TASKS

Base vs. Alternate Bid Task	Deliverable	Community Stakeholder Feedback	Industry/ Expert Interviews	Secondary Research/Data Analysis
Base	Identify and evaluate school-based mental health and social and emotional wellness programs and practices at each grade level	✓		✓
Base	Review current student needs and existing services for social and emotional wellness support at each grade level and make recommendations for services based on best practice models	✓	✓	✓
Base	Review current staffing levels for social and emotional wellness support at each grade level and make recommendations for staffing based on best practice models	✓	✓	✓
Base	Identify and evaluate current behavioral intervention strategies at each grade level and disciplinary procedures and make recommendations on best practice approaches to support social emotional wellness	✓	✓	✓
Base	Review available and relevant data on social and emotional wellness needs of students K-12 and collect additional data through stakeholder interviews, focus groups, and surveys	✓	✓	✓
Base	Review all relevant policies covering this set of topics to include our student handbook			✓
Alternate	Identify and evaluate community-based social and emotional wellness resources currently available for individuals, families and caregivers	✓	✓	✓
Alternate	Identify and evaluate mental health and social and emotional wellness care referral and service connection procedures of various town agencies	✓	✓	✓
Base	Assess first responder, school staff, and student knowledge of procedures for identifying and reporting mental health needs and resources	✓	✓	
Base	Assess school staff and student comfort levels in making mental health and social and emotional wellness referrals; and identify best practice in reporting tools and practices	✓	✓	✓
Base	Review and evaluate communication between and among school staff, service providers, police, students, and families when an at-risk student is identified and make recommendations for most effective information sharing; and identify privacy requirements and best practices around sharing of student-related information	✓	✓	✓
Base and Alternate	Consider unique needs of special populations (e.g., First Language Not English, English Language Learner,	✓	✓	✓

Base vs. Alternate Bid Task	Deliverable	Community Stakeholder Feedback	Industry/ Expert Interviews	Secondary Research/Data Analysis
	Students with Disabilities, High Needs, Economically Disadvantaged, LGBTQ) and recommend guidelines for addressing needs where good practice suggests different procedures			
Alternate	Identify best practices for maintaining community awareness of the available town and school-based social and emotional wellness supports, resources, and programs		✓	✓
Alternate	Identify best practices for staff training and professional development for mental health and social and emotional awareness (including first responders) and make recommendations for the ongoing professional development of town and school employees on topics related to social and emotional wellness		✓	✓
Alternate	Make recommendations on appropriate organizational models for school social and emotional wellness coordination and integration and a plan for ongoing implementation	✓	✓	✓
Base and Alternate	Collect data through stakeholder interviews, focus groups, public meetings, and existing data related to behavioral health	✓	✓	✓
Base and Alternate	Compare current practices versus best practices identified in comparable communities	✓	✓	✓
Base and Alternate	Develop an analysis of resident needs compared to system capacity, barriers to accessing care, and use of best practices in at least the following areas: outreach, crisis care, behavioral health treatment services (mental health, substance use disorder, and brain injury services), supportive services (e.g., peer support, supportive employment programs), continuity of care and interdepartmental coordination	✓	✓	✓
Base and Alternate	Present draft and final report that describes the process the vendor used and describes each of these components: develop quantified and actionable recommendations prioritized for implementation reflecting gaps identified, identify best practices for maintaining community awareness of social and emotional wellness available tools and resources, and provide estimated costs and funding resources of recommendations provided	✓	✓	✓
Base and Alternate	Present final report at an agreed-upon meeting	✓	✓	✓

STEP 4: SYNTHESIZE RESEARCH AND PREPARE RECOMMENDATIONS

Following the completion of all qualitative and quantitative research, the HMA team will synthesize the data collected to generate a comprehensive gap analysis outlining the Westford Schools and community mental health and social and emotional wellness resource capacity relative to demonstrated need and best practice, with special attention to understanding trends and implications for special populations. The output from this process will include recommendations on appropriate organizational models for town and school mental health coordination of resources, a plan for ongoing implementation, and assurance of ongoing professional development of town and school employees on topics related to mental health. We will also provide insight into best practices for staff training and professional development for mental health awareness (including first responders).

The HMA team will present initial gap analysis results and associated recommendations to the Task Force on September 11, 2019. Following the presentation, we will work with Westford Town project leadership to address any questions or concerns identified during the task force presentation and finalize the content for presentation to the joint boards on November 12, 2019.

Following presentation to the joint boards, we will work together to develop a final report to be delivered on December 2, 2019, as well as an accompanying presentation to be presented to the task force on December 11, 2019. This final report and presentation will include key findings on the gap analysis findings, recommendations presented to date, and a more detailed discussion around next steps for implementation, including recommended implementation strategy and estimated implementation costs.

PROPOSED STAFF

Brief overviews of the qualifications and experience of our proposed staff are included below with detailed resumes located in Appendix A of this proposal.

CORE TEAM/SUBJECT MATTER EXPERTS



Hayley Skinner, MPH, MSc
Senior Consultant

Project role:
Project manager; Lead gap analysis data collection and evaluation; Report preparation and presentation



Ellen Breslin, MPP
Principal

Project role:
Regional/Industry networking lead; Guide implementation recommendations; Report preparation and presentation



Lisa Whittemore, MSW, MPH
Principal

Project role:
Clinical behavioral health lead; Assist with gap analysis and recommendations for implementation

	
<p>Samantha Sliwinski, MPH <i>Research Assistant</i></p> <p>Project role: Gap analysis data collection and summarization; Report and presentation preparation; Project and meeting administration</p>	<p>Ryan Maganini, MPH <i>Research Assistant</i></p> <p>Project role: Gap analysis data collection and summarization; Report and presentation preparation; Project and meeting administration</p>

Project Manager Statement of Qualifications

HAYLEY SKINNER, SENIOR CONSULTANT, ALBANY, NEW YORK

Hayley Skinner, MPH, MSc, has over ten years of experience leading cross-functional teams in initiatives spanning both clinical and operational imperatives. Ms. Skinner is consistently recognized for her ability to facilitate communication across diverse business teams and grow strong professional relationships with organizational leadership.

With advanced degrees in both epidemiology and public health, Ms. Skinner brings extensive expertise in data-driven approaches to community health assessment and program evaluation. She joined HMA from ProHealth Physicians, a division of OptumCare, where she partnered with clinical and operational leadership to define strategy for improving physical and behavioral health outcomes across a community of nearly 400,000 patients. Through her leadership at ProHealth Physicians, Ms. Skinner earned an appointment to the State of Connecticut Population Health Sub-Committee, representing stakeholders from across the Connecticut healthcare delivery, payer, and community-based organization landscape. During her tenure, she contributed directly to the early conceptualization of Health Enhancement Communities designed to address upstream factors contributing to increased risk for physical and mental health outcomes.

Ms. Skinner completed her master's degree in epidemiology at the Harvard School of Public Health, her master's degree in public health at Boston University, and studied as an undergraduate at Brown University.

Project Team Statement of Qualifications

ELLEN BRESLIN, PRINCIPAL, BOSTON, MASSACHUSETTS

Ellen Breslin, MPP, has more than 30 years of experience in healthcare policy and financing, with a passion and commitment to improving access and quality for persons living with disabilities, including those with lived experience of mental illness and physical disability.

Ms. Breslin is an expert in conducting quantitative and qualitative analyses across the MassHealth program and the behavioral health delivery system across a range of clients including providers, consumer groups, community organizations, and state agencies. In 2016, she assisted the Massachusetts Department of Public Health to assess the capacity of the behavioral health system to meet the needs of

its residents by conducting a qualitative and quantitative effort, which relied on listening sessions, interview and payer data. She also currently serves on the Board of the Disability Policy Consortium, an organization that only hires persons with lived experience of disabilities.

Ms. Breslin's professional career includes leadership positions in the state and federal government and work with state Medicaid programs, foundations, associations, healthcare organizations, providers, and consumer-based organizations. She has worked alongside communities, community-based organizations, providers, and consumer groups to guide listening sessions and synthesize content to inform policy development.

Ms. Breslin was the first director of Managed Care Reimbursement and Analysis for MassHealth, where she developed, negotiated, and managed all key financial provisions of contracts including capitation rates, risk sharing, and other risk mitigation provisions with all managed and integrated health plans, including behavioral health organizations and the Senior Care Options (SCO) program in MA.

Prior to that, she was a principal analyst for the U.S. Congressional Budget Office, where she developed policy scenarios and budget estimates, worked on national healthcare reform and wrote reports and testimony for the Congress. Ms. Breslin has taken on data-intensive and heavy quantitative projects on a range of topics from examining the relationship between medical and social risk factors and healthcare cost and quality outcomes to the impact of per capita cap proposals on state Medicaid programs. She has a portfolio of publicly available reports on a variety of topics including financing for long-term services and supports; population and service chart packs and risk adjustment for Medicaid and Medicare (dual eligible) individuals participating in the Financial Alignment Demonstration; autism coverage; primer on managed care financing; chart packs on Medicaid populations including the Homeless program at the McGinnis House, based on MassHealth data; a paper for the Robert Wood Johnson Foundation describing Minnesota's work to account for social risk factors in measuring health disparities, and Massachusetts' work to adjust payments for social risk factors.

She received her master's degree in public policy from Duke University.

LISA WHITTEMORE, PRINCIPAL, BOSTON, MASSACHUSETTS

An accomplished executive, Lisa Whittemore, MSW, MPH, has extensive experience leading innovative initiatives in hospitals and the insurance industry.

Prior to joining HMA, Ms. Whittemore was vice president of Network Performance Improvement at Blue Cross Blue Shield of Massachusetts (BCBSMA). She was responsible for the development and strategic use of performance-based incentives, reporting, and consultative support with the BCBSMA provider network. She also oversaw the quality incentive component of the BCBSMA Alternate Quality Contract, a provider contract model launched in 2009 with the twin goals of improving quality and outcomes while significantly slowing spending growth.

Previously, Ms. Whittemore served as the senior administrator for primary care at Brigham & Women's Hospital. In that role, she led 15 practice locations, including two licensed health centers. As the executive director for Licensed and Affiliated Health Centers, she worked with senior leadership to develop strategy and maximize affiliations among affiliated health centers. Serving as director of Partners Primary Care for the Partners Healthcare System (PHS), she was responsible for transforming PHS-affiliated primary care practices to patient-centered medical homes (PCMHs). The work began as a means to address issues related to primary care provider recruitment and retention. With the adoption of health reform, PHS launched a strategic planning initiative to address the new care delivery system.

During her tenure as chief operating/chief financial officer of Fenway Community Health, she led the organization in its first JCAHO accreditation and guided it to an improved financial performance. Prior to that, she served as the first executive director of the Emerson Hospital Physician-Hospital Organization, a 250-plus member physician/hospital group affiliated with a large integrated delivery service network in the Boston area.

Ms. Whittemore spent 15 years working as a clinical social worker in a variety of settings. While at Emerson Hospital, she developed a program within the emergency department to ensure that patients who presented with psychiatric and addiction issues received timely and appropriate care. This program utilized a multi-disciplinary team, improved the patient experience with psychiatric service within the emergency department, and decreased hospital utilization.

She earned her master's degree in public health from Harvard School of Public Health, a master's degree in social work from Smith College School for Social Work, and her bachelor's degree from Smith College.

SAMANTHA SLIWINSKI, RESEARCH ASSISTANT, BOSTON, MASSACHUSETTS

Samantha Sliwinski, MPH, joined HMA with a background in public health research and policy focused on identifying and addressing the complex health and social needs of vulnerable populations. Through her work at the Institute for Clinical Research and Health Policy Studies and the Center for Children with Special Needs at Tufts Medical Center, she built her research, writing, and analytical skills by conducting comprehensive literature reviews, conducting and coding qualitative interviews, analyzing quantitative data, interpreting study findings, and preparing manuscripts for publication in peer-reviewed journals.

Most recently, Ms. Sliwinski worked in the Health Care Division of the Massachusetts Attorney General's Office where she contributed to the revision of the Community Benefits Guidelines through examination of national reporting practices and analysis of Massachusetts non-profit hospitals' community health needs assessments and community benefits reports.

She earned her bachelor's degree in biology from Tufts University and her master's degree in public health from Tufts University School of Medicine.

RYAN MAGANINI, RESEARCH ASSISTANT, HMA, LOS ANGELES, CA

Ryan Maganini is an experienced advocate, adviser, and researcher passionate about public health issues, specifically community health issues and issues facing the LGBTQ community. He has worked as an advocate for LGBTQ public health issues and improving school climate for LGBTQ students.

His experience includes academic research in sociology and social science research methods with an interest in mixed-method research approaches. His most recent project involved analyzing access to social support services for LGBTQ-identified victims of crime in Los Angeles County while working for the STOP Violence Program at the Los Angeles LGBT Center.

His varied experience includes creating content for marketing and educational materials, organizing outreach efforts, recruiting volunteers, and program development for organizations. Mr. Maganini has a bachelor's degree in sociology from the University of California, Santa Cruz, and took part in a study abroad program in London and Paris.

TABLE 2: PROPOSED TEAM PROJECT ROLES AND PROJECTED HOURS BY BASE AND ALTERNATE BIDS

	Qualitative Research	Quantitative Research	Gap Analysis/Evaluation	Implementation Recommendations	Report and Presentation Development	Task Force and Board Presentation	Base Bid Total Project Hours	Alternate Bid Total Project Hours	Total (Base +Alternate) Bid Hours
Hayley Skinner	✓	✓	✓		✓	✓	85	42	127
Ellen Breslin	✓		✓	✓	✓	✓	53	25	78
Samantha Sliwinski	✓	✓	✓		✓	✓	79	51	130
Ryan Maganini	✓	✓	✓		✓	✓	83	51	134
Lisa Whittemore		✓	✓	✓	✓	✓	12	4	16

HMA EXPERTISE IN COMMUNITY WELLNESS, BEHAVIORAL HEALTH GAP ANALYSIS

HMA’s breadth and depth of national experience with wellness assessment and behavioral health gap analysis leave us well prepared for the community wellness and behavioral health gap analysis components of this engagement. The following project summaries present examples of HMA’s experience executing wellness assessment and behavioral health gap analyses across diverse organizations.

#	Criteria	HMA Experience and Expertise	Project Example
1	Behavioral Health Gap Analysis	HMA has been conducting behavioral health gap analyses for more than five years	Delaware Division of Public Health
2	Community Health Needs Assessment (including Special Populations Needs Assessments)	HMA has been conducting population health needs (wellness) assessment for more than five years	Denver Human Services; Yampa Valley Medical Center, CO; Children and Families Commission of Orange County, CA
3	Community Resource Assessments	HMA has been conducting community resource assessments for more than five years	Prince George’s County Health Department, MD; King County Department of Community and Human Services, WA
4	Preventative and Intervention Measures	HMA has been researching and recommendation preventative and intervention measures for more than five years	New York City Department of Health and Mental Hygiene; State of Connecticut Department of Health
5	Community Wellness Training Development and Delivery	HMA has been working with collectives of community-based organizations to train and build capacity for more than five years	Arthur Ashe Institute for Urban Health

GAP ANALYSIS – DELAWARE DIVISION OF PUBLIC HEALTH

In October of 2018, HMA engaged with the Delaware Division of Public Health to support the state’s work related to their Centers for Disease Control and Prevention’s Cooperative Agreement for the Public Health Response to the Opioid Crisis. A core component of HMA’s involvement in this effort is completion of a gap analysis of community-based services for persons with, or at risk of, opioid use disorder (OUD) and generation of proposed solutions to ensure comprehensive support services for persons with OUD within a comprehensive system of care. As part of this effort, HMA will engage a broad range of stakeholders, including neighborhood councils and behavioral health task forces, to create a plan for opioid-related crisis response. HMA will support local communities to establish sustainable infrastructure for coordination between state agencies, partners, and stakeholders for all aspects of opioid response activities, including crisis response.

SPECIAL POPULATION NEEDS ASSESSMENT – DENVER HUMAN SERVICES

In 2018, HMA contracted with Denver Human Services to conduct a needs assessment for residents with intellectual and developmental disabilities (IDD). As part of this engagement, HMA team members surveyed current services for Denver County residents with IDD and existing capacity in and around

Denver to provide these services. Based on the collected data, the team identified service gaps and made recommendations to address these gaps through engagement of community stakeholders, including clients, families, caregivers, service providers, city and state agencies, employers, and the public.

COMMUNITY HEALTH NEEDS ASSESSMENT – YAMPA VALLEY MEDICAL CENTER

From May 2015 to February 2016, HMA contracted with Yampa Valley Medical Center, Northwest Colorado Visiting Nurses Association, and The Memorial Hospital to conduct a community health needs assessment in the Yampa Valley, a rural region in northwest Colorado. The project entailed six key tasks and activities involving both data collection and synthesis as well as community engagement. Data collection and synthesis involved aggregating and synthesizing previous community health assessments and conducting secondary data analysis, as well as the development, dissemination, and analysis of a community survey on the community members' thoughts and opinions on health needs in the Yampa Valley. Leveraging community partners, the survey collected nearly 700 responses, which generated a broad understanding of the community needs. Community engagement involved facilitating community leader forums and resident focus groups. As a final product, HMA crafted a written report of the findings of the combined health needs assessment, which included the secondary data analysis, qualitative summary of community leader forums and resident focus groups, quantitative data analysis from the community survey, and actionable recommendations for the health system clients.

YOUTH NEEDS ASSESSMENT – CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

In 2016, The Orange County Children's Partnership contracted with HMA to redesign, compile, and prepare the *22nd Annual Report on the Conditions of Children in Orange County*. The report required redesign and updating to maximize its use in targeting and improving services for the overall physical, social, emotional, and intellectual health of children. The project entailed the collection of data from dozens of sources for the online and print report highlighting the needs of children and their families. Stakeholder engagement played a vital role in adding a qualitative lens to data and ensuring an inclusive process for diverse viewpoints. Discussions emerged that led to applying analysis of health disparities by location. Ultimately, a network of professionals within child welfare with enormous passion and commitment were brought in to the report as a powerful resource. The results of the project were a high-quality report for focused analysis highlights and actionable information. The engagement through the project's process led to robust dialogue about actionable, programmatic ways it could be used to rally the community around key emerging issues, resulting in a series of public forums.

COMMUNITY RESOURCE ASSESSMENT – PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT

In 2015, HMA conducted a behavioral health needs assessment and gap analysis in Prince George's County, Maryland, to identify inconsistencies between community behavioral health needs and currently available resources and to create an action plan that would help the county and health department re-align community resources to more effectively and efficiently address the community's behavioral health needs. The project was focused on the provision of evidence-based recommendations and strategies to expand the scope, delivery, and quality of behavioral health services across the community with the ultimate goal of increasing access to behavioral health services and integration of behavioral health and primary care.

COMMUNITY RESOURCE ASSESSMENT – KING COUNTY DEPARTMENT OF COMMUNITY AND HUMAN SERVICES

In 2016, HMA contracted with King County Department of Community and Human Services in the State of Washington on an engagement that included an environmental scan of the delivery system and mapping of behavioral health programs and treated populations. The goal of this exercise was to assist the King County Behavioral Health and Recovery Division in understanding the nature of behavioral health and child and young adult services available across the community. This information was then used in conjunction with research HMA conducted into relevant CMS and state requirements for billing for behavioral health and substance abuse services to ensure the Behavioral Health and Recovery Division was able to optimize population access to reimbursable behavioral health services.

PREVENTATIVE AND INTERVENTION MEASURES – NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

In 2015, HMA partnered with the New York City Department of Health and Mental Hygiene (DOHMH) to assist the city in making immediate decisions related to NYC's behavioral health capacity and to develop a tool and framework for continued decision making and planning for moving into an environment driven by reform (i.e., Medicaid Managed Care, Delivery System Reform Incentive Payment [DSRIP] initiatives, value-based payments). Key deliverables incorporated into this engagement included design of a data-driven framework for behavioral health service planning to be used by DOHMH staff to inform various delivery system changes under consideration and development of accompanying training content, including user guide and virtual training, to ensure DOHMH staff comfort with using the tool for behavioral health service planning and strategy development in the longer term.

PREVENTATIVE AND INTERVENTION MEASURES – CT SIM ON HEALTH ENHANCEMENT COMMUNITIES

Across 2018, HMA contracted with the State of Connecticut to assist in guiding their efforts to establish Health Enhancement Communities (HECs), an initiative of the state's SIM project jointly implemented by the Office of Health Strategy (OHS) and Department of Public Health (DPH). Envisioned as an initiative designed to support long-term collaborative and cross-sector efforts to improve community health through systemic change, the primary aim of HECs is implementation of comprehensive strategies to address social determinants of health (SDOH) contributing to poor health outcomes and inequities across Connecticut communities. HMA staff partnered with OHS and DPH leadership, as well as members of the Population Health Council, to engage stakeholders, including 225 community members and more than 50 groups and organizations. HMA engaged stakeholders in a comprehensive process to define HEC framework, structure, governance, and goals, and to delineate health priority aims to guide priority interventions and the focus of HECs in the short term. As part of the intervention delineation process, HMA helped guide the selection of HEC health priorities through a process that considered areas of demonstrated need concurrent to availability of evidence-based interventions from which HECs could choose. The HMA team subsequently partnered with members of the SIM Population Health Council to recommend a HEC intervention framework illustrating the four domains of interventions—systems, policy, programmatic, and cultural norms—that will serve as a foundational guide for regional HECs as they look to select interventions most relevant to their communities and partners across 2019 and beyond.

COMMUNITY WELLNESS TRAINING DEVELOPMENT AND DELIVERY – ARTHUR ASHE INSTITUTE FOR URBAN HEALTH

HMA is the consultant for two of New York State’s three regional Community-Based Organization (CBO) Planning Grants. The CBO grants are intended to support the engagement of CBOs addressing SDOH within a transformed healthcare system. HMA is the consultant for Communities Together for Health Equity (CTHE), a consortium led by the Arthur Ashe Institute of Urban Health, which recently concluded its planning phase. We are also the consultant to the Hudson Valley Hub of The Long Island and Hudson Valley Consortium led by the Health and Welfare Council of Long Island, which remains underway.

HMA supported each consortium to obtain the grants, each of which total \$1.5 million, and provided the following support to assist the CTHE:

- Guidance and advising to recruit, orient, organize, convene, and develop an active and representative consortium led by a steering committee and informed by the efforts of CBO-led workgroups targeting core functional areas.
- Strategic plan facilitation and support.
- Training and conference planning support for an initial conference for member stakeholders, plus a CBO-readiness assessment and a core set of trainings to address:
 - the CBO role within the transformed healthcare delivery system
 - considerations and an approach to identifying organizational goals for data collection
 - an approach to IT strategy development
 - an overview of the financing considerations that will inform partnership and contracting, at both agency and consortium levels
- IT support to facilitate the implementation of an information sharing platform, called the CTHE Portal.
- Evaluation expertise to inform a project logic model, objectives, and performance measures; data collection tools and protocols to assess progress made toward the project goals; and the impact of the project on CBOs and the overall system.

REFERENCES/ SIMILAR PROJECT EXPERIENCE COMPLETED WITHIN THE LAST FIVE YEARS

Reference #1	
HMA staff person	Ellen Breslin
Name of Customer Address Telephone number Website	Association of Behavioral Health 251 West Central Street, Suite 21, Natick, MA 01760 (508) 647-8385 www.ABHmass.org
Nature of Relationship	Client
Name of Reference Telephone Number Email Address	Vicker V. DiGravio, President/CEO (508) 647-8385 x11 vdigravio@abhmass.org
Dates of Performance	June 2016–September 2016
Work Performed	

Reference can speak to knowledge of the behavioral health system and public-speaking skills and ability to develop a well-organized conference and clear presentation materials for client’s association providers in September 2016.

Reference #2	
HMA staff person	Ellen Breslin
Name of Customer Address Telephone number Website	Lahey Health Behavioral Services 199 Rosewood Drive, Suite 250, Danvers, MA 01923 (978) 968-1718 www.nebhealth.org
Nature of Relationship	Client
Name of Reference Telephone Number Email Address	Moirira Muir, Vice President of Population Health & Emergency Services (978) 968-1718 MMuir@nebhealth.org
Dates of Performance	Spring 2017
Work Performed	

Reference can speak to deep knowledge of the population in need of behavioral health services, Reference can also speak to staff person’s ability to write publicly accessible reports about the needs of people with behavioral health conditions.

APPENDIX A: PROJECT TEAM RESUMES

Hayley H. Skinner, MPH, MSc

Senior Consultant

Albany, New York

POSITION

Senior Consultant, Health Management Associates, Inc., Albany, New York

RANGE OF EXPERIENCE

Health analytics leader and strategic partner to executive team, consistently recognized for strength in cultivating strong professional relationships, demonstrated ability to facilitate communication across diverse project teams and artful capacity to engage audiences in content-rich presentations.

PROFESSIONAL EXPERIENCE

HEALTH MANAGEMENT ASSOCIATES INC., September 2018-present

PROHEALTH PHYSICIANS, a division of OptumCare, Farmington, CT, Director, Clinical Performance Reporting and Utilization, August 2015 – September 2018

Business lead responsible for guiding the integration of claims and clinical data to enable the 360-degree visibility necessary for success under value-based care arrangements. Partner with Chief Medical Officer and Vice President of Population Health in development and ongoing refinement of population stratification approach which serves as foundation of population health strategy.

CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN (CDPHP), Albany, NY, Manager, Medical Affairs Informatics, January 2014 – August 2015

Led team of Informatics Analysts charged with supporting the reporting needs of Medical Affairs and Network Strategy teams. Primary responsibilities included partnering with senior leadership to translate strategic questions into meaningful analytic requests, facilitating communication, prioritization and alignment of expectations across the lifecycle of reporting requests, and presentation of results to clinical and operational leadership teams.

CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN (CDPHP), Albany, NY, Healthcare Informatics Analyst III, July 2013 – January 2014

Served as partner to network and contracting business leads providing iterative analyses, including contract and fee schedule modeling, which enabled visibility into financial impact of various scenarios proposed across contract negotiation process.

THE ADVISORY BOARD COMPANY, Washington, DC, Associate Director, Healthcare Performance Technologies, March 2011 – July 2013

Consultant to hospital and health system leadership as they sought to define and solution for their analytic needs in support of the transition from fee-for-service to value-based care. Served as subject matter expert in the areas of population health analytics, healthcare-associated infections, antimicrobial stewardship and quality.

ACCOMPLISHMENTS

United Health Group's Emerging Leader Program, Nominated by Chief Operating Officer, OptumCare Network of CT, Stewart Friedman's Total Leadership Program

CDPHP's Leadership Development Program, Nominated by Director, Medical Affairs Informatics, Bishop House Consulting Group's Emerging Leader Program

Published Author in Peer-Reviewed Medical Journals, *Palliative Medicine*, *Lancet Oncology*

EDUCATION

Master of Science, Epidemiology, Harvard School of Public Health, Boston, MA

Master of Public Health, Social Behavioral Determinants of Health, Boston University School of Public Health, Boston, MA

Bachelor of Arts, Psychology, Brown University, Providence, RI

Ellen Breslin, MPP

Principal

Boston, Massachusetts

POSITION

Principal, Health Management Associates, Inc., Boston, Massachusetts

PROFESSIONAL EXPERIENCE

HEALTH MANAGEMENT ASSOCIATES, INC., April 2015-present

- Provide policy and analytical assistance in Medicaid policy and programs to states, accountable care entities, health plans, community-based organizations, consumer-based organizations, and foundations related to Medicaid, payments, care delivery reform, health disparities, and the social determinants of health.
- Recent relevant projects include:
 - Currently working on State Innovation Model (SIM) initiatives in Connecticut and Delaware.
 - Directed comprehensive analysis for the State of Minnesota of health disparities in Medicaid populations based on the demographic, medical and social risk factors.
 - Provided strategic and technical assistance to an Accountable Care Organization (ACO) and a Community Partner (CP) responding to MassHealth Delivery System Reform Incentive Payment (DSRIP) program.
 - Conducted site visits and analysis with principal investigator to develop provider case studies about the business case for when hospitals make investment into population health outcomes, with support from the Robert Wood Johnson (RWJ) Foundation.
 - Prepared all materials for an industry-wide conference on value-based payment models for Massachusetts behavioral health providers.
 - Developed Funds Flow Model and payment policies for Performing Provider System (PPS) participating in New York's Delivery System Reform Incentive Payment Program (DSRIP).

EBD Consulting Services, LLC, Newton, MA, President, 2006-2015

- Worked independently, and in partnership with staff from a variety of local and national consulting firms.
- Provided policy, financial, and analytical services to a variety of clients including state governments, foundations, non-profit organizations, consumer-based organizations, health plans and providers. Work described:
 - *Consumer perspective:* Provided project management and prepared papers and analysis to advance the development and understanding of quality of life metrics for persons with disabilities. Authored paper, in conjunction with consumers with significant physical disabilities and mental illness, on consumer-generated quality metrics for Patient-Centered Outcomes Research Institute (PCORI) on behalf of the Mongan Institute for Health Policy, Massachusetts General Hospital (MGH).

- *Medicaid programs*: Provided policy and financial analysis to state Medicaid programs including Kentucky, Massachusetts, New Mexico, North Carolina, and Pennsylvania.
- *Financial and quality analysis*: Developed financial models to assess the budget impact of policy and payment structures and state health reforms. Co-developed a multi-payer model for analyzing the implications of a state's SIM grant design on Medicaid, Medicare, and commercial health care spending. Provided analysis for the development of primary care payment rates and evaluation of quality for the Community Care of North Carolina (N3CN). Co-analyzed spending and utilization for persons care for by Boston Health Care for the Homeless.
- *Dual/financial alignment demonstration programs*: Researched, wrote and created policy and analytical presentations relative to the dual financial alignment demonstration programs. Led team presentation on chart pack analysis of Medicare and Medicaid enrollee service utilizations and expenditures for the Massachusetts Medicaid Policy Institute (MMPI). Co-authored paper on risk adjustment for the dual demonstration programs for MMPI. Co-authored paper on analyzing the financing for the dual demonstration programs for Community Catalyst. Worked on BCBS of Massachusetts bid to become an integrated care organization. Prepared general courses for the workforce and providers for Neighborhood of Rhode Island to support the implementation of their new program. Wrote mission and vision statement for the Disability Policy Consortium to elevate the role of the consumer under the dual demonstration program in conjunction with a cross-disability group of consumers.
- *Behavioral health*: Compiled a report about Substance Abuse treatment access for Massachusetts Center for Health Information and Analysis. Provided analysis on behavioral health capacity for Massachusetts Health Planning Council. Co-authored report on autism that led to applied behavioral analysis as a mandated insurance benefit in Massachusetts. Provided strategic and policy support to large behavioral health entities bidding on Medicaid behavioral health services.
- *Long-term services and supports and programs for seniors and persons with disabilities*: Provided policy analysis to MMPI on the Senior Care Options program in Massachusetts. Co-developed methodology for establishing new PACE capitation rates.

EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES, Boston, MA, Director, Managed Care Reimbursement & Analysis, MASSHEALTH, 1996-2003

- Established new unit to develop, negotiate and manage all financial aspects of the managed-care contracts.
- Directed both analytical staff and health-care consultants; and managed budget of approximately \$1 billion.
- Developed capitation rates and risk-sharing arrangements for managed-care providers (health plans) and contractors.
- Developed and negotiated complex health-care premium and case-mix methodologies for multiple populations, including: persons with disabilities and AIDS and new populations under the 1115 federal waiver.
- Secured approval of all financing arrangements for managed-care contracts with CMS.
- Co-led the Encounter Data Collection Project, a multi-year project to build a warehouse of data as required by the federal government and as needed for the agency's analytical purposes.
- Directed the Casemix Project, a multi-year project to develop risk-adjusted Capitation Rates.
- Provided the project management support and analysis for several agency-wide initiatives.
- Awarded the 1999 Commonwealth of Massachusetts Citation for Outstanding Performance.

- Promoted to *Deputy Assistant Commissioner, prior to departure, January 2003.*

CONGRESSIONAL BUDGET OFFICE, Washington DC, Principal Analyst, 1992-1996

- Performed policy and financial analysis on issues relating to federal health-care programs.
- Wrote testimony and reports for various Congressional Committees.
- Developed health-care databases and models for framing and analyzing policy options, including how to restructure the military-health care system by providing health insurance through the Federal Employees Health Benefit Program.
- Analyzed and evaluated the effects of health-care-reform proposals on federal spending.

DIVISION OF CAPITAL PLANNING AND OPERATIONS, Boston, MA, Policy Analyst, 1988-1990

- Formulated policies used to support efforts to renovate Massachusetts' state mental health hospitals.

HOUSE WAYS AND MEANS COMMITTEE, Boston, MA, Budget Analyst, 1986-1988

- Developed operating and capital budgets and drafted fiscal legislation for state human service agencies.
- Provided technical advice to committee members on fiscal and legislative issues.

SELECTED PUBLICATIONS AND REPORTS

An Account of Health Disparities in Minnesota's Medicaid Population: Which Populations Within the Medicaid Program Experience the Greatest Health Disparities and Poorest Health Outcomes? July 2017, for the Minnesota Department of Human Services. Project director, author; provided direction, research and planning of analysis.

Medicaid and Social Determinants of Health: Adjusting Payment and Measuring Health Outcomes, July 2017, for the State Health and Value Strategies Program of the Robert Wood Johnson Foundation (RWJ). Wrote policy brief for state Medicaid programs on the influence of the social determinants of health on health and cost outcomes.

Breslin Davidson, E and Dreyfus, T, A series of reports on mandated benefit reviews, 2008-2011. Division of Health Care Finance and Policy, a predecessor agency of the Center for Health Information and Analysis (CHIA). Reports on: Women's Health and Cancer Recovery; Colorectal Cancer Screenings; Children's Medical Security Plan; Childhood Vaccine Program and Immunization Registry; Insurance Coverage for Autism; Infertility Treatments; Cleft Palate and Cleft Lip; Vision Screening for Children; Prescription Drug Voice Synthesizers.

Dreyfus T and Breslin Davidson E, "Improving Risk Adjustment in Health Insurance Exchanges to Ensure Fair Payment," Association for Community Affiliated Plans, November 28, 2012.

Other publications and reports available upon request written for: Massachusetts Medicaid Policy Institute, Congressional Budget Office, and other clients.

ASSOCIATIONS

Member of the Board, Disability Policy Consortium (DPC)

EDUCATION

Masters of Public Policy, Duke University

Bachelor of Arts, Political Science, French, University of Massachusetts

Elizabeth B. Whittemore, MPH, MSW

Principal

Boston, Massachusetts

POSITION

Principal, Health Management Associates, Inc., Boston, Massachusetts

PROFESSIONAL EXPERIENCE

HEALTH MANAGEMENT ASSOCIATES, INC., September 2015-present

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS, Vice President, Network Performance Improvement, September 2012-August 2015

As the Vice President of Network Performance Improvement, I was responsible for developing and overseeing the company's strategic use of performance-based incentives, reporting, and consultative support with the BCBSMA provider network; and was responsible for sustaining a robust provider performance improvement capability, leading a cross-functional team in these efforts and serving as BCBSMA's ambassador for performance improvement programs to inform and engage interested providers, health plans, academics, and other external stakeholders.

BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION, Boston, MA, Senior Administrator, Department of Primary Care Executive Director, Licensed & Affiliated Health Centers, March 2005 – September 2012

As the Senior Administrator for the Department of Primary Care, I was responsible for the administration of 12 ambulatory practices within the BWH system, the hospitalist service, and developing and maintaining strategic relationships with BWH-affiliated health centers. Primary Care, an academic division within the Department of Medicine, encompasses 14 ambulatory practices across the BWH distributed campus. Two of these practices are BWH licensed health centers; each of these sites offers the full continuum of ambulatory services. At many of the primary care sites, specialty services were offered and as the Department Administrator I was responsible for the delivery of care at these multi-specialty sites. As the Senior Administrator, I was responsible for working with each of the sites to ensure that care was provided in a high quality, efficient, and cost effective manner. I have led a strategic planning process with the BWH practices to move them towards medical home adoption. Under my leadership, BWH primary care expanded from 11 practices to 14. The enterprise consists of 150 physicians, 500 staff, and budgets in excess of \$50M. Additionally, I had line responsibility for the hospitalist service at BWH and at Faulkner Hospital. I also managed all the BWH affiliated health center relationships, was responsible for BWH's implementation of Health Care Reform, and developed several patient access projects. Selected accomplishments include:

- Developed one P & L to reflect activities within both the Hospital and the PO
- Worked collaboratively with the PO Administration and Hospital Departments to increase the number of admissions to Faulkner Hospital ("Faulkner 500")
- Expanded the number of physicians within the BWH primary care network from 115 to 150 through the addition of practices and recruitment
- Developed and implemented the first practice model incorporating mid-level providers

- Improved the financial performance of the primary care practices by 15%
- Piloting a Patient Centered Medical Home model at one of our practice sites
- Built a new primary care practice using the principles of PCMH
- With the Department of Medicine leadership, developed and implemented new models for delivering inpatient care (hospitalist medicine) including regionalization of general medical patients and establishment of a nocturnist program
- Developed a framework through which to think about BWH strategic alliances with Community Health Centers
- Implemented a quality improvement initiative to improve telephone access for BWH patients calling our primary care practices
- Implemented
- Worked collaboratively with Partners Community Benefits to implement a program designed around the new Critical Access Regulation
- Through the continuum of care committee established a hospital wide process to ensure appropriate handoffs as patients move through different care locations

PARTNERS HEALTHCARE SYSTEM, Boston, MA, Director, Partners Primary Care, May 2007 – September 2011

At the request of PHS senior leadership, I was the Executive responsible for transforming PHS affiliated Primary Care Practices to Patient Centered Medical Homes (PCMH). The work began as a means to address issues related to primary care provider recruitment and retention. With the adoption of health reform, PHS launched a strategic planning initiative to address the new care delivery system. Primary care was a key component of this strategy; I co-chaired the committee that developed a recommendation to transform 60% of all PC practices to PCMH by 2013. Selected accomplishments include:

- Participate in a national effort to improve the delivery of primary care
- Work cooperatively with state and national coalitions to redefine the care delivery system (PCMH, chronic care model, high cost case management)
- Lead within the Partners system for implementing recommendations to improve primary care
 - Practice redesign
 - Recruitment and retention of primary care physicians
 - Compensation models for primary care reimbursement
- Developed an implementation plan for PCMH adoption
- Educated key stakeholders around PCMH
- Developed quarterly knowledge sharing forum to bring providers together across the network and share best practices
- Collaboratively with Partners Human Resources, developed a process to improve primary care access to PHS employees and their families
- Participated in submitting system application for the CMS Pioneer ACO by writing the section on population management and PCMH implementation
- Collaborated with leadership from CMS demonstration project and high-risk working groups to ensure Primary Care Practices were resourced to serve the most complex patients in the most cost-effective way

FENWAY COMMUNITY HEALTH CENTER, INC., Boston, MA, Chief Operating Officer/Chief Financial Officer, August 1999 – February 2005

Fenway Community Health Center is an 18-million-dollar independent community health center, employing 180 individuals, located in the Fenway neighborhood of Boston, MA. Founded in 1971,

Fenway has developed a national reputation for its clinical care and for its research related to HIV and AIDS. Fenway provides medical and mental health care to over 10,000 patients annually. As the COO/CFO of the health center, my primary responsibilities included ensuring that the Center's operations were fundamentally sound and that its fiscal health supports its core mission. During my tenure at Fenway, the organization achieved its first positive operating margin while at the same time it lost its major fundraising event. Selected accomplishments include:

- Management responsibility for Medical Department, Women's Health, Mental Health Department, Health Promotions, Research and Evaluation, Pharmacy, Marketing & Communications, Human Resources, Medical Records, Information Technology, Patient Services, Quality Improvement and Facilities.
- Redesigned ambulatory patient flow to enhance patient experience
- Worked with the Board of Directors to develop a strategic planning process devoted to Women's Health
- Achieved 1.2M turn-around in operations support between fiscal year 2002 and 2003 resulting in organization's first operating surplus; this trend continued during the next fiscal years
- In FY 2004, exceeded forecasted budget surplus by \$500,000 resulting in the largest surplus in the history of the organization and an increase in cash in excess of \$1M
- Developed operating and capital budgets for the health center.
- Worked with staff primary care physicians to increase productivity by 18% over a two-year period and to develop a comprehensive incentive compensation package that incorporates revenue and quality criteria.
- Opened a center pharmacy that used 340B funding and achieved positive cash flow within four months of opening
- Worked with Finance Committee of the Board of Directors to develop long-term investment strategy.
- Developed long-term space plan including planning for a major building initiative.
- Oversaw first JCAHO accreditation process that resulted in a score of 99 for ambulatory care.
- Developed competitive proposal process to bring patient services billing in-house and oversaw implementation.
- Systematized organization's information technology.
- Developed and implemented corporate compliance plan which includes preparation for HIPAA.
- Responsible for major fundraising event, including contract negotiations, organizational liaison, and public relations. Redesigned health center's operations in order to decrease dependency on the fundraising event which disappeared in FY 2002.
- Developed and implemented system to ensure compliance for federal and state grants and contracts reporting and billing.
- Participation in major grant writing processes with primary responsibility for budget preparation.

EMERSON PHYSICIAN-HOSPITAL ORGANIZATION, Concord, MA, Executive Director, January 1997 – August 1999

The Emerson Physician-Hospital Organization (PHO) was founded in 1996 by Emerson Hospital and the Independent Practice Association (IPA) associated with Emerson. The IPA is an association of 50 primary care physicians and approximately 200 specialists. The mission of the PHO is to align quality and monetary incentives among the hospital, the primary care physicians and the hospital. As the first Executive Director, I was responsible for working with the Board of Directors to achieve this goal. Additionally, the PHO provided case management and discharge planning services to all patients

admitted to Emerson Hospital. We also negotiated all managed care contracts. Selected accomplishments include:

- Planned and implemented successful development of five-year strategic initiative for 200-member multi-disciplinary physician hospital organization.
- Worked with 12-member Board of Directors to develop policies to run the PHO.
- Member of Emerson Hospital's Senior Management Team.
- Involved in Emerson Hospital's strategic planning initiative, particularly around issues related to geographic expansion opportunities and funding strategies.
- Developed an initiative that worked with the medical staff to ensure medical record documentation supported hospital reimbursement.
- Developed affiliation relationship with major integrated delivery system.
- Negotiated managed care contracts that improved physician reimbursement by 4 – 5% from two major health care plans.
- Received delegated case management status from two large local HMOs.
- Developed multi-disciplinary population based case management model that resulted in a decrease in inpatient days per thousand by 50 days per thousand.
- Developed and implemented criteria by which physician and hospital withholds and incentive payments were dispersed.

EMERSON HOSPITAL, Concord, MA, Director, Psychiatric Managed Care & Emergency Services, April 1990 – December 1996

In 1990, Emerson Hospital was awarded a contract from a local HMO to become the regional provider for inpatient and day treatment mental health and substance abuse services. As the director of this effort, I was responsible for developing linkages with competing hospital systems to ensure that patients received quality care. During the six years I worked in this capacity, I assumed responsibility for psychiatric emergency services and for outpatient mental health services. Selected accomplishments include:

- Designed strategic initiatives for behavioral health services, emergency services and geographic expansion opportunities for a community hospital.
- Decreased length of stay for psychiatric patients from an average of 14 days to 3 days over a five-year period.
- Developed a longitudinal system, across multiple systems, to ensure behavioral health patients received the appropriate care at all points in the continuum
- Decreased days per thousand from 85/1000 to 43/1000.
- Established continuum of care for behavioral health patients from outpatient services through inpatient hospitalizations.
- Developed process to ensure outpatient clinicians were credentialed by the managed care plans in which patients were enrolled.
- Participated in implementation of evaluation tool to determine quality and effectiveness of program.
- Developed curriculum to train inpatient and outpatient staff around issues related to behavioral health insurance.
- Created a program that designated clinical staff to evaluate patients in the emergency department.

GREATER LYNN SENIOR SERVICES, Lynn, MA, Director of Social Services, December 1984 – December 1989

Greater Lynn Senior Services is an Area Agency on Aging and a local Council on Aging serving the elderly population of five communities just north of Boston. As Director of Social Services, I was responsible for managing programs that provided services that assisted seniors in staying in their homes. In this capacity, I developed and implemented the concept of setting up a congregate housing program for chronically mentally ill elders. This innovative program was funded by the local housing authority, the Department of Mental Health, and the Executive Office on Aging. It opened in the fall of 1988 with fifteen residents who otherwise would have remained in a state hospital. While at Greater Lynn Senior Services, I served as President of the Area Board for the Department of Mental Health.

GREATER LAWRENCE MENTAL HEALTH CENTER, Lawrence, MA, Social Worker, January 1982 – November 1985

Greater Lawrence Mental Health Center is a community mental health center located north of Boston. I held several positions. As a Case Manager for chronic and persistently mentally ill adolescents, I helped the youth and their families manage the effect of this illness. As Coordinator of an Adult Case Management Program, I supervised a staff who were responsible for assisting adults while they were transitioning from an inpatient setting to the community. As a clinical social worker, I worked in the local emergency department assessing patients who presented with psychiatric difficulties.

EDUCATIONAL ACTIVITIES

Lecturer, Salem State College, Course on “Providing Social Work Services to Elderly Patients”, January 1990 to June 1990

Guest Lecturer, Harvard School of Public Health, Session on Integrating Academic Medical Centers into the Community, Delivered to Latin American Health Executives, April 2009

Guest Lecturer, Harvard School of Public Health, Session on Integrating Academic Medical Centers into the Community, Delivered to Chinese Hospital Executives, June 2009 and December 2009

Guest Lecturer, Boston Medical Center, Session on Strategic Planning and Health Center Development, Delivered to Russian Health Care Executives, October 2009 and January 2011

Presenter, Massachusetts League of Community Health Centers, Session on Patient Centered Medical Home Transformation, May 2011

Guest Lecturer, Golda Edinburg Memorial Lecture, McLean Hospital “Embedding Social Workers in PCMH”, May 2012

PROFESSIONAL ACTIVITIES

Member, Massachusetts Patient Centered Medical Home Initiative, May 2009-present

Technology Committee, Group Practice Improvement Network, April 2009-present

Member, City of Boston Mayor’s Task Force on Primary Care, March 2008-June 2010, Member, Subcommittee Work Force Development, September 2009-June 2010

Co-Chair, Partners Primary Care Task Force, April 2007-September 2011

Leadership Development Program, Intermountain Health, Certificate in Process Improvement, Winter 2009

Member, National Advisory Committee, Primary Care Progress, October 2011-present

Co-Principal Investigator, Harvard Medical School Center for Primary Care Innovations Grant, March 2012-present

Member, Healthcare Work Force Transformation Advisory Fund, Appointed by Secretary of Labor, Commonwealth of Massachusetts, May 2013-present

Member, Health Planning Advisory Committee, Commonwealth of Massachusetts, June 2013-present

EDUCATION

Masters of Public Health, Harvard School of Public Health, Boston, MA

Masters of Social Work, Smith College School for Social Work, Northampton, MA

Bachelors of Arts, Smith College, Northampton, MA

Samantha Sliwinski, MPH

Research Assistant

Boston, Massachusetts

POSITION

Research Assistant, Health Management Associates, Inc., Boston, Massachusetts

EXPERIENCE

HEALTH MANAGEMENT ASSOCIATES INC., April 2018-present

MASSACHUSETTS ATTORNEY GENERAL'S OFFICE, Boston, MA, Community Benefits Program Intern within Health Care Division, June 2017-September 2017

- Conducted a national assessment of state community benefits reporting practices in an effort to improve the MA reporting process.
- Analyzed MA non-profit hospitals' community health needs assessments for alignment with statewide health priorities and effective collaboration across filing organizations in order to inform the revision of the Community Benefits Guidelines.

BAILIT HEALTH, Needham, MA, Contractor, February 2017-May 2017

- Conducted a comprehensive literature review to determine best practices for identifying high-risk patients who can best be served by case management and other services for the Rhode Island Office of the Health Insurance Commissioner.

CENTER FOR CHILDREN WITH SPECIAL NEEDS, Floating Hospital for Children, Tufts Medical Center, Boston, MA, Student Consultant, September 2016- May 2017

- Executed and analyzed 20 semi-structured, qualitative interviews with providers from the Greater Boston health care community.
- Made policy recommendations to TMC to facilitate early diagnosis and treatment for Chinese immigrant children with autism.

INSTITUTE FOR CLINICAL RESEARCH AND HEALTH POLICY STUDIES, Tufts Medical Center, Boston, MA, Research Assistant, June 2014-August 2016

- Conducted a comprehensive literature review on the transition to adult health care with Familial Hypercholesterolemia (FH).
- Analyzed participant surveys and interviews with 24 FH-affected young adults using descriptive statistics and qualitative coding.
- First-authored a Senior Honors Thesis and article published in the Journal of Clinical Lipidology on transitioning to adult care with FH.

INSTITUTE FOR CLINICAL RESEARCH AND HEALTH POLICY STUDIES, Tufts Medical Center, Boston, MA, Research Intern, Summer 2013

- Coded qualitative interviews obtained as part of a multi-state study on psychotropic medication oversight in foster care.

COMMUNITY HEALTH AND OUTREACH AT STEWARD HEALTH CARE, Quincy Medical Center, Quincy, MA, Multicultural Community Health and Outreach Intern, Summer 2012

- Conducted community health needs assessments for Steward hospitals in MA to identify service gaps and areas of high priority.

SKILLS

- Qualitative Study Design and Evaluation
- Qualitative Data Analysis and Interpretation
- Survey Design and Evaluation
- Human Subjects Research
- IRB Application Protocol
- Needs Assessment and Grant Writing
- Budgeting
- Dedoose
- Stata
- Microsoft Office

EDUCATION

Tufts University School of Medicine, Boston, MA, Master of Public Health, Health Services Management and Policy

Tufts University, Medford, MA, Bachelor of Science with High Distinction in Biology

Ryan Maganini

Research Assistant

Los Angeles, California

POSITION

Research Assistant, Health Management Associates, Inc., Los Angeles, California

PROFESSIONAL EXPERIENCE

LOS ANGELES LGBT CENTER, Mental Health Services, STOP Violence Program, Outreach Specialist, November 2017-October 2018

- Planned and executed outreach efforts throughout the greater Los Angeles/Southern California area
- Assisted in the development of outreach standards and best-practices for the STOP Violence program
- Wrote, developed, and conducted a survey for survivors of violent crime in Los Angeles and their providers
- Assisted in the development, production, and revision of all program and outreach materials
- Conducted volunteer recruitment, trainings, and orientations
- Provided linked referrals to family violence clients for appropriate services
- Assisted in the marketing of all program and outreach efforts
- Prepared monthly and quarterly reports as required by funder and program supervisors as needed
- Provided triage to STOP Violence program participants and clients

QEDU, Content Creator, April 2017-Present

- Wrote and edited educational material for LGBT competency trainings with students, parents, and professionals
- Developed digital marketing strategies for weekly themed content to engage followers in LGBT educational material
- Conceived and developed curriculum for trainings and material, as well as a supplementary database of resources and referrals

LOS ANGELES LGBT CENTER, Human Resources, Information Specialist, January 2017-November 2017

- Greeted and assisted guests of the center; provided resources and information for guests on clients to navigate the center and the services they provide
- Managed all internal and external mail, handled shipping and receiving operations, routing, sorting and delivering mail between five locations throughout Hollywood, California
- Worked as a liaison among and between departments, answering and routing phone calls to appropriate staff and departments

INGRAM MICRO, Accounts Payable Team Lead, January 2016-January 2017

- Managed, supervised, and advised a team of associates, delegated tasks and workload appropriately, monitored their work progress and correctness

- Maintained and reconciled several vendor accounts, cleared and corrected open balances, and posted transactions
- Communicated with vendors daily, updated and verified cash forecasting weekly, maintained accurate vendor statements monthly

UNIVERSITY OF CALIFORNIA, SANTA CRUZ, Program Abroad Peer Advisor and Diversity and Access Intern, September 2014-June 2015

- Advised prospective students on choosing study abroad programs
- Created print and video content to advertise study abroad programs for students of various backgrounds to encourage and facilitate their study abroad experience
- Planned, advertised, and facilitated workshops for students of various identities on campus
- Performed administrative support when necessary including but not limited to: receptionist duties, organizing student files and immigration documents, etc.

UNIVERSITY OF CALIFORNIA, SANTA CRUZ, Writing Assistant, September 2012-June 2015

- Worked with first year students on grammar, content, and style issues
- Edited and revised students' academic writing in various disciplines
- Tutored students individually and in groups from diverse backgrounds including international students and English language learning students

QUEER YOUTH TASK FORCE OF SANTA CRUZ COUNTY, Safe Schools Project Intern, September 2011-June 2015

- Implemented the Safe Schools project to establish safe spaces and queer groups on K-12 campuses across Santa Cruz County
- Mentored queer and trans students of various ages and backgrounds
- Helped rebuild the GSA at Aptos High School, which had historically had a bad climate for queer students
- Planned, coordinated, and facilitated events for queer youth

EDUCATION

Bachelor of Arts, Sociology, University of California, Santa Cruz

UC Education Abroad Program, London and Paris

EXECUTED PROPOSAL DOCUMENTS

CERTIFICATE OF AUTHORITY

CERTIFICATE OF AUTHORITY

At a duly authorized meeting of the Board of Directors of Health Management Associates, Inc.
(Name of Company)
held on 12/9/2010 at which all the Directors were present or waived notice, it
(Date)
was voted that Kelly Johnson, Vice President of this company be and hereby is authorized
(Officer and Title)
to execute contracts and bonds in the name and behalf of said company, and affix its
corporate seal thereto, and such execution of any contract of obligation in this company's
name on its behalf of such Kelly Johnson under the seal of the company, shall
(Officer)
be valid and binding upon this company.

A TRUE COPY,

ATTEST:

Jay Rosen

Place of Business:

Lansing, Michigan

I hereby certify that I am the President of the Health Management Associates, Inc.
(Title) (Name of Corporation)
That Kelly Johnson is the duly elected Vice President of said
(Name of Officer) (Title)
company, and the above vote has not been amended or rescinded and remains in full force and
effect as of the date of this contract.

Signature: Jay Rosen

Name/Title: Jay Rosen, President

Date: 5/23/19
(Corporate Seal)

TAX COMPLIANCE STATEMENT

MASSACHUSETTS TAX COMPLIANCE STATEMENT

TO: TOWN OF WESTFORD
Town Hall
55 Main Street
Westford, MA 01886

FROM: Health Management Associates, Inc.

Fed ID# 38-2599727

I certify under the penalty of perjury that the above-named organization or person, to the best of my knowledge, has filed all State tax returns and paid all State taxes required under law.

SIGNED THIS DATE:



BY

Name: Kelly Johnson

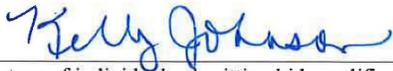
Title: Vice President

*Note: Your Federal Identification number will be furnished to the Commonwealth of Massachusetts - Department of Revenue to determine whether all tax filing and tax payment obligations have been met. Under Mass. G.L.C. 62C s. 49A, providers of goods or services who fail to correct a tax filing or tax payment delinquency will not have a Contract or other agreements issued, renewed or extended.

CERTIFICATE OF NON-COLLUSION AND NON-DISCRIMINATION/EQUAL EMPLOYMENT

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.



(Signature of individual submitting bid, qualifications, or proposal)

Health Management Associates, Inc.

(Name of business)

NON-DISCRIMINATION AND EQUAL EMPLOYMENT

The broker/consultant shall carry out the obligations of this submission in compliance with all of the requirements imposed by or pursuant to Federal, State, and local ordinances, statutes, rules, and regulations prohibiting discrimination in employment, including, but not limited to, Title VII of the Civil Rights Act of 1964; the Age Discrimination in Employment Act of 1967; Section 504 of the Rehabilitation Act of 1973, and M.G.L. c.151B, Massachusetts Executive Order 74, as amended by Executive Orders 116, 143, and 227, and any other executive orders, rules, regulations, and requirements relating thereto enacted by the Commonwealth of Massachusetts as they may from time to time be amended. The broker/consultant shall not discriminate against any qualified employee or applicant for employment because of race, color, national origin, ancestry, age, sex, religion, physical or mental handicap, or sexual orientation.



(Signature of individual submitting bid, qualifications, or proposal)

Health Management Associates, Inc.

(Name of business)

ADDENDUM 1 FORM



TOWN OF WESTFORD
TOWN MANAGER'S OFFICE
TOWN HALL
55 Main Street
Westford, Massachusetts 01886
(978) 692-5501
procurement@westfordma.gov

ADDENDUM #1 TO REQUEST FOR PROPOSAL
SCHOOL-COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT

Date: May 13, 2019

This Addendum shall be considered part of the Request for Proposals for the above-mentioned Proposal as though it had been issued at the same time and shall be incorporated integrally therewith. Where provisions of the following supplementary data differ from those of the original bid documents, this ADDENDUM shall govern and take precedence.

I. The town is modifying **Section VII. Timeline for Solicitation and Deliverables** as follows:

Release date for RFP – May 6, 2019

Pre-proposal meeting – May 15, 2019 at 2:00 PM at Town Hall Meeting Room
(attendance not required to submit proposal)

Deadline for questions – May 22, 2019 at 9:00 AM

Proposal due date – May 29, 2019 at 9:00 AM

Target contract award date – June 11, 2019

Preliminary assessment report to task force – September 11, 2019

Target date for presentation to joint boards – November 12, 2019

Final report due – December 2, 2019

Presentation to task force – December 11, 2019

--- End of Addendum One ---

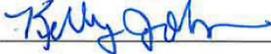
Addendum One

PROPOSER MUST ACKNOWLEDGE THIS ADDENDUM BY SIGNING BELOW

AND ATTACHING THE SIGNED ADDENDUM TO THE PROPOSAL FORM:

Company Name Health Management Associates, Inc.

Contact Person Kelly Johnson

Signature 

Date 5/23/19

ADDENDUM 2 FORM



TOWN OF WESTFORD
TOWN MANAGER'S OFFICE
TOWN HALL
55 Main Street
Westford, Massachusetts 01886
(978) 692-5501
procurement@westfordma.gov

ADDENDUM #2 TO REQUEST FOR PROPOSAL
SCHOOL-COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT

Date: May 22, 2019

This Addendum shall be considered part of the Request for Proposals for the above-mentioned Proposal as though it had been issued at the same time and shall be incorporated integrally therewith. Where provisions of the following supplementary data differ from those of the original bid documents, this ADDENDUM shall govern and take precedence.

Is there an alternative way to attend the pre-proposal conference (i.e., by telephone and/or webinar)?

No, there is no other method.

Is there a not-to-exceed budget for the base bid k-12 school and town employee needs assessment/gap analysis?

The town has funding approved for this project, but has not defined a not-to-exceed amount.

Likewise, is there a not-to-exceed budget for the alternate town based needs assessment/gap analysis?

Please see response to 3rd question.

The RFP states proposals must be submitted on both a flash drive and by hard copy. Each proposal shall submit one original copy and 15 copies of the Technical Proposal and Price Proposal. I just wanted to confirm that you are looking for ONE flash drive with both the technical and price proposals on it? Or do you want 15 hard copies AND 15 flash drives?

Please submit 1 flash drive containing both the technical and price proposal and also 15 hard copies of both the technical and price proposals, but in separate envelopes.

--- End of Addendum Two ---

Addendum One

**PROPOSER MUST ACKNOWLEDGE THIS ADDENDUM BY SIGNING BELOW
AND ATTACHING THE SIGNED ADDENDUM TO THE PROPOSAL FORM:**

Company Name Health Management Associates, Inc.

Contact Person Kelly Johnson

Signature 

Date 5/24/19