

ATTACHMENT B

Consultant Proposal



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Proposal to Provide a
Jail Medical Care Feasibility Study

Presented to
Golden State Finance Authority

RFP#: 2025-GSFA-001

December 12, 2025



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1. Cover Letter and Executive Summary

December 12, 2025

Patrick Blacklock
Executive Director
Golden State Finance Authority
1215 K Street, Suite 1650
Sacramento, CA 95814

Dear Mr. Blacklock:

Health Management Associates, Inc. (HMA) is pleased to submit our proposal to the Golden State Finance Authority (GSFA) in response to your RFP for the **Jail Medical Care Feasibility Study**. HMA's proposal fully supports all five GSFA regions.

California's county jail systems face unprecedented operational, fiscal, and regulatory pressures, including workforce shortages, rising acuity, higher care standards, and **new healthcare delivery, enrollment, and continuity expectations under pre-release and CalAIM Justice-Involved initiative requirements**. These challenges demand coordinated, data-driven, and operationally realistic solutions. HMA is uniquely positioned to support GSFA and participating counties in meeting this moment.

HMA's national expertise in overseeing effective jail healthcare delivery and management strategies, paired with our extensive, hands-on California experience, equips our team to execute this work at scale and with precision. We bring a rare combination of correctional health operations, National Commission on Correctional Health Care (NCCHC) and Title 15 compliance, Medi-Cal finance and actuarial modeling, governance and contracting, workforce strategy, and implementation science. Our approach is both analytically rigorous and grounded in real-world jail operations.

We will conduct rigorous regional needs assessments and deliver side-by-side service delivery model evaluations that clearly define the **fiscal, legal, operational, and quality-of-care implications** of each option. These findings will help each region select a viable path forward and implement sustainable improvements. Nationally recognized experts in corrections, clinical care, accreditation, finance, and strategy will complement our California-based leadership team. Together, this integrated team brings decades of direct experience supporting counties, boards of supervisors, sheriffs, health and human services agencies, and regional collaboratives across California.

Select elements of HMA's correctional health experience include:

- Resolving federal oversight and consent decree conditions through operational redesign, data-driven compliance monitoring, and performance reporting
- Leading county jails and state prison systems through successful NCCHC audits and corrective action processes
- Designing and implementing continuous quality improvement programs across medical, dental, pharmacy, and behavioral health services
- Supporting medication-assisted treatment implementation in jails in over 40 California counties

- Implementing the CalAIM Justice-Involved initiative, including contract review, provider partnerships, Medi-Cal enrollment and billing infrastructure, and data systems in county jails and youth detention facilities
- Conducting comprehensive correctional health needs assessments and model evaluations across California and nationally

Throughout our work, HMA has built trusted relationships with county leaders, sheriffs, jail administrators, and healthcare providers statewide. We recognize the significant opportunity before GSFA and California counties to strengthen care delivery, stabilize the workforce, reduce legal and fiscal risks, and leverage Medi-Cal transformation to improve clinical outcomes and financial sustainability. Our proposal details a clear, disciplined plan to assess current models and deliver **actionable, region-specific implementation roadmaps** in close partnership with GSFA and each Regional Task Force.

For questions relating to this proposal, please contact Ann Filiault, senior director of proposals, at proposals@healthmanagement.com. For contracting matters, please contact Becky Pasch, director of contracts, at contracts@healthmanagement.com. You can reach all HMA departments at 517-482-9236. As chief administrative officer, I am authorized to bind HMA contractually with this bid.

We are excited about the prospect of working with GSFA 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,



Kelly Johnson
Chief Administrative Officer

2. Administrative Information and Contact Details

Primary Contact

Ann Filiault, Senior Director of Proposals

Health Management Associates (HMA)

Phone: (517) 482-9236

Email: proposals@healthmanagement.com

Legal Status

Consistent with RFP Section 3.1 requirements, we have included in the attachments our current certificates of good standing and documentation verifying corporate status.

Regions Covered

HMA proposes to serve **all five Golden State Finance Authority (GSFA) regions**, with full capacity to complete a separate feasibility study and regional report for:

- North State Region
- Bay Area Region
- Central Coast Region
- Sacramento/Sierra Region
- Central Valley Region

Our proposal meets the qualifications for serving **all five GSFA regions**, offering integrated staffing, streamlined project management, and region-specific analysis while reducing administrative burden for participating counties.

Project Team

HMA brings together **one of the nation's most experienced correctional health and public-sector consulting teams**, including leaders in:

- County jail medical care operations and oversight
- Behavioral health integration, including 24/7 response models
- Affordable Care Act and National Commission on Correctional Health Care (NCCHC) accreditation standards
- Contracted and in-house jail medical staffing models
- Medication-assisted treatment (MAT) delivery in carceral settings
- Performance measurement, compliance, and quality assurance
- Facility operations, custody coordination, and off-site transport
- Cost modeling, actuarial analysis, and regional shared service design
- Governance models for Joint Powers Authorities (JPAs), multicounty collaboratives, and shared administrative structures in California

Our California-based consultants have provided direct support to sheriff's departments, jail medical teams, and county executives across the state. Many members of our team previously served as correctional health administrators, county behavioral health directors, public hospital leaders, state agency officials, or justice-system executives.

- **Correctional Health Experts:** Former correctional health administrators, medical directors, jail administrators, and NCCHC-trained compliance specialists
- **Behavioral Health Experts:** Licensed clinicians with carceral MAT and crisis-response design expertise

- **Finance and Cost Modeling Experts:** Analysts skilled in regional cost allocation, actuarial review, staffing models, and contract evaluations
- **Legal and Governance Advisors:** Experts in JPAs, intergovernmental agreements, risk allocation, and California Government Code compliance
- **Project Management and Research Analysts:** Experienced multicounty project leads and data reviewers supporting complex statewide engagements

Section 3 and the Appendix include a detailed staffing plan and personnel bios.

Organizational Background

Founded in 1985, HMA is a leading independent, national policy research and consulting firm that provides technical assistance and training, facilitation and strategic planning, research and evaluation, policy development and recommendations, technical report writing, and analytical services with a focus on improving the administration and delivery of public health, healthcare, and social services programs. HMA's 670 consulting colleagues have provided services in all 50 states, the District of Columbia, and several US territories. Our corporate office is headquartered in Michigan, and we maintain offices in more than 20 states and Washington, DC. For this project, all awarded work will originate from our California offices in Sacramento, Los Angeles, and the East Bay, with active support from our nationwide experts in county jail medical care.

HMA was founded on the principle that the best solutions come from those with real-world experience, improving healthcare and human services systems across states and communities nationwide. Our experienced team of multidisciplinary consultants includes former agency leaders, government staff, business executives, and clinical practitioners who understand our clients' challenges because they have been in their shoes.

HMA offers our clients proven, tailored consulting solutions. Our experts and analysts collaborate with clients to develop strategies, implement regulatory and policy changes, design strategic communications, analyze data for modeling and decision-making, and measure results for ongoing adjustment. As trusted, cross-disciplinary advisors, we use our expertise to help clients solve their most complex challenges and reach their goals.

3. Staffing Plan and Key Personnel

Staffing Plan and Approach

HMA has structured our staffing model to deliver statewide consistency, region-specific responsiveness, and subject matter expertise in correctional health operations, clinical standards, financial analysis, and legal/regulatory compliance. Our team includes national experts in jail healthcare, as well as senior California-based leaders who understand county governance, contracting, fiscal constraints, and operational realities across all jail environments.

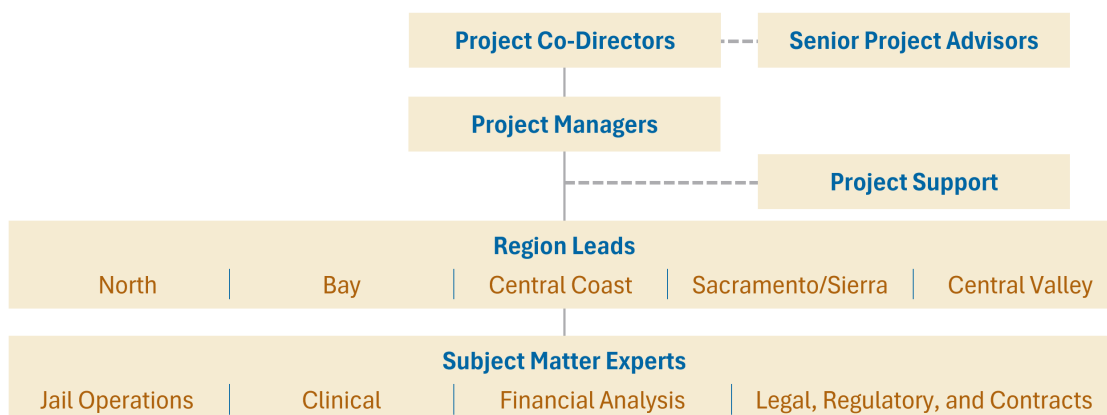
HMA will ensure the availability of project leadership, regional leads, experts, and other team members to support the engagement through meetings, stakeholder involvement, site visits, data validation, and presentations to regional authorities as needed. This structure ensures continuity, responsiveness, and timely delivery across five regions.

Steve Soto and Julie White will serve as project co-directors, responsible for overall project oversight and strategic direction. Supporting them are regional leads in GSFA’s five regions. This setup will ensure that each county receives tailored support to address its unique local conditions, needs, contracting landscape, and partnerships. HMA will provide four subject matter expert (SME) domains across regions:

- **Jail Operations:** Accreditation standards, workflow assessment, custody-health coordination, staffing models, clinical operations, and technology (electronic medical record) infrastructure
- **Clinical Care:** Medical/behavioral health standards, chronic and specialty care, MAT, and clinical operations in carceral settings
- **Financial Analysis:** Cost modeling, feasibility modeling, claims/utilization review, and staffing/cost scenario analysis
- **Legal/Regulatory/Contracts:** Governance structures, statutory obligations, contracts, risk mitigation, and inter-county arrangements

Senior experts with extensive California and national experience will lead each SME domain, ensuring every aspect of the feasibility study reflects best practices and practical operational constraints. **Project managers and project support staff** will provide daily coordination, quality control, and logistics management to maintain a tight schedule across all five regions. **Exhibit 1** shows a simple organizational chart for this work. See **Attachment C** for a detailed organizational chart that identifies all project team members. Following the organizational chart are summaries of **key members** leading this work.

EXHIBIT 1. PROJECT TEAM WORKSTREAMS



Key Personnel and Leadership Team

HMA's leadership team combines senior correctional health, clinical, operational, financial, and legal experts with California-based regional leads who understand county environments, jail operations, and the policy landscape. This structure grounds our statewide strategy in real-world operational feasibility, informed by the realities inside California's diverse jail systems.

Our key personnel each bring 20–30 years of direct experience in leading jail health programs, designing staffing models, aligning care with NCCHC standards, developing Medi-Cal-aligned funding strategies, and advising counties on governance, contracting, and compliance. Several have served as health system executives, county behavioral health directors, correctional health administrators, jail and prison administrators, clinical leaders, or operational advisors within carceral settings.

Together, this team provides the strategic oversight, domain expertise, and regional knowledge required to conduct a rigorous, actionable feasibility study. Short summaries of key leaders follow; full resumes are included in the attachments.

Project Co-Directors

The project co-directors will serve as the primary executive sponsors and accountable leaders for the GSFA jail medical care feasibility study. They are responsible for overall strategic direction, methodological rigor, cross-regional alignment, quality assurance, and client communication throughout the project. Working in close partnership with the Project Management Team described later in this section, they will ensure disciplined execution, timely delivery, and continuous coordination across regions, subject matter domains, and GSFA leadership.



Steve Soto
Managing Principal
Sacramento, CA

**Project Co-Director:
North Region Lead**

Provides statewide direction, oversight, and decision-making structure as project co-director.

Former state and county executive who has managed large Medi-Cal contracts and financing models.

Leads multicounty network development across justice-involved populations, ensuring recommendations align with California fiscal and policy frameworks.



Julie White, MSW
Principal
Boston, MA

**Project Co-Director:
Jail Operations Lead**

National correctional health expert leading statewide strategy, operations, and quality standards.

Extensive experience assessing jail medical/behavioral workflows, staffing models, and Affordable Care Act/ NCCHC accreditation.

Guides operational feasibility and improvement recommendations based on real-world jail practices.

Regional Leads

EXHIBIT 2. PROJECT REGIONAL LEADS

Name & Credentials	Role & Region Leadership	Core Expertise
Michele Melden, JD Principal <i>Los Angeles, CA</i>	North Region Lead; Sacramento/Sierra Region Lead; Legal/Regulatory Lead	Former county counsel; jail healthcare liability and intergovernmental agreements; California statutory compliance
Don Novo, MS Managing Principal <i>San Francisco, CA</i>	North Region Lead; Bay Area Region Lead;	Multi-system care coordination; California county operations; implementation and financial modeling
Luke Bergmann, PhD, MSW Principal <i>Los Angeles, CA</i>	Bay Area Region Lead; Central Coast Region Lead	Behavioral health systems transformation; jail diversion; justice-population health integration
Nicholas Williams, MPP Associate Principal <i>Los Angeles, CA</i>	Central Coast Region Lead; Legal/Contracts Team	California county governance; jail healthcare policy; inter- county collaborative design
Steve Soto Managing Principal <i>Sacramento, CA</i>	Sacramento/Sierra Region Lead; Legal/Contracts Team	Jail healthcare contracting; compliance; PJM-driven project governance

Additional Staffing

Beyond the core leadership team, HMA has assembled experienced national SMEs, executive advisors, and delivery staff to provide expertise, strong project execution, and consistent quality across all five regions. This staffing model allows GSFA and participating counties to benefit from **dedicated regional leadership and scalable national expertise**. Summaries follow, with full resumes in Attachment D.

Jail Operations SMEs

Lead: Julie White

Team: Deborah Rose • Christina Kadelski • Debbi Witham • Rich VandenHeuvel

This team brings decades of hands-on experience in jail health operations, staffing models, vendor oversight, and compliance monitoring. They support regional assessments, model evaluation, and implementation feasibility tied directly to daily jail realities.

Clinical Services SMEs

Lead: Jay Shannon

Team: Elizabeth Wolff • Karen Hill • Judy Martin-Holland

This team provides extensive expertise in clinical quality, behavioral health integration, MAT programs, specialty access, and care continuity in correctional environments. They support performance benchmarking, compliance review, and service model evaluation.

Financial Analysis SMEs

Lead: Rob Buchanan

Team: Xingyi Qin • Eric Carmack

This team leads all cost modeling, fiscal comparative analysis, and funding sustainability assessment across regions. They evaluate startup and operating costs, shared service efficiencies, and county cost-allocation scenarios.

Legal, Regulatory, and Contracting SMEs

Lead: Michele Melden

Team: Jason Silva • Nick Williams • Marc Richman

This team supports governance model analysis, statutory feasibility, contracting frameworks, and regulatory compliance. They ensure proposed models are legally implementable and defensible within California's justice and health systems.

Executive Advisors

Jonathan Freedman • Bren Manaugh

These senior executives provide high-level advisory support on governance design, cross-county collaboration strategy, executive decision frameworks, and long-term system sustainability. They offer an independent lens on feasibility findings and implementation risk.

Project Management Team

Gelmy Ruiz • Tara Kelly

This team provides structured project management using formal work plans, risk registers, decision logs, and cross-county coordination protocols. They ensure schedule discipline, stakeholder alignment, document control, and day-to-day execution across all five regions.

Project Support Team

MaryEllen Mathis • Cami Collins

This team provides document production, logistics coordination, stakeholder tracking, and administrative support to ensure high-quality, timely delivery of regional reports and presentations.

4. Technical Approach to Scope of Work

HMA's project management and technical approach integrates national correctional healthcare subject matter expertise with California-based regional leadership, ensuring the evaluation framework and on-the-ground feasibility are equally rigorous.

EXHIBIT 3. EVALUATION FRAMEWORK

Tier 1: National SME-Led Evaluation Framework Design

National SMEs across each domain will design and drive the evaluation methodology to ensure all regions are evaluated using a consistent, defensible, and industry-aligned analytical framework.

- ✓ Core assessment tools and data collection templates
- ✓ Model comparison criteria and scoring frameworks
- ✓ NCCHC-aligned performance and compliance benchmarks
- ✓ Financial and workforce modeling assumptions
- ✓ Governance and contracting frameworks for regional options



Tier 2: California Regional Execution and Feasibility Testing

California regional leads will operationalize this framework within each region by:

- ✓ Incorporating county-specific constraints, labor markets, and delivery systems
- ✓ Integrating local governance, contracting authorities, and political environments
- ✓ Testing operational feasibility against real jail conditions
- ✓ Conducting regionally grounded stakeholder engagement

This two-tiered design provides statewide consistency while maintaining local realism, resulting in feasibility findings that are both methodologically sound and ready for implementation.

GSFA will serve as the contract administrator and fiscal agent, providing participating counties with project funding and serving as the primary implementation partner. GSFA will coordinate early engagement with Regional Task Forces; each county will then designate a primary contact for ongoing coordination. GSFA will stay actively involved throughout the project to ensure strong collaboration and alignment. The project management approach outlined below shows how HMA will ensure effective coordination, accountability, and alignment across all five regions while allowing flexibility for region-specific needs.

Project Management Approach

HMA will use a collaborative project management approach aligned with the Project Management Institute framework to ensure clarity, accountability, and timely delivery across all five regions. Our approach follows six integrated project management processes, supported by disciplined communication, reporting, and decision-management protocols.

EXHIBIT 4. PROJECT MANAGEMENT PROCESS

Project Management Process	Description
Initiation	Within a week of contract award, HMA will hold a project kickoff meeting to confirm governance, decision-making, escalation pathways, and regional participation. We will also finalize the scope, analytical steps, success criteria, and roles of national SMEs versus regional teams.
Planning	HMA will develop a detailed project management plan and integrated work plan that sets region-specific schedules, defines staff deployment and communication structures for GSFA and Regional Task Forces, and manages risks and issues. Standardized meetings, documentation, and action-tracking tools ensure regional consistency.
Execution	During execution, project management will operate continuously across feasibility, compliance, and fiscal evaluation to ensure early findings directly inform rigorous analysis and, ultimately, actionable implementation planning.
Monitoring and Controlling	Throughout the project, HMA will monitor the schedule, scope, deliverables, risks, and decisions with live tracking tools. We will keep a risk register and mitigation log, provide weekly updates, and escalate risks to maintain momentum and decision-readiness. We will make sequencing adjustments where regional constraints require flexibility, without compromising integrity.
Project Closeout	At closeout, HMA will confirm the completion of all scope of work elements; deliver all regional reports, presentations, and implementation roadmaps; provide executive briefings to GSFA and Regional Task Forces; and transition all final tools and documentation to GSFA for ongoing use.
Communication and Reporting	HMA will transparently communicate with project directors and lead project managers, meeting each Regional Task Force at least twice monthly and involving SMEs as needed. Additional sessions will cover data validation, stakeholder engagement, and issue resolution. Tools such as Microsoft Teams, Smartsheet, or Google will facilitate real-time transparency, document control, and alignment across GSFA, counties, and HMA. After each cycle, HMA will provide written reports on activities, deliverables, risks, mitigation, decisions, and next steps.

HMA will integrate project management across feasibility, compliance, and fiscal analysis throughout Phases 1–3, not as a stand-alone function. **Exhibit 5** shows HMA’s three-phase project aligned with the scope of work, with project management continuously evaluating feasibility, compliance, and finance to inform planning.

EXHIBIT 5. PROJECT PHASES

 PHASE 1 Months 1–6	 PHASE 2 Months 7–16	 PHASE 3 Months 17–24
Stakeholder Engagement and Discovery	Feasibility, Compliance, and Fiscal Review	Implementation Planning and Report Outs
<i>Regional Needs Assessment (6.2)</i> <i>County and Jail Engagement</i> <i>Workforce and Contract Review</i> <i>Baseline System Analysis</i>	<i>Model Evaluation and Comparative Analysis (6.3)</i> <i>Performance and Compliance Review (6.4)</i> <i>Comparative Cost and Fiscal Summary (6.5)</i>	<i>Regional Roadmaps and Risk Matrix (6.6)</i> <i>Regional Reports and Presentations (6.7)</i> <i>Final Closeout</i>

Phase 1: Stakeholder Engagement and Discovery

Phase 1 establishes the foundation for all subsequent feasibility, compliance, fiscal, and implementation planning by building regional trust, aligning expectations, and developing a defensible, system-level needs baseline across participating counties.

Overall Approach

HMA will apply a regional needs **assessment framework** across all five GSFA regions, with targeted customization to reflect differences in jail operations, governance structures, delivery systems, and regional labor markets. Two senior HMA leads will support each region. These leads will serve as primary points of contact throughout Phase 1 for continuity, responsiveness, and alignment with Regional Task Forces and county leadership.

Before launching data collection, HMA will convene regional kickoff calls with GSFA, Regional Task Forces, and designated county and jail contacts to confirm engagement formats, finalize communication and data security protocols, review confidentiality and consent parameters, and align expectations regarding public versus non-public findings. HMA will share all standardized assessment tools in advance and review preliminary findings with county and jail leadership before including them in any public-facing materials.

Regional Needs Assessment (6.2)

HMA will conduct a comprehensive, standardized needs assessment for each region and the jails serving participating counties. This assessment will establish a shared baseline across five core domains: care delivery models, contracting and payment structures, workforce capacity, system performance, and stakeholder experience. Together, these inputs will directly inform Phase 2 model evaluation, compliance review, fiscal analysis, and implementation planning.

1. Data and Document Review

HMA will issue a request and review core documentation, including medical and behavioral health contracts, staffing plans, vacancy data, compliance and accreditation reports, and relevant clinical and operational policies. We will also gather publicly available information, including jail population and acuity trends, deaths in custody, litigation history, community health needs assessments, and publicly available participation data.

2. Standardized Facility Questionnaire

HMA will administer a **concise, role-specific questionnaire** to jail leadership, healthcare managers, and frontline staff using a secure, online survey platform (Qualtrics). The instrument will include a targeted blend of structured (multiple-choice and scaled) questions and carefully

constructed free-text fields to ensure comparability across jurisdictions and surface site-specific operational nuances.

HMA will distribute the questionnaire via a secure link. We will analyze and report all results in the aggregate to protect the confidentiality of individual facilities and respondents. We will design all questions to support operational improvement and feasibility analysis while minimizing legal risk and discovery exposure.

Objectives of the questionnaire include:

- Capture real-world operational workflow efficiency
- Identify staffing pressures, overtime utilization, and vacancy impacts
- Assess clinical capacity, access, and escalation triggers
- Identify electronic health record (EHR), billing, and data interoperability challenges
- Understand barriers to timely access, specialty care, MAT, and reentry services
- Capture variation between policy and practice

To illustrate the concise and practical nature of the instrument, sample prompts may include:

- “What are the most common causes of delayed clinical access in your current workflow?”
- “Which roles experience the greatest vacancy or overtime pressure today?”
- “Where do current documentation or EHR limitations most affect care delivery or reporting?”

HMA will also conduct focused leadership interviews and facility walkthroughs (virtual or in person, as appropriate, based on regional priorities and budget parameters).

3. Facility Walkthroughs and On-Site Observations

Conducting site tours is a **nonnegotiable component of any credible jail medical care feasibility study**. Jails are highly varied, operationally complex environments. No amount of document review, policy analysis, or stakeholder interviews can fully substitute for direct observation.

Consistent with Regional Task Force guidance and county approvals, HMA anticipates incorporating a defined number of on-site or hybrid site visits at the regional level, supported by a flexible travel allotment to accommodate final logistics following initial stakeholder engagement.

Site visits enable HMA to:

- Validate operational reality versus what is reflected on paper
- Assess the physical plant and clinical environment
- Observe real-world clinical and custody workflows
- Understand custody and healthcare integration
- Evaluate staffing feasibility within real physical constraints
- Identify risk, liability, and compliance exposure
- Build trust and engagement with facility leadership and frontline staff
- Ground financial and contracting assumptions in operational reality
- Support leadership decision-making with defensible, field-validated evidence
- Capture human factors and organizational culture that materially affect implementation success

4. Workforce Assessment

HMA will assess workforce capacity and instability across regions using a triangulated approach that integrates available administrative reports, the standardized facility questionnaire, and focused leadership and frontline interviews. The workforce analysis will examine vacancy rates by discipline (e.g., registered nurses, physicians, behavioral health clinicians), overtime utilization, reliance on agency and locum staffing, regional labor market constraints, and recruitment and retention challenges that affect sustainability and compliance, particularly in rural and frontier areas. This mixed-methods approach will help us validate perceived staffing shortages against actual staffing ratios, workload demands, and regulatory requirements.

We will explicitly evaluate known California workforce pressure points, including rural provider shortages, psychiatric staffing gaps, MAT prescriber access, and correctional nurse recruitment challenges.

To strengthen labor market modeling, particularly in rural and frontier regions, HMA will collaborate with **Trailhead Strategies**, a California-based workforce planning firm with specialized expertise in healthcare labor market analysis and rural staffing feasibility. This integrated approach ensures that workforce findings reflect **documented system conditions and real-world recruitment feasibility**. Andy Hall, president and chief executive officer of Trailhead Strategies, helps clients develop inclusive, resilient workforces. He has 20 years of experience, including chief operating officer and chief impact officer at the San Diego Workforce Partnership, building talent, improving workforce systems, and creating data-driven strategies across the country in workforce development.

Existing Care Models and Contracting Overview

HMA will document and describe healthcare delivery models in place at each facility, including:

- Public, private, academic, federally qualified health centers, and hybrid models
- Pharmacy, laboratory, radiology, and specialty services
- Integration with behavioral health and MAT programs
- Medi-Cal Justice-Involved eligibility, billing, and reentry alignment

HMA will summarize contracts at a high level (unless consent is provided) for:

- Scope and staffing requirements
- Performance expectations
- Financial structure and accountability provisions
- Alignment with evidence-based healthcare practices

Identification of Shared Challenges

In consultation with the Regional Task Force, HMA will synthesize findings across participating counties to identify shared system-level challenges. We will conduct analysis and reporting **in aggregate** to protect the confidentiality of individual facilities and jurisdictions.

These shared challenges may include workforce shortages, staffing instability, inconsistent behavioral health and MAT access, fragmented care coordination, space and infrastructure constraints, telehealth limitations, emergency department overuse, EHR and data interoperability barriers, and compliance risks related to legal, regulatory, and Medi-Cal Justice-Involved requirements.

Stakeholder Engagement Summary and Phase 1 Outputs

Regional Stakeholder Convenings and Synthesis

Building on the approach described above, HMA will support a structured set of regional stakeholder convenings in partnership with each Regional Task Force. These convenings will **validate assessment findings, surface region-specific constraints, and test early feasibility considerations** across justice, health, and community partners.

- **Format:** Convenings may be conducted within counties or across regions, depending on the Regional Task Force structure and regional priorities.
- **Participants:** Justice leaders, custody operations, medical and behavioral health leadership, county administration, community providers, and reentry partners, as appropriate
- **Purpose:** Validate early findings from document review, questionnaires, and interviews; surface cross-system coordination challenges; identify regional implementation barriers and opportunities; pressure-test early financial, staffing, and delivery assumptions

Phase 1 Outputs

HMA will document each regional needs assessment using a **standardized reporting format** to support cross-region comparison and statewide synthesis. Deliverables will include:

- A synthesis of stakeholder input (reported in aggregate)
- Key risk and opportunity themes
- Region-specific structural constraints
- Early implementation considerations

We will report on all stakeholder feedback **only in aggregate** to protect individual participants and facilities.

Phase 2: Feasibility, Compliance, and Fiscal Review

Phase 2 converts the findings of the needs assessment into actionable decisions.

Building directly on Phase 1, HMA will conduct an integrated evaluation that:

- Compares feasible service delivery models
- Tests each model against performance and compliance requirements
- Evaluates fiscal sustainability and risk

HMA will conduct these analyses as a unified phase to streamline data collection, maintain methodological consistency, and support real-time county input while fully satisfying the distinct deliverables required under RFP Sections 6.3, 6.4, and 6.5.

The feasibility, compliance, and fiscal analyses conducted in Phase 2 establish which models are legally viable, operationally feasible, and financially sustainable for each region. Phase 3 then translates these findings into a practical, sequenced implementation roadmap, providing counties with a clear, structured path from decision to execution.

Model Evaluation and Comparative Analysis (6.3)

Using the standardized assessment framework and evidence from Phase 1, HMA will conduct a side-by-side, multi-criteria comparison of the core jail medical care delivery models under consideration:

- County-Operated (In-House) Model
- Contracted Medical Services Models
- Regional JPA or Shared Contract Administration Model
- Targeted hybrid models where indicated

HMA will evaluate each model against a consistent feasibility and performance rubric grounded in region-specific conditions, stakeholder input, and Phase 1 findings. The evaluation will define what each model needs to function successfully in each region and identify where structural, workforce, governance, or fiscal barriers may limit viability.

The comparative rubric will include the following core domains:

- **Operational Feasibility:** Capacity and staffing baselines, infrastructure required to deliver constitutionally adequate and clinically appropriate services, clinical administration and oversight, and information technology systems and reimbursement workflows, including analyzing visit logs (on- and off-site), cancellations, geography and travel time, telehealth capabilities, and key operational dependencies.
- **Staffing and Workforce Viability:** Impacts on medical, behavioral health, substance use disorder, dental, and nursing staffing; recruitment and retention feasibility; credentialing processes; shared staffing opportunities; and after-hours/on-call coverage, with particular attention to rural and frontier regions.
- **Legal and Governance Framework:** Contract structures, procurement processes, regulatory compliance, liability exposure, and risk mitigation. For JPA/shared models, it includes researching the legal architecture required for multicounty governance and contracting.
- **Administrative Complexity and Oversight Capacity:** Governance structure, contract management, vendor monitoring, quality assurance/quality improvement infrastructure, incident and grievance resolution, data sharing and privacy controls, reporting requirements, and the capacity to sustain effective oversight. It also includes opportunities to assess shared administrative services.
- **Scalability and Flexibility:** Scale with changes in census and acuity, add or remove counties or services, and support surge capacity during public health emergencies.
- **Alignment with County Preferences and Risk Tolerance:** Fit with stakeholder priorities, appetite for regional collaboration, expectations for local control, and tolerance for financial and operational risk over time.

HMA will also identify innovative strategies that may enhance feasibility and value, informed by our correctional healthcare expertise and national experience. These may include:

- Leveraging accreditation standards to minimize risk
- Maximizing reimbursement through CalAIM initiatives
- Expanding or engaging safety-net providers for specialty and behavioral health
- Enhancing on-site capabilities (e.g., mobile diagnostics, telehealth, dialysis feasibility) to reduce unnecessary off-site care and readmissions

Comparative Matrix

HMA will develop a comparative evaluation matrix that synthesizes findings across all regions and service delivery models using a structured, rubric-based scoring framework. We will assess each model against standardized domains, including operational feasibility, staffing viability, governance and oversight complexity, scalability and flexibility, and regional and county

alignment. A tiered weighting approach will reflect the magnitude of change required for each region relative to its current baseline. Core evaluation domains will include:

- **Operational Feasibility** (e.g., adequacy of physical plant, service coverage, infrastructure readiness, transport dependencies)
- **Staffing Viability** (e.g., recruitment/retention, coverage sustainability, specialty)
- **Governance and Oversight Complexity** (e.g., contracting structures, administrative burden, accountability clarity)
- **Scalability and Flexibility** (e.g., census shifts, expansion, surge events)
- **Regional and County Alignment** (e.g., stakeholder readiness, political feasibility, appetite for shared services)

HMA will score each domain using a tiered rubric (e.g., High / Moderate / Low Feasibility) anchored to clearly defined qualitative and quantitative thresholds. We will provide the matrix in both memo and PowerPoint formats and will integrate:

- Quantitative indicators (e.g., staffing vacancy rates, utilization patterns, transport frequency, compliance gaps)
- Qualitative findings (e.g., stakeholder interviews, site observations, governance risk considerations)

HMA will apply scenario-planning tools to test model sensitivity under varying assumptions, including population growth, workforce shortages, and funding volatility.

Two HMA leads will coordinate cross-regional comparative analysis, with support from SMEs in clinical care, jail operations, legal and regulatory compliance, and finance. We will review draft findings with Regional Task Forces to validate assumptions and incorporate local context.

This approach ensures counties receive a transparent, decision-ready comparison of trade-offs, preserves local control, and identifies where regional collaboration creates measurable value.

Performance and Compliance Review (6.4)

In parallel with the feasibility analysis (6.3), HMA will evaluate each service delivery model against all applicable constitutional, clinical, legal, and regulatory requirements. This review establishes a **nonnegotiable compliance baseline** for every model under consideration and directly informs both fiscal risk analysis and implementation planning.

HMA will crosswalk each model and region against the following:

- NCCHC accreditation standards
- California Title 15
- Applicable federal and state laws and regulations
- Existing consent decrees and court mandates, where applicable
- County-specific policies and oversight requirements

HMA will collect local policies and consent decrees in consultation with each county and map them by region to ensure full representation in the final analysis. Any model that cannot meet minimum constitutional or regulatory standards under real-world conditions will be clearly identified as **nonviable**, regardless of cost or operational appeal.

Compliance Tools and Decision Utility

To support consistent compliance monitoring, HMA will use standardized tools, including an NCCHC checklist aligned with Title 15 and local decrees, gap analyses, and a risk-scoring system for litigation, accreditation, staffing risks, and peer benchmarking. Each model will have a region-specific compliance profile highlighting full, conditional, or nonviable compliance areas

that require structural or policy change. These results will inform fiscal risk analysis, guide implementation sequencing, and determine which models are legally and clinically viable.

Compliance Domains Assessed

HMA will evaluate each service delivery model against a defined set of **clinical, operational, physical, legal, and governance compliance domains** to determine whether the model can meet constitutional, statutory, regulatory, and accreditation requirements **in practice**. These domains extend the regulatory crosswalk described above by testing real-world operational readiness at the facility and regional levels.

HMA will assess/evaluate the following:

- **Staffing and coverage**, including 24/7 on-site and on-call capacity, recruitment and retention feasibility, cross-coverage strategies, and rural/frontier constraints
- **Care delivery and continuity**, including the ability to provide or coordinate the full continuum of services (medical, behavioral health, dental, MAT, specialty care, telehealth, transport), as well as intake-to-reentry continuity, medical record operability, and grievance and incident response systems
- **Physical plant and clinical environment** for the adequacy of clinical space, observation capacity, privacy, line of sight for custody, health and safety risks, and the ability to support constitutional care delivery
- **Risk mitigation and liability management**, including quality assurance/quality improvement infrastructure, corrective action processes, insurance and indemnification structures, enforcement mechanisms, and exposure to clinical, operational, and litigation risk, particularly in shared or regional governance models

On-Site Care Optimization and Off-Site Utilization Reduction

As part of both compliance advancement and fiscal risk mitigation, HMA will assess opportunities to reduce unnecessary off-site transport and emergency utilization through the expansion of on-site clinical capabilities, telehealth augmentation, mobile specialty services (e.g., radiology, optometry), advanced procedural training for on-site staff, and the feasibility of on-site dialysis at select regional facilities. We will also recommend standardized off-site utilization tracking systems to monitor appointment volumes, cancellations, responsibility attribution, avoidable versus unavoidable transports, and regional quality improvement dashboards.

National Accreditation and Compliance Expertise

HMA brings nationally recognized expertise in correctional health compliance and accreditation. Our team includes staff with **current Certified Correctional Health Professional credentials** and senior leaders who have:

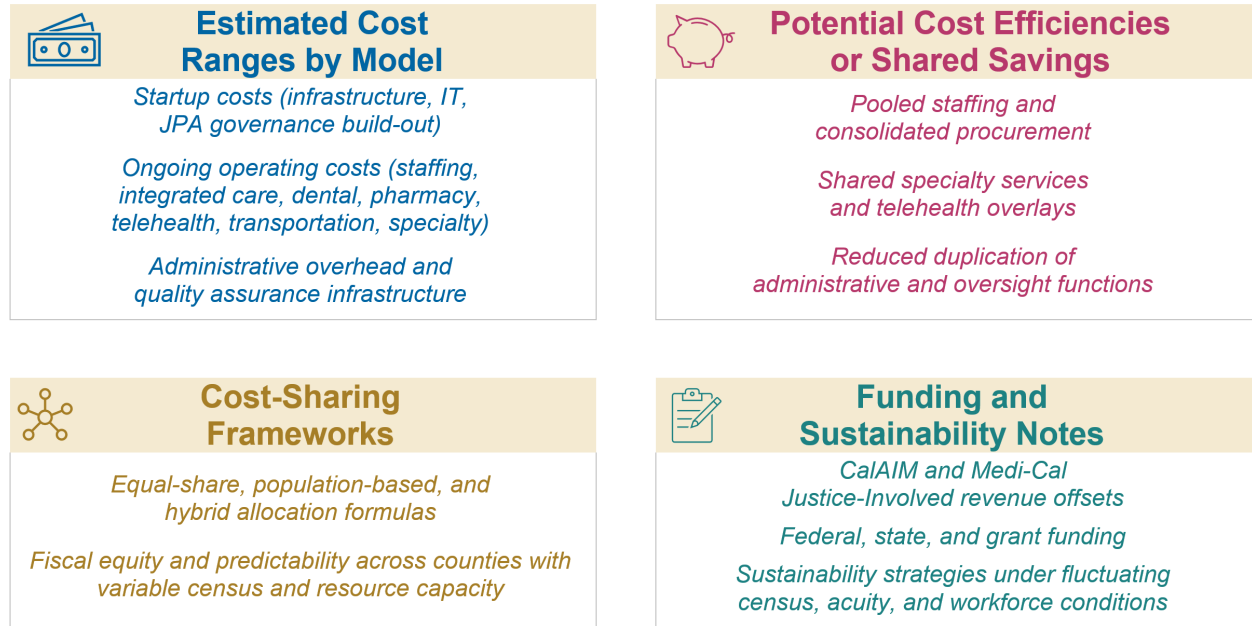
- Led large and small jail systems through multiple NCCHC audits and reaccreditations
- Supported systems recognized by NCCHC, including “Facility of the Year” honors
- Been engaged to remediate high-risk compliance environments under litigation or consent decree

This depth of credentialed accreditation experience ensures that feasibility determinations are grounded in **applied audit standards and operational practice**.

Comparative Cost and Fiscal Summary (6.5)

Building on findings from Phases 1 and 2, HMA will create a regional high-level cost comparison for each jail healthcare model. This fiscal analysis will distill operational and compliance details into actionable financial insights to support county decision-making. Our goal is to give each county a clear view of near- and long-term financial sustainability, including total cost ranges, main cost drivers, fiscal risks, and cost-control opportunities. This information will help counties weigh financial trade-offs with feasibility, compliance, and governance factors. The fiscal analysis will cover elements such as those in **Exhibit 6**.

EXHIBIT 6. KEY COMPONENTS OF FINANCIAL ANALYSIS



Scenario-Based Fiscal Modeling and Actuarial Analysis

As part of this work, HMA will develop and apply scenario-based fiscal forecasting models to assess cost performance under varying jail census levels, acuity profiles, staffing conditions, and reimbursement environments. These models will translate operational and compliance requirements into projected fiscal outcomes, including startup and transition costs, ongoing operating expenses, reimbursement and revenue offsets, shared services and administrative overhead, and fiscal exposure under alternative governance and staffing structures.

To support regional decision-making, additional actuarial analysis will quantify potential economies of scale achievable through regional collaboration, including pooled staffing models, consolidated procurement, shared specialty services, centralized utilization management, and alternative cost-sharing frameworks (population-based, equal-share, or hybrid). We will explicitly evaluate fiscal equity implications across counties with differing sizes, census volatility, and resource capacity. A dedicated finance and actuarial team will lead this work, drawing on extensive California correctional health experience, including prior analyses conducted in Calaveras, Humboldt, Solano, San Diego, Shasta, Tehama, and Stanislaus Counties.

Methodology and Modeling

HMA will work collaboratively with Regional Task Forces or Steering Committees to collect core population and utilization data, including average daily population, average length of stay, intake and release patterns, service mix, pharmaceutical utilization, and specialty care demand. We

will integrate these data with the operational findings from Phases 1 and 2, industry benchmarks, and actuarial judgment to project model-specific cost structures and fiscal performance.

Because data quality is foundational to defensible forecasting, HMA will deploy a streamlined, highly structured data request and validation process and work directly with county sheriff offices, facilities, and vendors to ensure completeness and consistency with county consent. Where quantitative data are limited or variable, we will systematically convert qualitative inputs, such as workflow constraints, staffing instability, and access barriers, into modeling assumptions using established actuarial and statistical methods.

Forecasting Model

HMA will develop a multi-scenario financial forecasting model in Microsoft Excel that allows counties to evaluate how changes in census, acuity, staffing availability, reimbursement rates, and implementation timing affect overall fiscal performance. The model will project both near-term and multiyear cost trajectories for each service delivery model, enabling counties to assess sustainability, fiscal risk exposure, and long-term affordability.

HMA will structure forecast outputs to clearly summarize the primary financial drivers of each model and present side-by-side comparisons of projected costs, sensitivities, and variances across scenarios. The model will include a fully documented assumptions and inputs section to ensure transparency, ease of updating, and long-term usability by counties. If appropriate and of interest to GSFA and participating counties, HMA may also develop an all-region comparative benchmark to evaluate relative efficiency, scale effects, and inter-regional cost variation for future planning and policy analysis.

Phase 3: Implementation Planning and Report Outs

Based on the findings from Phases 1 and 2, including regional readiness, county-specific capacity, fiscal feasibility, and compliance viability, HMA will develop a region-specific **implementation roadmap** to guide the transition from model selection to operational launch. HMA will present each roadmap to the Board of Supervisors as part of the overall model recommendation package and will serve as a structured decision-support and execution tool.

Each roadmap will clearly articulate:

- Why the recommended model is the most feasible for the region
- What operational, fiscal, and governance resources are required
- Where implementation risks and barriers exist
- How stakeholder input shaped both the model selection and sequencing

Overview of Workstreams and Sequencing

HMA will organize each regional roadmap around clearly defined implementation workstreams and sequenced execution phases, ensuring the alignment of legal, operational, administrative, and workforce requirements before service launch. Core workstreams include the following functions:

- **Administrative and governance**, such as oversight structures, procurement strategy, continuous quality improvement and compliance infrastructure, and standardized performance reporting and dashboards
- **Operational**, including technology and EHR integration, billing and CalAIM Justice-Involved alignment, workforce recruitment and deployment, and clinical operations and service configuration

- **Legal and regulatory**, such as procurement compliance, contracting authorities, liability protections, labor-management requirements, and accreditation sequencing

We will incorporate additional region-specific workstreams identified in Phases 1 and 2 (e.g., infrastructure retrofits, transport redesign, regional specialty hubs) as needed. We will assess county-level readiness at each stage, with clear differentiation between county and regional responsibilities.

Implementation Phases

Once we define the workstreams, HMA will sequence the implementation into execution phases with explicit key performance indicators, risk triggers, and escalation thresholds as follows:

- **Planning and governance** setup phase will establish oversight structures, define key performance indicators, and finalize timelines and decision checkpoint
- **Model design and workforce** definition phase will finalize service configuration, staffing models, skill mix, and specialty care pathways
- **Procurement** phase will include developing and issuing RFPs, establishing scoring matrices, and convening evaluation committees
- **Contract development** phase will formalize staffing requirements, emergency coverage, behavioral health and crisis response, MAT continuity, withdrawal management, CalAIM Justice-Involved alignment, standardized reporting requirements, performance penalties, cost transparency, required monthly and annual reports, and contract length provisions that balance stability with county exit protections
- **Implementation and operational launch** phase will include vendor onboarding, staff recruitment and training, technology activation, and complete clinical service go-live

Work Plan Output

HMA will also deliver a work plan companion to each roadmap, which functions as both a Board of Supervisors decision reference and a day-to-day execution management tool. The work plan will define milestones, task-level activities, responsible parties (county versus regional), target timelines, and readiness dependencies to support disciplined implementation.

Risk Management

Large-scale system transformation inherently carries operational, financial, regulatory, and political risk. HMA will work collaboratively with Regional Task Forces and county leadership to identify, assess, and proactively manage risks that could affect implementation success. These risks may include workforce instability, regulatory delays, funding volatility, political transition, inter-county coordination challenges, contract performance, and liability exposure.

Each regional implementation roadmap will include a tailored risk matrix that identifies region- and county-specific risk categories, evaluates probability and impact, defines mitigation strategies, and assigns clear ownership for monitoring and response. We will build escalation thresholds into project governance and reporting structures to ensure we actively manage risks, not just document them.

Change Management

Because resistance to operational change is one of the most consistent threats to transformation success, change management is embedded throughout Phase 3. HMA's change management approach emphasizes early alignment, transparent communication, and continuous engagement to support sustained adoption of the selected model.

Each region will **establish clear implementation goals and success metrics** aligned to clinical access and quality targets, workforce stability benchmarks, financial performance thresholds, and compliance and accreditation milestones. We will actively engage key interest holders, including providers, policymakers, labor leaders, community partners, and individuals with lived experience, throughout implementation to reinforce trust, surface operational blind spots, support adoption, and provide real-time feedback.

Monitoring and Continuous Improvement

We will monitor progress using defined key performance indicators, continuous quality improvement methodologies (including fishbone analysis and Plan-Do-Study-Act cycles), routine variance review, and corrective action protocols when performance falls below target. This structured feedback loop ensures that implementation remains adaptive, data-driven, and responsive to emerging challenges.

Leadership

Successful implementation depends on visible and sustained leadership sponsorship at the county and regional levels. HMA will support leadership teams in clearly communicating the rationale for change, reinforcing accountability, securing organizational buy-in, and maintaining momentum through periods of transition. Strong leadership engagement ensures that implementation efforts remain aligned with regional priorities, barriers are addressed in real time, and political and operational support is sustained across governance cycles.

Regional Reporting and Presentation Requirements (6.7 and 6.8)

Final Report

HMA delivers tailored deliverables to meet each client's specific decision-making, governance, and communication needs. As Phase 2 progresses, we will draft a standardized feasibility study report outline and visual framework for GSFA review. We will use a common structure across all five regions to support cross-regional comparability, with tailored refinements incorporated based on each region's feedback. Each regional report will include, at a minimum:

- **Executive Summary**, presenting key findings, model comparisons, recommendations
- **Regional Needs Assessment Narrative**, synthesizing stakeholder interviews, contract reviews, and quantitative data analysis
- **Phase 2 Synthesis**, including side-by-side evaluation of service delivery models across regulatory and legal compliance, workforce feasibility, scalability and sustainability, risk mitigation, fiscal implications, and an implementation roadmap with timeline visuals
- **Recommendations and Conclusions**, informed by formal analysis and validated through discussions with regional leadership
- **Appendices**, with supporting methodologies, tools, and supplemental documentation

HMA will ensure all reports are professionally formatted for accessibility to technical and non-technical audiences and include charts, tables, and graphics to illustrate model differences and decision trade-offs clearly. Each region will have **two structured draft review cycles**, during which HMA will:

- Share draft reports with the Regional Task Force
- Incorporate regional feedback and local nuance
- Validate assumptions prior to finalization

Final Presentation

HMA will present findings and recommendations to each Regional Task Force via in-person or virtual briefings, based on regional preference. These briefings will summarize key findings, compare service models, review fiscal and compliance issues, and suggest implementation sequences for the models. Each will include a Q&A session to validate conclusions and gather regional input. We will share drafts in advance and incorporate feedback before publicly presenting the findings.

Following regional presentations, we will distribute finalized reports to each county's Board of Supervisors. Upon request, we will conduct optional board-level Q&A sessions. We will incorporate any final clarifications from these presentations into the completed reports. At project close, HMA will deliver all five regional feasibility reports and corresponding presentation decks to GSFA and participating counties to support formal decision-making and next steps.

Project Timeline

The proposed project timeline reflects HMA's disciplined yet flexible approach to managing a complex, multi-region engagement. We have sequenced activities to support early relationship-building and discovery, followed by structured feasibility, compliance, and fiscal evaluation, all culminating in implementation planning and board-level decision support. The timeline allows for iterative validation with Regional Task Forces and counties, with built-in contingencies to accommodate data availability, governance calendars, and regional readiness. **Exhibit 7** presents this phased work plan and timing at a high level.

EXHIBIT 7. HMA’S PROPOSED WORK PLAN AND TIMELINE BY MONTHS

Proposed Timeline/Activities	MONTHS 1-24											
	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21-22	23-24
Project Management	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Phase 1: Stakeholder Engagement and Discovery (6.2)												
Data Collection and Site Engagement	◆	◆										
Workforce and Contract Review		◆	◆									
Needs Assessment Synthesis			◆	◆								
Phase 2: Feasibility Compliance and Fiscal Analysis (6.3-6.5)												
Model Evaluation (6.3)				◆								
Compliance Review (6.4)					◆							
Fiscal Scenario and Modeling (6.5)						◆						
Draft Regional Findings							◆					
Phase 3: Implementation Roadmaps (6.6)												
Roadmap Development							◆	◆				
Risk Matrix and Change Strategy								◆	◆			
Regional Reporting and Presentations (6.7)												
Draft Reports Issued										◆		
Regional Presentations / Q and A										◆	◆	
Final Report Delivery												◆

5. Experience and References

Overview of Firm Experience

HMA is a nationally recognized healthcare consulting firm with extensive expertise in correctional systems, public-sector contracting, and regional service delivery models. Our team is based in California and comprises clinical, operational, legal, and financial experts with decades of experience supporting county jails, state correctional systems, and justice-involved initiatives across the country.

HMA offers comprehensive expertise across the entire correctional health system transformation process, from needs assessment and service model design to compliance, accreditation, fiscal sustainability, and implementation planning. **Our work reflects real-world operational understanding**, and we execute it in close collaboration with county leaders, sheriffs, probation departments, behavioral health agencies, and community providers.

Core Capability Domains

Correctional Health Operations and Compliance

HMA has supported more than 90 carceral facilities nationwide, including rural and frontier jurisdictions. Our team includes credentialed experts in NCCHC accreditation, Title 15 compliance, constitutional standards of care, quality improvement systems, and oversight and governance of contracted medical services. We routinely advise on workforce stabilization, continuous quality improvement, incident response, and litigation risk mitigation.

California-Specific Justice and Behavioral Health Systems Expertise

HMA has supported **nearly every county in California** on justice, behavioral health, and Medi-Cal transformation initiatives. Our team has provided direct technical assistance to **12 California counties implementing Medi-Cal Justice-Involved Reentry**, including San Diego, San Francisco, Solano, Stanislaus, Shasta, Tehama, Calaveras, Tuolumne, Trinity, Humboldt, Santa Barbara, and Imperial. We bring broad working knowledge of **CalAIM, CARE Act implementation, SB 43, civil commitment reform**, and county contracting authorities.

Rural and Frontier Health System Experience

HMA has extensive experience supporting rural hospitals, frontier counties, and regional delivery systems, including addressing workforce shortages, optimizing telehealth, developing Medicare and Medi-Cal reimbursement strategies, and implementing rural financing programs.

Financial and Actuarial Strength

HMA's finance and actuarial team includes credentialed actuaries with extensive expertise in:

- Program feasibility studies
- Multi-scenario cost modeling
- Fiscal sustainability and reimbursement optimization
- Risk adjustment and utilization forecasting

We manage complex claims, eligibility, hospital, and jail utilization data using secure environments and industry-standard tools (SQL, SAS, Excel), supporting benchmarking and policy-level financial strategy.

Stakeholder Engagement and Implementation Enablement

HMA has extensive experience facilitating **multicounty regional initiatives**, building stakeholder consensus, and translating complex analysis into **practical implementation roadmaps** that drive durable system change.

Relevant Projects

Below is a short list of clients with whom we have currently or previously provided support on projects with similar scopes:

California State and County Clients

- California Department of Corrections and Rehabilitation
- California Department of Health Care Services
- San Diego County
- Los Angeles County
- Santa Barbara County
- Solano County
- Stanislaus County
- Shasta County
- Tehama County
- Calaveras County
- Tuolumne County
- Humboldt County

Other State and Local Jurisdictions

- Michigan Department of Corrections
- Illinois Department of Corrections
- New York City Health + Hospitals (Rikers Island)
- Cook County Health (IL)
- Harris County Jail (TX)
- Maricopa County (AZ)
- Arlington County (VA)
- Connecticut Department of Correction

A more extensive client list of relevant projects is available upon request.

Selected Project Examples Aligned to the Scope of Work

EXHIBIT 8. SELECTED PROJECT EXAMPLES

Name	Regional Assessments	Model Evaluation	Compliance Review	Fiscal Analysis	Implementation and Risk	Reporting and Boards	CalAIM PATH 3 Implementation
Pre-Release Services and Reentry	★	★	★	★	★	★	★
California Statewide MAT Collaborative	★		★	★	★	★	★
Los Angeles County Jail: Strategic Consultation	★	★	★	★	★		★
San Bernardino County	★	★	★	★			★
County Behavioral Health Directors Association	★	★		★	★	★	★
San Diego County Health and Human Services Agency	★			★	★		★
COPE in Rural Counties	★					★	★
CARE Act	★		★		★	★	★
Opioid Response: Systems of Care	★		★		★	★	★

Name	Regional Assessments	Model Evaluation	Compliance Review	Fiscal Analysis	Implementation and Risk	Reporting and Boards	CalAIM PATH 3 Implementation
Michigan Department of Corrections	★	★	★	★	★	★	★
Illinois Learning Collaborative			★		★	★	★
Arlington County Evaluation of Detention Facility MAT Options	★		★		★		★
Maryland Detention Centers	★				★	★	★
Pre-Release Services and Reentry	★		★	★	★	★	★

Justice-Involved Reentry and Pre-Release Services

California (Multiple Counties)

HMA provides statewide technical assistance to support the California Medi-Cal Justice-Involved Reentry Initiative, including **pre-release services, MAT continuity, contracting strategy, Medi-Cal provider enrollment, billing infrastructure, and quality systems**. HMA has provided direct support to **40 jail and probation systems** since 2018.

MAT Learning Collaborative

California Statewide

HMA launched and continues to lead a statewide MAT learning collaborative now reaching **40 counties**, contributing to over **40,000 incarcerated individuals receiving MAT**, from a baseline of zero at program inception.

Strategic Health System Redesign

Los Angeles County Jail

HMA provides ongoing strategic consultation to the largest jail system in the United States, including **operational redesign, workforce stabilization, quality improvement, diversion strategies, fiscal optimization, and litigation risk reduction**.

Jail Medical and Behavioral Health System Review

San Bernardino County

HMA conducted a **needs assessment, comparative model evaluation, fiscal analysis, and compliance review**, resulting in actionable system-wide recommendations.

Mobile Crisis Financial Modeling

County Behavioral Health Directors Association

HMA developed **scenario-based fiscal projection models and workforce strategies** to support statewide mobile crisis implementation, with a special focus on **rural sustainability**.

CARE Act: Statewide Implementation Support

California Department of Health Care Services

HMA provides technical assistance to **all 58 California counties** implementing the CARE Act, supporting **judicial coordination, behavioral health operations, data reporting, and system readiness**.

Statewide Health System Oversight

Michigan Department of Corrections

HMA has supported the Michigan Department of Corrections since 2008 with **compliance auditing, system redesign, telehealth expansion, Medicaid optimization, and quality dashboards across 32 facilities.**

*A comprehensive list of project examples is available in **Appendix B.***

References

HMA has provided several relevant projects in the above section. Below is the contact information for three references who were involved in some of the projects listed above.

Stanislaus County CalAIM PATH 3 Justice-Involved Reentry	
Organization	Stanislaus County
Contact Name and Title	Brooke Freeman, Chief Administrative Officer
Contact Telephone	(209) 525-7009 (office) (209) 652-2290 (cell)
Contact Email	bfreeman@stansheriff.com

Calaveras County Justice-Involved Implementation	
Organization	Calaveras County Sheriff's Office/Jail
Contact Name and Title	Anthony Eberhardt, Calaveras Bureau Commander
Contact Telephone	(209) 985-8343
Contact Email	aerberhardt@calaverascounty.gov

Imperial County Behavioral Health Services Agency and Justice-Involved Implementation	
Organization	Imperial County Behavioral Health
Contact Name and Title	Leticia Plancarte-García, Behavioral Health Director
Contact Telephone	(442) 265-1604
Contact Email	letyplancarte@co.imperial.ca.us

6. Cost Proposal

HMA proposes a total cost of \$2,881,995 across all five regions, including \$2,437,815 in consulting labor, \$175,000 in labor from subcontractors, \$167,100 in travel labor, and \$102,080 in travel expense. This amount includes the full cost of doing business with HMA, including indirect costs such as overhead, general, and administrative expenses.

Our firm prefers to bill clients on a time-and-materials basis, with monthly invoices issued on a Net 30 basis. This approach ensures that charges reflect actual work performed. As part of project initiation, upon successful award, HMA will confirm all assumptions and prepare a refined budget, including alternative billing approaches such as fixed fee.

Travel Assumptions

As indicated in Addendum #1 for the RFP, HMA cannot accurately project actual travel costs until after the initial set of Regional Task Force meetings at project launch. We first need to learn the regional and county site inclusion parameters and confirm county willingness to participate in on-site assessment and engagement work under this project. From the initial Regional Task Force meetings at project launch, HMA will propose on-site visits where we believe they are necessary and add value to the regional needs assessments. Until such time as regional and county approvals are known for on-site work in support of the project deliverables, HMA is submitting a proposal that includes colleague regional visits for their region(s) of responsibility, as well as additional travel funds to account for the regional and county visits approved during the initial stages of the regional needs assessment work.

At this stage, HMA anticipates an on-site presence for:

- A project kickoff call with each Regional Task Force for one to two colleagues
- A final presentation to each Regional Task Force for one to two colleagues
- Up to two Regional Task Force meetings during the project for one to two colleagues

The separate travel fund placeholder will be intended for:

- On-site county jail visits approved in the initial Regional Task Force meetings
- Final presentations at county Board of Supervisor meetings as requested
- Other trips as requested by the Regional Task Forces

When developing our travel budget, we anticipated that some jail site visits would require travel between counties in different regions. Since our subject matter experts will be working across multiple regions, grouping these regions for travel planning will help us achieve greater cost efficiency.

HMA would bill travel hours at a 50% discounted rate from our consulting hours.

Jail Visit Assumptions

Work for our regional needs assessment will require different levels of effort, based on the number of counties and jail visits required to complete the work. Consistent with the scope of work, HMA will complete work in all five regions and we have provided a breakdown of costs by jail visit below, to show the level of effort required by region.

EXHIBIT 9. JAIL VISIT COST BY REGION

	North	Bay	Central Coast	Sacramento	Central Valley
Number of Counties	7	3	3	11	4
Consulting Hours	280	120	120	440	160
Consulting Labor Cost	\$135,100	\$57,900	\$54,600	\$206,200	\$77,200
Travel Labor Cost	\$26,600	\$15,530	\$15,800	\$54,200	\$20,870
Travel Expense Cost	\$12,245	\$8,955	\$12,175	\$38,115	\$11,970
Total Cost	\$173,945	\$82,385	\$82,575	\$298,515	\$110,040

Note that consulting labor costs by differ by region based on the hourly rate of the consultant assigned to work in those regions. As noted, some trips for jail visits are expected to include multiple regions, so travel labor and expense numbers are estimated. The costs included in this section are a subset of the costs in the regional needs assessment line item in the budget summary table below.

Budget Summary

The summary tables below assume that HMA would complete work in all regions. We would be happy to provide pricing information for work in each region upon request. We have provided the tables to show hour projections, as requested in the RFP. We anticipate shifting hours among team members, based on the requirements of the work to be performed. The total cost of our work, as described in this proposal, would not exceed the \$2,881,995 quoted.

EXHIBIT 9. COST BY TASK

Consulting Labor		
Labor Category	Consulting Hours	Consulting Cost
Regional Needs Assessment (RFP Section 6.2)	2589	\$1,217,790
Model Evaluation and Comparative Analysis (RFP Section 6.3)	615	\$283,690
Performance and Compliance Criteria Review (RFP Section 6.4)	591	\$272,330
Comparative Cost Summary and Fiscal Considerations (RFP Section 6.5)	456	\$198,865
Implementation Roadmap and Risk Considerations (RFP Section 6.6)	332	\$149,180
Regional Reporting and Presentation Requirements (RFP Section 6.7)	699	\$315,960
Consulting hours include project management for scheduling, client coordination, deliverable tracking, and overall project oversight.		
Travel Costs		
	Travel Hours	Travel Cost
Travel Hours	700	\$167,100
Travel Expense	N/A	\$102,080
Travel hours are billed at a 50% discounted rate.		
Subcontractor Labor Cost		
Trailhead Strategies Labor Costs		\$175,000
Total Proposed Project Cost		\$2,881,995

EXHIBIT 10. DETAILED CONSULTING LABOR COST BY TITLE

Task	Hours	Hourly Rate	Total Cost
Managing Principal	1212	\$485	\$587,820
Principal	2176	\$480	\$1,044,480
Physician Principal	105	\$560	\$58,800
Associate Principal	1122	\$430	\$482,460
Consultant	174	\$305	\$53,070
Senior Consultant	348	\$445	\$154,860
Consulting Actuary I	115	\$345	\$39,675
Senior Advisor	30	\$555	\$16,650
Total Consulting Labor Costs			\$2,437,815

7. Attachments and Supporting Documents

Attachment A. Supporting Documents and Disclosures

Proof of Legal Entity and Business Status

Please see the following page for HMA's Certificate of Status.



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: HEALTH MANAGEMENT ASSOCIATES, INC.
Entity No.: 2712538
Registration Date: 11/23/2004
Entity Type: Stock Corporation - Out of State - Stock
Formed In: MICHIGAN
Status: Active

The above referenced entity is active on the Secretary of State's records and is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 12, 2025.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 305409227

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

Certificate of Insurance

Please see the following page for our Certificate of Insurance.

Non-Discrimination Policy

HMA is committed to fostering, cultivating, and preserving a culture of diversity and inclusion.

Our human capital is the firm's most valuable asset. The collective sum of the individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities, and talents that our colleagues invest in their work represents a significant part of not only our culture but also our reputation and the firm's achievements.

We embrace and encourage our colleagues' differences in age, color, disability, ethnicity, family or marital status, gender identity or expression, language, national origin, physical and mental ability, political affiliation, race, religion, sexual orientation, socio-economic status, veteran status, and other characteristics that make our colleagues unique.

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

Respectful communication and cooperation between all colleagues

Teamwork and employee participation, permitting the representation of all groups and colleague perspectives

Work/life balance through flexible work schedules to accommodate colleagues' varying needs

Colleague and firm contributions to the communities we serve to promote a greater understanding and respect for diversity

All colleagues of HMA have a responsibility to treat others with dignity and respect at all times. All colleagues are expected to exhibit conduct that reflects inclusion during work, at work functions on or off the work site, and at all other company-sponsored and participative events.

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

Colleagues who believe they have been subjected to any kind of discrimination that conflicts with HMA's diversity policy and initiatives should contact the Human Resources Director.

Additional information regarding HMA's Non-Discrimination Policy can be provided upon request.

Litigation Disclosure

There are no ongoing or recent litigations involving our organization or key personnel that would impact project performance or contracting eligibility.

Attestation of Regulatory Compliance

Please see the following page for HMA's signed Attestation of Regulatory Compliance statement.

HEALTH MANAGEMENT ASSOCIATES

Attestation of Regulatory Compliance


HMA attests that it will comply with all applicable local, state, and federal laws and regulations, including but not limited to the California Public Records Act. We affirm our commitment to full legal compliance throughout the performance of any resulting contract.

Authorized Signature

Name: Kelly Johnson _____

Title: Chief Administrative Officer _____

Date: December 10, 2025 | 12:26 PST _____

Signature:  _____
Signed by: Kelly Johnson
7833E7CBA7A5470

Professional References

Professional references have been included in Section 5. Experience and References.

Cost Proposal and Budget Detail

A detailed breakdown of costs related to this proposal has been included in Section 6. Cost Proposal.

Attachment B. Selected Relevant Correctional Health Assessment, Compliance, and MAT Experience

Michigan Department of Corrections

Statewide Correctional Health System Support

HMA has supported the Michigan Department of Corrections for more than 15 years as a third-party evaluator and strategic advisor for inmate healthcare services across 32 facilities. Work includes system redesign, compliance audits, telehealth expansion, Medicaid optimization, infectious disease surveillance, quality dashboards, data governance, and integrated behavioral and primary care delivery system design. HMA also conducts annual compliance reviews and targeted evaluations (e.g., COVID-19 response, PREA compliance, workforce planning).

Transferability to California: Demonstrates long-term operations within complex, multifacility correctional health systems under intensive regulatory and compliance environments.

California Department of Health Care Services

MAT in Jails and Drug Courts (40 Counties)

HMA led the statewide MAT learning collaborative, supporting 40 California counties in implementing evidence-based MAT for justice-involved populations in jails, probation, juvenile justice, and drug courts. HMA provided coaching, data reporting, webinars, and on-site technical assistance to build sustainable substance use disorder treatment systems. Starting from zero incarcerated MAT patients, the program has reached over 40,000 detainees by 2025.

Transferability to California: Direct statewide California implementation experience across rural, urban, and frontier counties.

Illinois Learning Collaborative for Justice-Involved MAT Implementation

HMA supports county teams through a structured learning collaborative to expand MAT and evidence-based substance use disorder treatment in county jails and drug courts. Services include monthly coaching, in-person convenings, data aggregation, and interoperability support. The project is embedded in the Illinois State Opioid Action Plan.

Transferability to California: Provides a replicable multicounty implementation and sustainability model under state oversight.

Harris County Jail Healthcare Evaluation

HMA conducted a full-scope evaluation of the Harris County Jail's healthcare system, covering medical, behavioral health, dental, pharmacy, risk management, intake, emergency room transports, housing, medication administration, staffing, and reentry. Findings informed strategic decisions for county leadership and Harris Health. In 2021, HMA updated the evaluation to guide the transition of healthcare oversight from the sheriff to Harris Health.

Transferability to California: High-volume jail system analysis directly applicable to large California county facilities.

Harris County Jail

Suicide Risk Evaluation and Mitigation

HMA conducted a comprehensive suicide prevention and mitigation assessment, including facilities and infrastructure, clinical protocols, staffing, training, and risk reporting systems. Findings produced actionable remediation strategies.

Transferability to California: Direct relevance to Title 15, NCCHC suicide prevention standards, and consent decree risk mitigation.

Arlington County (Virginia) Detention Facility

MAT Program Design and Implementation

HMA evaluated existing MAT operations, identified policy and clinical gaps, trained multidisciplinary staff, and designed a best-practice MAT program. Reviews included screening, detox, induction, medication administration, discharge planning, transfer protocols, and workforce readiness.

Transferability to California: Demonstrates full MAT operationalization, from assessment to implementation.

Maryland Detention Centers

Statewide Behavioral Health Assessment

HMA completed a statewide qualitative assessment of behavioral health services in county jails using standardized surveys, interviews, and gap analysis to guide justice reform-driven improvements and state-county coordination.

Transferability to California: Mirrors the scale, governance complexity, and regional variation of California's county jail system.

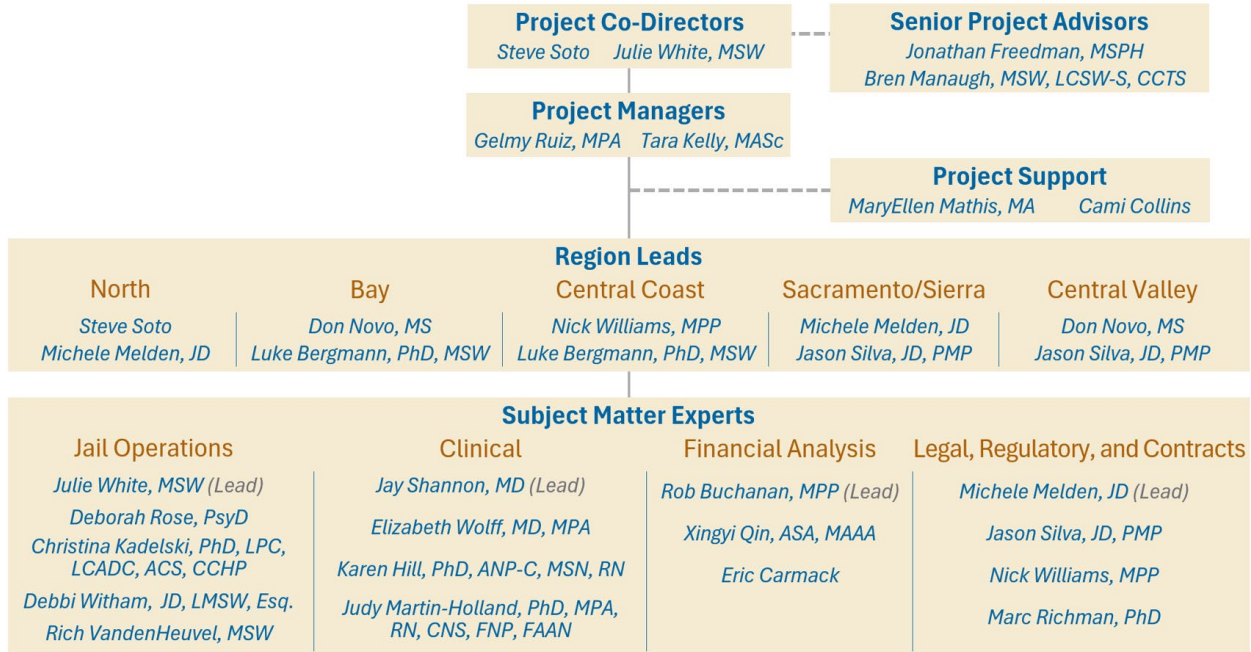
Jail MAT Learning Collaborative Replication

Illinois, Iowa, Michigan

HMA replicated its California MAT learning collaborative model across multiple states, targeting county jails, state prisons, and juvenile facilities, with a focus on rapid uptake, sustainability, and care transitions for opioid use disorder populations.

Transferability to California: Validates scalability and cross-jurisdictional adaptation of HMA's justice-based implementation model.

Attachment C. Project Organizational Chart



Attachment D. Biographies and Resumes

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Biographies

Please see the following pages for biographies of proposed staff.

Luke Bergmann, PhD, MSW

Dr. Luke Bergmann has more than 15 years of executive experience providing strategic leadership to municipal and county behavioral health offices. His expertise spans programmatic and operational leadership, including substance use treatment and crisis services, to strategic and transformational innovation.

Before joining HMA, Luke was director of behavioral health with the County of San Diego's Health and Human Services Agency. Leading the county's largest department, he oversaw operations for the county's psychiatric hospital, a skilled nursing facility, and multiple community clinics. He also led the County Behavioral Health Plan, overseeing care for those with serious mental illness and substance use disorder who were enrolled in Medi-Cal.

As director, Luke provided strategic direction for all departmental business. He established California's first Behavioral Health Population Health Office, enabling data-driven improvement, and built an innovative crisis continuum of services, standing up seven crisis stabilization units and 44 mobile crisis response teams distributed regionally across the county.

Luke has demonstrated expertise in service line transformation. As assistant vice president of the NYC Health + Hospitals Division of Medical and Professional Affairs' Office of Behavioral Health, he led behavioral health transformation efforts for the nation's largest municipal health system. These efforts included mental health and substance use care transformation initiatives.

In a previous role with NYC Health and Hospitals' Office of Behavioral Health, he served as the clinical and administrative lead for substance use services. He developed and implemented population health-informed clinical standards and workflows in outpatient and inpatient behavioral health specialty care, primary care and other ambulatory services, inpatient medicine, and emergency departments.

Rob Buchanan, MPP

Rob Buchanan is a strategic leader and systems thinker with 20 years of experience working to make healthcare and social services more accessible, equitable, and effective. He works with state agencies, hospitals, health plans, providers, and community-based organizations on projects spanning health policy and program analysis, financial and cost modeling, and quality improvement.

Rob's expertise in organizational development includes strategic and operational planning, leadership development, stakeholder engagement and facilitation, board and management relations, operational dashboards, and business process transformation. He has expertise in Medicaid policy, value-based care models, population health management, and data analytics.

Rob's professional experience includes a focus on high-need populations, including helping clients develop measures and processes to assess healthcare disparities across social risk factors and health-related social needs. He helped behavioral health providers assess barriers to care and improve processes for identifying and triaging individuals for urgent and crisis services.

Before joining HMA, Rob was program director for performance incentives at Mass General Brigham, Massachusetts' largest integrated healthcare delivery system. In that role, he administered value-based financial incentives across payers.

During Rob's tenure with the Massachusetts Medicaid program, he managed key financial components of the Commonwealth's health reform effort. As budget director, he developed federal financing strategies and hospital payment methodologies.

Eric Carmack

Eric Carmack has over 25 years of experience in healthcare finance and regulatory compliance consulting, assisting providers with complex reimbursement and regulatory matters. He specializes in uncompensated care analysis, including Medicare bad debt, disproportionate share, and Supplemental Security Income accuracy.

Before joining HMA, Eric was director of the healthcare consulting practice with a national public accounting firm. He worked with health systems, academic medical centers, critical access hospitals, skilled nursing facilities, and prospective payment systems. He led the regulatory and performance improvement client service teams and provided quality assurance expertise across consulting specialties, including reimbursement, regulatory, pricing strategy, and pharmacy engagements.

Eric has two decades of executive-level experience leading finance- and regulatory-focused teams. Throughout his career, Eric has driven operational improvements for the consulting firms he has worked with and their clients. These initiatives include expanding Healthcare Cost Report Information System data-mining capabilities to analyze key reimbursement drivers, developing hospital pricing solutions that address transparency and regulatory reporting requirements, and automating and offshoring Medicare and Medicaid cost report preparation to improve the organization's cost position and free up resources to develop new growth services.

Cami Collins

Cami Collins has focused her work on social sciences and early childhood development, gaining experience in data collection, cleaning, coding, and analysis using SPSS statistical software.

Before joining HMA, Cami served as a data and evaluation specialist with Arizona First Things First, the state's early childhood health and development agency. While there, she worked to integrate and analyze data from multiple federal and state agencies and verify the accuracy of vendor and partner reporting. She is also a skilled researcher and observer, having assessed and documented coaching models implemented by Quality First, Arizona's quality improvement and rating system for early learning programs.

Cami also served as a care coordination manager at Excel Care Therapy, working with patients and families, as well as overseeing service authorizations for members with intellectual and developmental disabilities.

Jonathan Freedman, MSPH

Jonathan Freedman works with plans, providers, associations, and governmental and non-governmental entities in public health, safety-net healthcare, and public policy. His work focuses on strategic planning, public health transformation, and the healthcare safety net.

Before joining HMA, Jonathan served as chief of strategy at L.A. Care Health Plan, the largest publicly operated health plan in the nation with more than two million members. He managed L.A. Care's strategic planning, government relations, communications, compliance, and community benefits. He led its entry into the commercial market with the launch of L.A. Care Covered on the California health insurance marketplace, Covered California. He was also intimately involved with L.A. Care's substantial growth related to Cal MediConnect.

Before joining L.A. Care Health Plan, Jonathan held a variety of management and leadership roles for more than 25 years with the County of Los Angeles, including chief deputy director of the Los Angeles County Department of Public Health, a \$1 billion agency. His other roles included managing the county's state and federal legislative programs, directing the Medicaid Demonstration Project (1115 waiver) for the county, and serving as an assistant deputy for health, welfare, and environmental issues to Supervisor Ed Edelman, a former member of the Los Angeles County Board of Supervisors. Jonathan has led many high-profile initiatives, including the public health response to the 1994 Northridge earthquake and Los Angeles County's Master Tobacco Settlement negotiation.

He has also led many special projects on behalf of the Los Angeles County Board of Supervisors and CEO, including negotiating the county's interests in California Medicaid waivers, exploring revenue and tax options for local government, advocating for workers' compensation and pension reform legislation, and developing a successful partnership between Los Angeles and the University of California to re-open the MLK Hospital in South Los Angeles.

Karen Hill, PhD, ANP-C, MSN, RN

Dr. Karen Hill is a board-certified advanced practice registered nurse with a specialty in environmental and occupational health and clinical training in adult, adolescent, and young adult health. An expert in workplace health and safety, her clinical capabilities span primary, acute, and outpatient care, as well as home healthcare transitions and trauma-informed systems of care. She has experience in the social determinants of health, health disparities, and community engagement with underserved populations. Karen has consulted with nonprofit organizations, academic institutions, and community-based organizations.

Current HMA projects include a three-year continuous quality improvement training program for one of California's largest health systems and the care management redesign of a 5,000-member physician independent practice association. At the second-largest health system in the country, she developed and administered an evidence-based preceptor training course, resulting in the first cohort of nurse preceptors receiving such training.

Before joining HMA, Karen was vice president of programs at the Center for Youth Wellness, a research center focused on children and families exposed to adverse childhood experiences. She directed strategic planning, operations, and compliance.

Karen brings both clinical and administrative perspectives to client projects. She was the clinic manager for Glide Health Services, a nurse-led clinic serving a largely homeless, racially diverse population in San Francisco. Using data and leveraging partnerships, she expanded community access to primary health services. She launched a new Wellness Center that offered alternative medicine and instituted a breast health program with California Pacific Medical Center, which provided screening and treatment for 400 women annually.

Christina Kadelski, PhD, LPC, LCADC, ACS, CCHP

Dr. Christina Kadelski is a practicing licensed professional counselor, a licensed clinical alcohol and drug counselor, and an approved clinical supervisor with over a decade of clinical experience. She has focused her career on serving marginalized populations, especially justice-involved individuals.

Before joining HMA, Christina held an executive leadership position at University Correctional Health Care, where she worked on planning, implementation strategies, and the operations of healthcare delivery for incarcerated persons across 10 state prisons. She also restructured the unit, increasing efficiency and productivity, and prepared for National Commission on Correctional Health Care accreditation. She managed the supply chain, the annual facility budget, ombudsman healthcare concerns, and contracts with specialty healthcare providers and the state parole board to provide specialized behavioral healthcare services for parolees.

In this role, Christina served as University Correctional Health Care's pandemic coordinator during the COVID-19 pandemic. She managed the contracts, staffing, and execution of weekly testing for over 15,000 individuals. She also collaborated with the Department of Corrections to create statewide vaccination clinics using FEMA's Incident Action Planning process, held three times a year until the declared end of the pandemic.

Prior to University Correctional Health Care, Christina supervised a peer recovery program with University Behavioral Health Care. An innovative program, it appointed peers (persons in recovery or who were formally incarcerated) to provide wellness support planning for individuals diagnosed with opioid use disorder or substance use disorder prior to release from state prisons, as well as community support for up to one year. Christina helped implement the program and provided administrative direction and clinical oversight.

Christina is also a dedicated clinician. She has provided clinical care in an acute partial hospital, receiving specialized training and offering individual sessions, group sessions, and case management. She has also provided clinical care via a phone helpline and to county residents incarcerated at a correctional center, offering support during their transition to probation or release. Her background includes serving as an adjunct faculty member in a counseling education graduate program and working as a litigation paralegal for a decade.

Tara Kelly, MASc

Tara Kelly is an experienced project manager and public health researcher with expertise in behavioral health, substance use disorders, clinical trials, COVID-19 outcomes research, and humanitarian health.

Before joining HMA, Tara worked as a senior project and portfolio manager with the University of Massachusetts Chan Medical School's Commonwealth Medicine Project Management Office. In this role, she managed a diverse portfolio of complex projects, including the Behavioral Health Roadmap for the Massachusetts Executive Office of Health and Human Services. Within this portfolio, she led work plan development, strategic planning, stakeholder engagement, procurement management, and implementation oversight.

As a program manager at Harvard University and the Harvard Pilgrim Healthcare Research Institute, Tara oversaw multiple research and training programs for humanitarian responders, including disaster risk and resilience research in the Philippines, the creation of the national non-governmental organization Humanitarian Training Academy, the Harvard National Football League Health Study, and the Patient-Centered Outcomes Research Network.

Bren Manaugh, MSW, LCSW-S, CCTS

Bren Manaugh is a seasoned healthcare leader and specialist in organizational and systems transformation. Bren has expertise in innovative strategies for serving the safety net and complex care populations, as well as extensive experience with the justice system. She effectively engages stakeholders across systems to develop and drive person-centered, culturally responsive, and trauma-informed care to optimize outcomes and reduce costs.

Bren currently directs HMA projects in California and Illinois, supporting the implementation of evidence-based addiction treatment in more than 50 counties. She has provided consultation support to jails, counties, providers, and health systems in multiple counties and states, supporting the implementation of evidence-based clinical treatment and services for persons with behavioral health and complex conditions. Her work has included providing practice transformation technical assistance and coaching to behavioral health and primary care providers as a clinical subject matter expert and coach, as well as expanding access to substance use disorder treatment, including medication-assisted treatment for opioid use disorder. She brings together community providers, hospitals, peer supports, and the criminal justice system to improve service delivery, coordination, and quality. She analyzed data and created a report and community guide for Arnold Ventures, focusing on communities developing behavioral health crisis and law enforcement diversion solutions.

Before joining HMA, Bren was vice president of adult services at a large public behavioral health agency in San Antonio, where she developed and administered programs in the nationally recognized Bexar County Restoration Center and Diversion Program, partnering with multiple hospitals, city and county leadership, and the criminal justice system. She oversaw operations across a continuum of mental health and substance use disorder services in partnership with the sheriff, police department, county, and courts across the entire sequential intercept map.

Judy Martin-Holland, PhD, MPA, RN, CNS, FNP, FAAN

Dr. Judy Martin-Holland is an accomplished executive nurse leader and educator with decades of experience in healthcare, health workforce development, health professions regulation, and health professions education.

Before joining HMA, Judy was the associate dean of diversity, inclusion, and community outreach for the University of California, San Francisco School of Nursing. She served as an advisor to the dean on diversity, inclusion, and organizational climate, as well as oversaw the implementation of diversity and inclusion initiatives in the school's strategic plan. Judy developed training programs and diversity, equity, and inclusion curricula for faculty and staff.

As associate dean of academic programs at the UCSF School of Nursing, Judy developed, revised, and oversaw the implementation of new master of science and doctoral degree programs and curricula as the graduate program director. She oversaw continuous quality improvement, maintained national and regional accreditation, secured state approval of academic programs, and oversaw the continuing nursing education unit. She also had fiscal and administrative responsibility for student affairs, student funding, contracts, and building academic and clinical partnerships.

Judy's past roles include serving as the inaugural president of the American Nurses Association/California; chairperson of the American Nurses Association Commission on Nursing Practice; and founding member of the California Nursing Outcomes Coalition. She is a founding member and vice chairperson of the Health Professions Chapter of the National Association of Diversity Officers in Higher Education, a clinical professor with the UCSF School of Nursing's Department of Physiological Nursing, and an executive advisor at the UCSF Institute for Global Health Sciences. In 2013, Judy became a Fellow of the American Academy of Nursing.

MaryEllen Mathis, MA

MaryEllen Mathis brings a strong communications background to her role supporting HMA consultants and colleagues.

She has experience in public relations and health communications. Before joining HMA, MaryEllen worked for the California Primary Care Association (CPCA), assisting with development and external affairs. Her efforts focused on creating social media campaigns for both CPCA and CaliforniaHealth+ Advocates, including efforts specific to National Health Center Week and conference planning.

MaryEllen's experience also includes working as a student assistant at California State University, Sacramento's School of Nursing, where she helped develop marketing materials and training resources, as well as planned and facilitated training and admissions advising events.

Michele Melden, JD

Michele Melden has spent more than 25 years as a healthcare lawyer, primarily working on behalf of low-income consumers.

Before joining HMA, she was coordinator of the Health Consumer Alliance, a collaborative partnership of legal services organizations serving healthcare consumers throughout California. She has extensive expertise in Medicaid coverage, the Affordable Care Act, long-term services and supports, and Medi-Cal managed care, with a focus on helping consumers overcome barriers to qualifying for coverage and accessing services. Michele has worked closely with safety-net healthcare providers and other stakeholders serving low-income and culturally diverse consumers. In addition to her work for the Health Consumer Alliance, she has served as the director of policy, training, and development for the healthcare unit of the Legal Aid Society of San Diego since 2006.

Michele's prior work experience includes teaching healthcare and contracts law at the Thomas Jefferson School of Law; launching the Health Consumer Center of Los Angeles at Neighborhood Legal Services of Los Angeles County; working on Medicaid and Medicare reimbursement issues for hospital providers at Hooper, Lundy & Bookman; and providing national legal services support work at the National Health Law Program.

Michele has published articles on healthcare policy in law reviews and practitioner publications, testified before Congress and the California legislature on numerous occasions, and acted as lead counsel in successful class-action and impact lawsuits.

Don Novo, MS

Don Novo is a health policy professional with more than 20 years of experience within Medicaid program administration. He has held leadership positions at the state and federal levels. His work includes direct state Medicaid program administration and federal regulatory oversight.

At HMA, Don helps guide and inform clients on the development of Medicaid waiver programs, the implementation of new delivery system models, and the expansion of programs. His work has allowed state governments, health plans, and associations to develop programs that improve the quality of care while reducing costs and maximizing federal revenue opportunities. He also advises technology clients on opportunities and provides business strategy within the publicly financed healthcare market.

Don previously worked at the Centers for Medicare & Medicaid Services (CMS) on health reform implementation projects related to establishing the federal and state-based marketplaces. Before his federal involvement, he served as the director of member policy implementation and evaluation services with MassHealth, the Massachusetts Medicaid Agency. In this role, he streamlined the state's Medicaid eligibility determination process, implemented its online Virtual Gateway Medicaid program application, and developed the eligibility, systems processes, and enhancements necessary to implement both the web-based application and the state's 2006 universal healthcare expansion in Massachusetts.

In California, Don has worked with various Medi-Cal managed care plans operating under the six Medi-Cal managed care models. He assists Medi-Cal managed care plans in navigating current and new regulatory requirements and in implementing new populations and primary care delivery systems. He supports several California counties' behavioral health and recovery services agencies in transitioning to the Drug Medi-Cal Organized Delivery System. His work has identified the intersection of new federal managed care rules and their application to the county's serious mental illness and Drug Medi-Cal populations. He works with counties, health plans, and network providers to implement new operational data stores and build their addiction treatment ecosystems to ensure appropriate transitions of care for people with addictions.

As a former regulator with CMS, Don led federal oversight of California's Medi-Cal program, including negotiations of the Medi-Cal 1115 demonstration, Drug Medi-Cal and Specialty Mental Health Services waiver(s), and all Medi-Cal managed care and mental health plan contracts between the Department of Health Care Services and the applicable health plans and counties.

Xingyi Qin, ASA, MAAA

A seasoned actuary and manager, Xingyi Qin has extensive experience in the healthcare insurance industry, providing services to consulting, insurance, and provider entities.

Before joining HMA, Xingyi served as an actuary director with Banner Health, where he built a team dedicated to Medicare Advantage. He developed and executed a strategic plan, created the actuarial and medical economic teams, and oversaw pricing and filing processes for all Medicare Advantage work. He oversaw incurred but not reported reporting and budgeting for all business lines, the development and utilization of a specialized scorecard, and provider incentive models, leading teams to efficiently handle all workloads and requests.

A longtime actuarial services leader, Xingyi incorporated actuarial expertise and services into strategic planning, conducted competitor analysis, strengthened teams, and streamlined workflows. He developed and monitored medical cost trend data, supported financial planning, and developed data-driven analytics. He has also performed rate reviews in multiple states, managed cost-sharing reduction projects, and developed and maintained the claim re-adjudication model within the commercial exchange space.

Marc Richman, PhD

Dr. Marc Richman is a licensed psychologist with over 30 years of experience. He is a strong leader in clinical practice, systems, and policy.

Before joining HMA, Marc held executive leadership positions throughout the State of Delaware. He began his career in the child mental health division, spending his last few years as the division deputy director. While there, his primary focus was on incorporating mental health and substance use into an integrated and holistic system. Marc also served as the chief liaison between the health division and Delaware's Family Court. He served on the adult side of the behavioral health system as an assistant director of community mental health and substance use services. Among other initiatives, he co-led the expansion of the Substance Use Disorder Continuum to address the rising opioid epidemic ravaging the community, public, and private behavioral health systems. He also oversaw the statewide case management and assessment system for individuals with behavioral health challenges involved in the adult judicial system.

He served as the bureau chief of healthcare services for the Delaware Department of Correction and administered all medical, behavioral health, and pharmacy contracts for the statewide prison system, proudly leading his team on several key strategic, system-wide initiatives. He led the bureau and department through several class-action lawsuits to improve healthcare, resulting in a reduction in restrictive housing for the seriously mentally ill, as well as significantly increasing services for this underserved population.

His bureau also helped manage and expand clinical services for the transgender population. In addition, he and his team oversaw the increase in assessment and treatment of offenders with hepatitis C, while managing the significant fiscal impact on the system.

Marc's most notable contribution was leading the design and implementation of a full continuum of medications for addiction treatment throughout the entire Delaware prison system.

Deborah Rose, PsyD

Dr. Deborah Rose is an experienced executive with a demonstrated history of designing and scaling new initiatives in the healthcare industry. She has extensive experience working with managed Medicaid, procurement and grant writing, nonprofit management, integrated care, care coordination, program development, supported housing and homeless service models, stakeholder engagement, and social determinants of health.

Before joining HMA, Deborah served as deputy chief operating officer at the Institute for Community Living, where she provided administrative leadership to a team of 1,200 employees across 65 sites throughout New York City.

Her prior work includes serving as the behavioral health home and community-based services director for Healthfirst under the Medicaid Health and Recovery Plan. In that role, she contributed to New York State's only behavioral value-based payment pilot program, resulting in more than \$1 million in Medicaid savings. Previously, Deborah was director of health homes at the New York City Health and Hospitals Corporation.

Deborah has broad clinical experience with various underserved populations in human services. She has held executive leadership positions in nonprofit and community-based agencies. She strives to improve access to and delivery of person-centered services for adults with intellectual and developmental disabilities, mental illness, and substance use disorders.

Earlier appointments in her career include deputy director of behavioral health at Rikers Island, director of assisted outpatient treatment at the Bellevue Hospital Medical Center, and director of ambulatory behavioral health for Saint Vincent's Catholic Medical Centers.

Gelmy Ruiz, MPA

Gelmy Ruiz brings more than 16 years of healthcare experience, working with government payers, safety-net systems, and Medicaid managed health plans. She is bilingual (Spanish) and has worked on diverse projects with stakeholders, utilizing her Spanish skills.

She comes to HMA from California Health and Wellness (CHW), a Centene-operated Medi-Cal managed care health plan that serves California's 18 northern rural counties and one southern border county (Imperial). Gelmy served on CHW's first cohort of staff in CHW's 2013 Medi-Cal Health Plan Development and Implementation Team. She most recently served as CHW's compliance manager, ensuring CHW was prepared for regulatory audits by coordinating with the plan's business leads. She also managed the plans' relationships with both the state's Medicaid and health plan regulators, as well as reviewed and submitted regulatory reports.

Before working at CHW, Gelmy served as a senior compliance analyst at Health Net, Inc., a California-based multiline Medicaid, Medicare, and commercial health plan. She oversaw the day-to-day operations of Health Net's Healthy Families Program contract and managed the Medicaid-required reports. She worked with state regulators at the state's Managed Risk Medical Insurance Board to ensure program compliance with state and federal reporting requirements. She led the plan's activities to transition Health Net's Healthy Families enrollees in the Medi-Cal Children's Health Insurance Plan successor program.

Additionally, Gelmy has held positions with the San Mateo County, working within their correctional health unit to coordinate the accreditation review of the medical unit and the day-to-day operations of the medical office.

John Jay Shannon, MD

A physician leader with more than two decades of executive experience, Dr. John Jay Shannon, is the former CEO of Cook County Health (CCH), where he also served as the system's chief of clinical integration.

Before joining HMA, Jay provided key clinical and health system insights for the Illinois Department of Public Health and the Illinois Emergency Management Agency in response to the COVID-19 pandemic. He worked on diverse issues, including demand for and distribution of medical equipment, such as mechanical ventilators, and relations and coordination between various state agencies and provider communities. He developed and communicated strategies to preserve hospital surge capacity and staffing, as well as strategies regarding elective hospital procedures and measures reflecting pandemic control.

As CEO of CCH, the system undertook a transformative journey to align its role as a care provider in traditional clinical and correctional settings, as well as a public health authority and health plan. Through significant operational and revenue improvements, CCH reduced its reliance on local taxpayers by more than 75 percent between 2009 and 2019. The CCH-owned Medicaid plan, CountyCare, grew to more than 300,000 members and operated in the black.

Jay spent much of his professional career at John H. Stroger, Jr. Hospital of Cook County, serving in system roles of increasing complexity and importance, including leading efforts in chronic disease management programs at CCH and across Cook County. He served as an associate chair of the Department of Medicine and chief of the Divisions of Pulmonary and Critical Care Medicine at Stroger Hospital.

In addition, Jay served as executive vice president for medical affairs and chief medical officer at Parkland Health & Hospital System in Dallas. While there, he also served for two years as a trustee of the Dallas-Fort Worth Hospital Council.

Jason Silva, JD, PMP

Jason Silva is a compliance expert with experience in managed care and dual-eligible populations. His background includes work in healthcare, insurance, and investment management.

He joined HMA after serving as a senior compliance analyst with Health Net, Inc., one of the Medicare-Medicaid Plans selected by California for the state's dual-eligible demonstration known as Cal MediConnect in both Los Angeles and San Diego Counties. Jason served as the lead contact for the demonstration's federal and state regulators, primarily working on Medicare and Medicaid compliance. He focused on dual-eligible demonstrations, dual-eligible special needs plans, and managed long-term services and supports. He also served as the lead Health Net dual-eligible compliance resource and participated in all workgroups, including those involving the state and federal regulators for the demonstrations. Jason is an expert in this area of healthcare and has provided presentations at various conferences.

Steve Soto

Steve Soto is a public healthcare leader with experience in public and managed care programs, including Medi-Cal, Medicaid, Medicare, and the Affordable Care Act (ACA). He has developed and implemented health programs for low-income populations, mental health, substance use, and multicounty provider networks. He has also worked in government relations and correctional healthcare.

A seasoned negotiator, he facilitated more than 50 contracts between the State of California and hospital systems and managed care organizations on behalf of the governor's office. Steve served California's Medicaid managed care program and oversaw dozens of health plan contracts worth billions of dollars covering millions of beneficiaries. He analyzed the regulatory and operational impacts of new federal and state initiatives and worked with federal, state, and local government officials to implement and operate them.

As a regional director and regional market leader at Molina Healthcare, Steve developed and maintained multicounty provider networks. He led California's implementation efforts through Medi-Cal and Covered California, which established coverage programs under the ACA. His work included fully integrated medical, mental health, substance use, and social services programs with county and city governments, health plans, and provider networks.

Rich VandenHeuvel, MSW

Rich VandenHeuvel is a former behavioral health executive with more than 20 years of experience working with and designing services, programs, and policies for adults and children living with intellectual/developmental disabilities, mental illness, and/or substance use disorders.

Before joining HMA, Rich served as the CEO for a newly formed public behavioral health managed care organization responsible for community-based services to adults and children with developmental and behavioral health needs. He managed multiple funding streams, led the integration and management of substance use services (Medicaid and block grant), collaborated with Medicaid managed care health plans, and oversaw governing board and leadership development. Rich led the creation of regional service standards, cost comparison standards, and provider network management and development, including home and community-based outpatient and inpatient services. Rich also served as spokesperson and lead contract negotiator with the State of Michigan for the 10 prepaid inpatient health plans (PIHPs) responsible for the Specialty Behavioral Health Services Benefit throughout Michigan, including the first integration of substance use disorder services into the PIHPs contract.

Rich previously served in multiple roles for a regional, public community mental health organization, serving adults and children living with mental illness, developmental disabilities, and/or substance use disorders, including direct service, performance improvement, and clinical director roles, and nearly a decade as executive director.

Since joining HMA, Rich has specialized in home and community-based services for persons with intellectual/developmental disabilities, behavioral health, and corrections health, including best practice research, market analysis, and service integration.

Julie White, MSW

With more than 25 years of experience in comprehensive healthcare and justice-related service delivery, Julie White has developed policy and strategic plans and utilized implementation science to improve complex care operations, enhance behavioral health programs, and streamline processes to improve quality and overall care delivery.

She worked alongside managed care organizations, large healthcare systems, community advocacy groups, and academic medical centers, most recently serving as chief operating officer for Rutgers University Correctional Health Care, where she directed statewide correctional healthcare contracts, managed the annual budget, and oversaw staff and faculty. Julie led University Correctional Health Care's response to the COVID-19 pandemic across the system's multiple congregate settings. The response included implementing weekly universal testing and vaccination, as well as safety protocols, supply chain management, and workforce infrastructure plans to ensure care continuity and adjustment throughout the pandemic.

During her career, Julie has focused on building and improving cross-functional relationships and developing collaborative programs. She served in various leadership positions at the University of Massachusetts Medical School, where she directed health and criminal justice programs and served as the central point of contact for all client interactions with the Federal Bureau of Prisons. Additionally, she served as president of Veritas Correctional Services, where she founded and led the consulting business, providing client management and expertise across the correctional healthcare spectrum.

Julie has served as an adjunct faculty member at multiple universities and colleges, developing and teaching curricula in sociology and criminal justice. She is a mental health clinician and directly oversaw operations of offender services at the Suffolk County House of Correction.

Nicholas Williams, MPP

Nicholas Williams is a social-sector leader, analyst, writer, and consultant with extensive experience and proven results in academic, business, nonprofit, and government settings.

He has led nonprofit and foundation organizations and projects focused on mental health, economic development, homelessness and housing, child and family welfare, K–12 education, higher education, and workforce development. He has collaborated with the MacArthur Foundation, Bloomberg Philanthropies, and the Ford Foundation, among others.

He joins HMA after serving as associate director of the University of Southern California Center of Philanthropy and Public Policy. While there, he developed practice-oriented programs and research reports, engaging scholars and foundation leaders on issues regarding philanthropy, government, and the private sector.

Nick has worked in-house for a management consulting agency and has maintained his own consulting practice focused on strategic planning, program, and resource development for nonprofit and social impact organizations for more than a decade.

He has published several widely respected research reports on philanthropy and public policy, including a report on federal offices of strategic partnerships that he co-presented at the White House, as well as on housing, homelessness, and democracy.

Deborah Witham, JD, LMSW, Esq.

Deborah Witham is a seasoned executive with experience delivering high-quality, mission-driven healthcare and human services. She focuses on behavioral health, including mental health and substance use disorders, the integration of primary and behavioral health services, services for people living with HIV/AIDS, housing and social services, and child welfare.

Debbie joined HMA after serving as managing director of public policy and opioid treatment programs with CARF International, where she oversaw federal policy for all accreditation areas; tracked and monitored policy issues, including implementation of the Family First Prevention and Services Act, which impacts service delivery for accredited services; and provided education to policymakers on quality issues. She oversaw the development of standards for opioid treatment programs and served as the liaison to the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment.

Debbie helped create and enhance programs to improve access and care in behavioral health and housing systems, including large-scale projects aimed at reforming the delivery system, enhancing workforce development, and preparing systems for value-based payment.

Debbie has led corporate compliance and quality improvement programs to build structured strategic plans, implement internal audit procedures, prepare for accreditations, and develop countermeasures to manage risk exposure, ensure compliance, and improve outcomes. Before joining CARF in a full-time managing director role, she served as a CARF surveyor for the opioid treatment program accreditation area.

Elizabeth Wolff, MD, MPA

Dr. Elizabeth Wolff is a physician executive who utilizes her expertise in population health, quality improvement, and practice operations to transform primary care to align with value-based care.

She comes to HMA from Northwell Health, where she served as the medical director for complex care management. As the medical director, she expanded care management to 40 primary care sites undergoing patient-centered medical home transformation, strategically realigned the team to prioritize patients in full-risk and other value-based arrangements, and oversaw the integration of behavioral health services into 17 primary care practices.

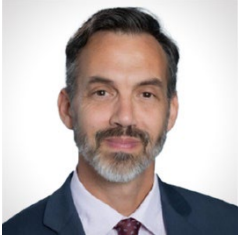
Elizabeth worked collaboratively across departments to vet and implement a risk-stratification tool in the electronic health record to tier patients for care management services. As medical director of Northwell's Health Home, she increased enrollment and revenue by 64 percent, launched the health home serving children, and successfully negotiated approval to expand the health home to Staten Island.

Previously, Elizabeth held numerous leadership positions in public health, federally qualified health centers, community hospitals, and health systems, overseeing clinical quality and operations for physicians, residents, and advanced care practitioners. She chaired evidence-based medicine committees in both medical groups and accountable care organizations to develop clinical standards and optimize electronic health records. She negotiated quality metrics with health plans and strategically aligned provider quality incentives with payer contracts.

Operationally, Elizabeth increased the productivity of attending physicians by 20 percent by adjusting for no-show rates and streamlining administrative time. She worked in a dyad with the chief operating officer to optimize clinical operations, including same-day access, transition-of-care appointments, annual wellness visits, and call center implementation.

Resumes

Please see the following pages for resumes of proposed staff.



Luke Bergmann, PhD, MSW
Principal
Los Angeles, California

Range of Experience

- More than 15 years of executive-level experience providing strategic leadership to municipal and county behavioral health offices
- Demonstrated success in leading large-scale behavioral health reforms in complex Medicaid systems
- Proficient in designing and scaling integrated care models, such as collaborative care, harm reduction, and recovery-oriented systems of care
- Keen understanding of behavioral health policy and regulation, with a track record of building strong partnerships across government, academia, and stakeholders
- Skilled in leading federally funded research and applying data-driven quality improvement to enhance service outcomes
- Experienced in managing multimillion- and multibillion-dollar budgets, large teams, and broad networks of contracted and clinical services

Professional Experience

Health Management Associates, Inc., May 2025–present

County of San Diego Health and Human Services Agency, Department of Behavioral Health, San Diego, CA, Director, Behavioral Health Services, July 2018–May 2025

- Led the largest single department within the County of San Diego, with an annual operating budget of over \$1.2 billion and over 1,300 staff
- Oversaw all behavioral health services, including \$750 million in contracted community programs and operations of the County Psychiatric Hospital and Edgemoor Skilled Nursing Facility
- Provide operational oversight of the San Diego County Psychiatric Hospital and Edgemoor Skilled Nursing Facility, along with multiple community clinics
- Led the County Behavioral Health Plan, overseeing care for those with serious mental illness and substance use disorder who are enrolled in Medi-Cal
- Served as public conservator for the County of San Diego

NYC Health + Hospitals, Office of Behavioral Health, Division of Medical and Professional Affairs, New York, NY, Assistant Vice President, June 2016–July 2018

- Served as the strategic and implementation lead for behavioral health transformation at the largest municipal health system in the nation
- Developed a strategic plan and conducted the transformation of mental health and substance use care in the context of a dynamic fiscal and regulatory landscape, including the New York State Delivery System Reform Incentive Program (DSRIP) and the shift of behavioral health Medicaid to a managed benefit in New York State
- Developed and implemented population health-driven clinical standards across behavioral health, primary care, inpatient, and emergency settings

Silberman School of Social Work at Hunter College, City University of New York, New York, NY, Adjunct Assistant Professor, September 2016–May 2018

- Taught a substance use policy and clinical practice course to graduate students
- Developed the syllabus and prepared and delivered weekly lectures
- Led discussions and activities and consulted with students outside of class

NYC Health + Hospitals, Office of Behavioral Health, Division of Medical and Professional Affairs, New York, NY, Senior Director, June 2015–June 2016

- Served as the clinical, administrative, and strategic lead for substance use services at the largest municipal health system in the nation
- Led the transformation of substance use services under New York State's DSRIP program and Medicaid managed care transition
- Focused on clinical quality, revenue optimization, and program sustainability, resulting in improved patient outcomes and increased program revenue

New York City Department of Health and Mental Hygiene, Bureau of Alcohol and Drug Use Prevention, Care and Treatment, New York, NY, Director of Policy and Programs, July 2010–June 2015

- Managed a \$60 million-plus portfolio of substance use and harm reduction programs, with total expenses exceeding \$150 million
- Supervised over 20 staff, overseeing program monitoring, evaluation, and contract management and implementing standard operating procedures
- Introduced quality improvement metrics and deliverable-based milestones for service contracts
- Partnered with state agencies and stakeholders to enhance recovery services and launched initiatives for justice-involved populations

Detroit Department of Health and Wellness Promotion, Bureau of Substance Abuse Prevention, Treatment and Recovery, Detroit, MI, Director of Research and Resource Development, July 2008–July 2010

- Led the shift from acute care to a recovery-oriented system of care
- Directed quality initiatives to integrate services and ensure continuity for individuals in treatment and recovery
- Managed Helping Hands, a \$3 million homeless outreach agency serving Detroit's chronically homeless population
- Fostered collaboration between the health department and academic partners, leading research grant development and management

Education

Doctorate, Social Work and Cultural Anthropology, University of Michigan, Rackham School of Graduate Studies

Master of Social Work, Interpersonal Clinical Practice with Adults, University of Michigan

Master in Ethnology, Department of Anthropology, University of Michigan

Bachelor of Arts, Art History and Anthropology, University of Michigan



Rob Buchanan, MPP
Principal
Boston, Massachusetts

Range of Experience

- Analytic and systems thinker with strengths in stakeholder engagement, facilitation, strategy development, and data-driven decision-making
- More than 15 years of experience helping state agencies, health plans, accountable care organizations, hospitals, and community-based providers on projects spanning health policy and program analysis, financial and healthcare cost modeling, and quality measurement
- Former state Medicaid official with experience developing reimbursement methodologies through state plan and 1115 waiver opportunities

Professional Experience

Health Management Associates, Inc., May 2011–present

- Provides strategic and regulatory consulting, research, and policy analysis to states, health plans, hospitals, and health centers, with an emphasis on health reform implementation, payment and delivery system reform, value-based purchasing and reimbursement, and quality measurement
- Provides on-site technical assistance and facilitation to achieve consensus among executive and clinical leadership regarding strategic planning, performance improvement, and project implementation
- Assists clients and manages project teams to develop and respond to grant and procurement opportunities, including messaging, writing, and editorial support
- Conducts data analysis, modeling, and forecasting of healthcare cost and enrollment data; assists clients in designing data specifications, target populations, and evaluation measures relating to cost, quality, and health outcomes

Partners Healthcare System, Inc., Office of Clinical Affairs, Boston, MA, Program Director, Performance Incentives, November 2009–April 2011; Manager, Hospital Quality Pay for Performance, June 2007–November 2009

- Administered a portfolio of hospital quality financial incentives across commercial and public payers and provided expert analyses on performance measurement and quality benchmarking to Partners' contracting and clinical leadership
- Facilitated strategic decision-making among clinical executive groups on a variety of performance initiatives relating to value-based purchasing, bundled payments, national hospital quality measures, healthcare-acquired conditions, hospital readmissions, and measures of patient experience
- Led the analytics team responsible for adapting Medicare's attainment/improvement performance incentive methodology to fit the needs of Partners' heterogeneous hospital and physician network
- Provided project management oversight on a variety of Partners' clinical improvement initiatives, including:

- Implementation of the World Health Organization's surgical safety checklist in 175 operating rooms across nine academic and community hospitals in eastern Massachusetts
- Organization of system-wide care redesign teams spanning acute, post-acute, and primary and specialty care to improve patient value for acute myocardial infarction and coronary artery bypass surgery
- Designed and implemented performance incentive reporting processes and dashboards to identify financial risks and opportunities
- Supervised, managed, and evaluated analysts and project teams

Massachusetts Office of Medicaid, Boston, MA, Budget Director, Acute, Ambulatory, and Behavioral Healthcare, November 2005–June 2007

- Managed key financial components of the commonwealth's 2006 healthcare reform effort, including federal reimbursement maximization strategies and hospital supplemental payment methodologies
- Negotiated and resolved strategic financial issues with federal officials and Massachusetts safety-net hospitals
- Forecasted and monitored more than \$4 billion in fee-for-service and managed care organization spending; actual spending equaled a forecast within 0.1 percent
- Identified and designed improvements to cost and financial reporting to ensure appropriate audit documentation
- Supervised and managed analytic consultant vendor contracts and deliverables
- Supervised, managed, and evaluated a team of budget analysts

Massachusetts Executive Office for Administration and Finance, Boston, MA, Medicaid Analyst, July 2002–May 2005

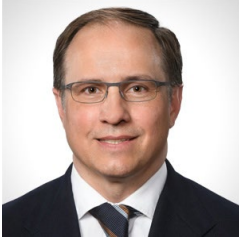
- Identified and monitored budget and policy issues on the commonwealth's Medicaid and uncompensated care programs
- Developed fiscal and policy recommendations for the governor's budget and appropriations bills
- Provided in-person presentations and analyses to the governor, state budget director, and other senior administration officials

Wisconsin State Senate, Policy Analyst, Madison, WI, May 1999–August 2000

Education

Master of Public Policy, Harvard University, John F. Kennedy School of Government

Bachelor of Arts, Political Science and Social Welfare, University of Wisconsin-Madison



Eric Carmack
Associate Principal
Indianapolis, Indiana

Range of Experience

- More than 25 years of healthcare consulting experience, specializing in reimbursement, regulatory compliance, pricing strategy, and pharmacy engagements
- Expertise in national Payment Strategy and Compliance initiative implementation, uncompensated care analysis, financial audits, and third-party reserves estimation
- A skilled leader, managing consulting teams and client relationships, including serving large health systems, academic medical centers, hospitals, and skilled nursing facilities

Professional Experience

Health Management Associates, Inc., April 2025–present

Forvis Mazars, Indianapolis, IN, Director of Health Care Consulting, July 2021–April 2025

- Served as a quality assurance resource across consulting specialties, including reimbursement and regulatory compliance, pricing strategy, and pharmacy engagements
- Led regulatory and performance improvement teams and researched complex reimbursement and regulatory matters
- Expanded Healthcare Cost Report System data-mining capabilities to identify key reimbursement drivers

RSM, Indianapolis, IN, Director of Health Care Consulting, March 2005–July 2021

- Served as national leader of the Payment Strategy and Compliance Group, focusing on finance and regulatory compliance
- Directed a team of 20 professionals to adopt innovative, advisory-focused approaches while supporting core clients
- Implemented automation and offshoring for Medicare and Medicaid cost report preparation, improving cost position and enabling growth service development
- Specialized in uncompensated care analysis, including Medicare bad debt, disproportionate share, and Supplemental Security Income accuracy, and assisted bundled payment convener organizations with validating accounts receivable
- Developed hospital pricing solutions to meet transparency and regulatory reporting requirements

KPMG, Indianapolis, IN, Manager, Health Care Risk and Advisory Services, November 1998–March 2005

Membership in Professional Organizations

- American Institute of Certified Public Accountants
- Healthcare Financial Management Association

Education

Bachelor of Science, Accounting, Butler University



Cami Collins
Senior Consultant
Phoenix, Arizona

Range of Experience

- Highly skilled project manager who combines practical insights and experience in healthcare, change management, organizational development, and project management
- Subject matter expertise in qualitative and quantitative data collection, cleaning, and coding
- Highly skilled in statistical analysis with SPSS
- Extensive experience with document and literature review

Professional Experience

Health Management Associates, Inc., March 2021–present

- Served as a project manager for the Population Health Management Initiative, a collaboration in California among the Department of California Health Care Services, the California Primary Care Association, and Kaiser Permanente
- Served as a project manager for the State of Hawaii’s Department of Human Services, Med-QUEST Division, supporting the rollout of Screening, Brief Intervention, and Referral to Treatment
- Supported a two-year contract with the CDC Foundation and the Overdose Response Strategy team focused on providing strategic planning and program evaluation to reduce overdoses and save lives
- Conducted qualitative and quantitative research, literature reviews, and best practice assessments
- Designed and implemented surveys using Qualtrics and SurveyMonkey
- Collected, analyzed, and managed data to conduct community needs assessments and program evaluations
- Wrote and edited business plans, recommendations, and reports for clients
- Provided project support through project management, event planning, and coordination

Excel Care Therapy, Phoenix, AZ, Care Coordination Manager, February 2019–March 2021

- Monitored, followed up, and responded to changes in patients' needs
- Oversaw authorizations and therapeutic services for members insured through Arizona’s Department of Developmental Disability
- Ensured security, integrity, and confidentiality of patient and family-related data

First Things First, Phoenix, AZ, Evaluation Assistant, July 2019–March 2021

- Integrated and analyzed data from multiple federal and state agencies to yield the best outcomes
- Worked alongside grant partners to develop research-based policies and program designs for home visitation models like the Nurse-Family Partnership, Parents as Teachers, and Healthy Families America

- Verified the accuracy of data reported by vendors and grant partners to translate research into practice
- Performed extensive literature reviews to support research and the progression of the Waterford Upstart school readiness program

Child Trends, Data Collector, Summer 2019

- Conducted observations of Quality First coaching visits at early childhood programs
- Assessed/documentated the fidelity of implementing the Quality First coaching model
- Demonstrated professionalism, including maintaining confidentiality and upholding data security standards

Arizona State University, Tempe, AZ, Research Lead/Research Assistant, August 2018–May 2019

- Interviewed and coded qualitative data from community members working with underserved populations
- Fostered consistent communication between the lab and various educational institutions
- Created and administered surveys to teachers and students, assessing teaching effectiveness across subjects

Education and Training

Bachelor of Science, Family and Human Development, Arizona State University

Collaborative Institutional Training Initiative, IRB – Social and Behavioral Research



Jonathan Freedman, MSPH
Senior Advisor
Los Angeles, California

Range of Experience

- More than 30 years of experience working with plans, providers, associations, and governmental and non-governmental entities in public health, safety-net healthcare, and public policy
- Nationally sought-after expert in strategic planning, public health improvement and transformation, and the healthcare safety net
- Work includes the high-profile public health response to the 1994 Northridge earthquake, the Los Angeles County's Master Tobacco Settlement negotiation, solutions to funding crises in the Los Angeles County safety net, and the 2010 H1N1 influenza response
- Award-winning leader and published author; his work has been published in *Health Affairs*, and he is a contributor to *Public Health Practice: What Works* by Oxford University Press.

Professional Experience

Health Management Associates, Inc., June 2016–present

- Provided strategic advisory services to Local Health Plans of California, the trade association representing publicly governed health plans, on health policy topics such as the Medicaid managed care rule, supplemental payments, and hospital financing
- Consulted and provided strategic advice on healthcare issues of concern to L.A. Care, the nation's largest publicly governed health plan, including matters related to the Medi-Cal managed care program, commercial products, and Sacramento legislation
- Served as technical and strategic advisor to First 5 LA (serving families with children ages zero to five) on potential public and private funding for home visitation programs, vision care, and other health programs that Medi-Cal could fund
- Provided strategic consulting services to Los Angeles County, the second-largest local governmental entity in the United States, on health, social service, justice, and general government issues impacted by federal and state policies
- Delivered strategic planning assistance for the California Association of Public Hospitals and Health Systems to identify the organization's top priorities, including the impact of the Medicaid managed care rule, trends in the managed care industry and policy, and the value proposition of the healthcare safety net in California
- Helped Inland Empire Health Plan minimize the potential loss of membership, maintain continuity of care for their Medicaid expansion population, and protect their financial health due to potential repeal and/or replacement of the Affordable Care Act
- Provided support and expertise to Santa Clara Valley Health and Hospital System on various health policy and management topics, Medi-Cal managed care, plan/provider issues, payment reform, and quality issues
- Provided Beacon Health Options guidance on health policy, operations, and finance topics

- Explored health insurance options for employees of Monterey County with county facilities (Natividad Medical Center and clinics) as a primary delivery system

L.A. Care Health Plan, Chief of Strategy, Regulatory and External Affairs, October 2012–May 2016, Interim Chief Operating Officer, May 2015–May 2016

- Executive responsible for regulatory compliance, government relations, strategic planning, community benefits programs, and corporate communications

County of Los Angeles, Department of Public Health, Chief Deputy Director, December 2007–September 2012

- Chief operating officer responsible for all aspects of departmental operations, including communicable disease control, environmental health, public health clinical and field services, HIV services, substance use services, children’s medical services, maternal and child health, human resources, contracting, budget and finance, and information systems

County of Los Angeles, Department of Public Health, Director, Emergency Preparedness and Response, October 2006–December 2007

County of Los Angeles, Chief Administrative Office, Chief, State Legislative Policy, September 2001–October 2006

County of Los Angeles, Department of Health Services, Director, Family Health Programs and External Relations, June 2000–September 2001

County of Los Angeles, Chief Administrative Office, Chief, Federal Policy, February 1997–June 2000

County of Los Angeles, Department of Health Services, Director, Medicaid Demonstration Project, February 1996–February 1997; Deputy Director, Public Health Programs, May 1993–June 1996

County of Los Angeles, Office of Health Crisis Management, Chief of Staff, August 1995–February 1996

County of Los Angeles, Department of Health Services, Special Assistant to the Director of Health Services, April 1991–May 1993; Policy Analyst, AIDS Program Office, April 1990–April 1991

County of Los Angeles, Board of Supervisors, Assistant Deputy to Supervisor Edmund D. Edelman, July 1986–April 1990

UCLA School of Public Health, Research Assistant to Professor E. Richard Brown, PhD, December 1984–July 1986

Education

Master of Science, Public Health, University of California, Los Angeles

Bachelor of Arts, University of California, Los Angeles



Karen Hill, PhD, ANP-C, MSN, RN

Principal

San Francisco, California

Range of Experience

- More than 30 years of experience in healthcare and the healthcare industry
- Experience in primary care direct services, integrated service design, complex care transitions, care management, quality improvement, housing and homelessness, crisis/emergency care, substance use disorder, evaluation, provider operations, design thinking, communications, health literacy, precepting, mentoring, training, curriculum development, homelessness, hospitals, aging, staff development, and support services
- Experience with multi-organization healthcare providers, academic medical centers, safety-net hospitals, physician practice plans, and community health clinics
- Experience in multidisciplinary clinical practice and team cohesion
- 15 years of adverse childhood experiences (ACEs) and trauma-informed care (TIC) training, needs assessment, implementation, literature review, and research; provided training in a variety of settings, for example, primary care direct services, integrated service design, complex and transitions, care management, housing and homelessness, crisis/emergency care, and substance use disorder
- Comprehensive experience in ACEs and TIC implementation and evaluation as it relates to provider operations and billing, design, communications, health literacy, precepting, mentoring, training, TIC, and curriculum development

Professional Experience

Health Management Associates, Inc., June 2015–present

- Developed system-wide complex care management training for ambulatory care nurses for the Los Angeles County Department of Health Services (LACDHS) to enhance the leadership skills, clinical thinking, and chronic disease expertise necessary for effectively managing primary care patients with complex health, social, and psychological needs. This evidence-based and culturally sensitive training provided a practical baseline for immediate application in the clinical setting. Over 100 nurse care managers and their supervisors participated in the two-year project, with improvements in knowledge and skills designed to support LACDHS's effort to achieve the Quadruple Aim.
- LACDHS Interprofessional Collaboration Project, a three-year federal grant (Health Resources and Services Administration, Bureau of Health Workforce) to develop an interprofessional collaborative model in the ambulatory care clinics of Los Angeles County's largest medical facility
- Sacramento County TIC implementation project to provide TIC and crisis prevention and de-escalation techniques-based training for county employees through an evidence-based, culturally responsive, and collaborative care management model
- Idaho State Delivery System Reform Incentive Payment transformation three-year project to develop a curriculum and provide technical assistance and training for more than 160 primary care practices across the State of Idaho, targeting a diverse population of organizations and learners, and anchored by Lean methods:

- Developed and delivered a comprehensive curriculum
- Supported transforming 55 clinics each year toward achieving national patient-centered medical home recognition using multiple modalities to provide training, coaching, and technical assistance
- Built and supported local collaborations and engaged providers
- Prepared the state Public Health Department's quality assurance/quality improvement specialists to become practice coaches and facilitators who will sustain the activities into the future
- Developed and implemented a mentorship program
- Reviewed the supplemental MassHealth nurse practitioner application and the postgraduate residency safety-net training program, presented findings of the independent scoring, and provided funding recommendations
- Developed and led a TIC training project for the Greater Columbia Accountable Community of Health

UCSF/Glide Health Services, Interim Vice President of Programs, 2014; Clinical Nurse Manager, 2004–2013; Director of Wellness Center; Director of Nursing Case Management and Care Transitions

Focused primarily on six areas:

- Patient care and safety
- Provided evidence-based, patient-centered care; innovations in care delivery; residencies/training programs for workforce development and pipeline; service model sustainability; and staff/volunteer acquisition, retention, development, training, and team building
- Work organization and clinic flow
- Clinic operations
- Health promotion activities
- Developed interagency relationships and community alliances

Glide Walk-In Center, Nurse, 2004–2005

UCSF, Research Clinical Nurse Coordinator, 2002–2004; General Surgery Case Manager, 1999–2002; Home Infusion Nurse Specialist, 1993–1997

Homeward Bound Medical Transport, Founder and Vice President, 1996–2001

UCSF General Surgery RN and Charge Nurse, 1989–1999

Professional Licenses

Nurse Practitioner, #15458

American Association of National Certification, Nurse Practitioner furnishing, current, #15458

Registered Nurse, #444077

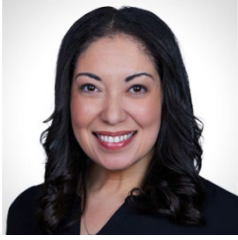
Public Health Nurse, #544407

Education

Doctor of Philosophy, School of Nursing, Occupational and Environmental Health Nursing Program, University of California, San Francisco

Master of Science, Nursing, School of Nursing, University of California, San Francisco

Bachelor of Science, Nursing, University of San Francisco



Christina Kadelski, PhD, LPC, LCADC, ACS, CCHP

Associate Principal
Ewing, New Jersey

Range of Experience

- More than 10 years of clinical experience as a licensed professional counselor and licensed clinical alcohol and drug counselor
- Demonstrated skill in justice-involved healthcare operations management, including care delivery, strategic planning, and implementation
- Specializes in the areas of behavioral health and addiction, with direct case management and crisis intervention experience
- Background in criminal justice, including 10 years spent working as a litigation paralegal

Professional Experience

Health Management Associates, Inc., January 2024–present

- Consults on various healthcare industry needs with subject matter expertise in justice-involved, behavioral health, substance use, and reentry work
- Works with four counties in California to implement California Advancing and Innovating Medi-Cal’s Justice Initiative requirements in relation to the Centers for Medicare & Medicaid Services’ 1115 demonstration waiver
- Works with a correctional facility in Virginia to improve policy and procedure related to the use of addiction medications for incarcerated persons

Rutgers University, University Correctional Healthcare (UCHC), Trenton, NJ, Director of Operations and Accreditation, September 2021–January 2024

- Ensured all healthcare services complied with accreditation standards set forth by the National Commission on Correctional Health Care
- Oversaw and audited the accreditation process of healthcare services and functions as the coordinator of facility accreditation for the New Jersey Department of Corrections (NJDOC)
- Served as a liaison to the NJDOC to ensure the provision of healthcare services, consistent with interagency agreements
- Provided direct supervision and oversight to the patient advocate, Medical Records Department, program administrator of special projects, and UCHC information technology team to ensure the provision of high-quality, effective, and efficient services to inmates
- Represented UCHC at various NJDOC meetings regarding the delivery of services

The College of New Jersey, Ewing, NJ, Adjunct Professor, January 2023–present

Illuminate Behavioral Healthcare, Remote, Lead Clinician, March 2019–present

- Provides individual counseling via telehealth delivery in a private practice setting
- Provides Employee Assistance Program services to Drug Enforcement Administration family members via telehealth delivery

Rutgers University, University Correctional Healthcare, Program Administrator of Special Projects, March 2021–September 2021

- Collaborated with the Department of Corrections (DOC) to host staff and patient vaccination clinics
- Managed medical agency staffing issues, such as scheduling, timesheets, no-shows, and reducing full-time employees
- Managed Concentric issues, such as adding new staff and inmates and providing support as needed
- Sent daily positive and indeterminate COVID-19 reports to UCHC and DOC leadership
- Sent daily isolation and quarantine reports to DOC leadership
- Provided weekly reports to UCHC and DOC leadership of cumulative testing and vaccination data
- Collaborated with parole concerning vaccines and COVID-19 testing for inmates moving to residential community reintegration programs

Rutgers University Behavioral Healthcare, Intensive Recovery Treatment Support, Newark, NJ, Program Coordinator, March 2018–February 2021

- Supervised two habilitation counselors and eight peer support specialists daily, providing administrative direction and clinical oversight
- Provided all program staff with recovery- and wellness-oriented training and mentoring
- Recognized, assessed, and made appropriate referrals in potential crisis situations
- Reviewed all discharge summaries and ensured appropriate linkage and follow-up
- Monitored staff compliance with all assessments and documentation requirements, ensuring consistent compliance
- Completed reports and gathered relevant data as required for DOC and Department of Health program requirements

Rutgers University Behavioral Healthcare, Adult Acute Partial Hospital, Piscataway, NJ, Mental Health Clinician II, July 2015–March 2018

Mental Health Clinician III, April 2014–June 2015

Rutgers University Behavioral Healthcare, Justice Assistance Grant, Piscataway, NJ, Mental Health Clinician III, March 2013–April 2014

Rutgers University Behavioral Healthcare, New Jersey Hopeline, Piscataway, NJ, Out-of-Title Clinician, May 2013–December 2015

Education

Doctor of Philosophy, Counseling, Montclair State University

Master of Forensic Mental Health Counseling, John Jay College of Criminal Justice

Master of Forensic Psychology, John Jay College of Criminal Justice

Bachelor of Psychology, Saint Francis College

Associates of Criminal Justice, Saint Francis College

Licensed Professional Counselor, State of New Jersey, # 37PC00596900

Licensed Clinical Alcohol and Drug Counselor, State of New Jersey, # 37LC00322000

Approved Clinical Supervisor, Center for Credentialing & Education, #3728

Certified Correctional Health Professional, National Commission on Correctional Health Care



Tara Kelly, MASC
Associate Principal
Boston, Massachusetts

Range of Experience

- Lead project manager for several multiyear, complex programs for state and local government agencies in Massachusetts
- Expert in program management, budget development and administration, implementation guidance, and strategic planning
- More than 10 years of experience with research and evaluation, stakeholder engagement, and training development
- Committed to problem-solving and ensuring the successful delivery of products

Professional Experience

Health Management Associates, Inc., January 2023–present

- Supporting project management and program implementation for the Massachusetts Medicaid Office of Long-Term Services and Supports
- Serving as project manager for a justice-involved system evaluation for the Colorado Department of Health Care Policy & Financing

ForHealth Consulting, Worcester, MA, Senior Project and Portfolio Manager, September 2021–January 2023

- Led project management and implementation for a large-scale behavioral health reform initiative, the Massachusetts Behavioral Health Roadmap Initiative, including:
 - Environmental scans
 - Stakeholder and focus group initiatives
 - Procurement development and management
 - Vendor management
 - Implementation planning and execution
 - Post-implementation reporting and quality management
- Oversaw and managed the behavioral health and university investment portfolio for ForHealth Consulting, including resource allocation, budget management, timelines, and new business development
- Developed and trained Massachusetts state agency clients in project management, including repository development, strategic planning, and project management methodology, to be utilized department-wide and during projects

Project Management Consultant, March 2021–September 2021

- Led project management for evaluation and technical assistance projects
- Developed project management standardized tools for clients and internal departments

Harvard Pilgrim Healthcare Institute, Boston, MA, Senior Project Manager, December 2019–March 2021

- Oversaw the Patient-Centered Outcome Research Network, providing research and project management to multiple large-scale healthcare projects
- Managed IRB and standardized practices for protocol development and reporting needed to comply with institutional, state, federal, and international regulatory requirements
- Oversaw technical infrastructure, tool development, and data analytics projects using agile project management methodology

John Snow Consulting, Boston, MA, Program Manager, June 2019–December 2019

- Led the initial development of the Centers for Disease Control and Prevention-funded Overdose Data to Action grant for the Massachusetts Bureau of Substance Addiction Services, helping to expand prevention strategies using enhanced data surveillance

Harvard University T.H. Chan School of Public Health, Boston, MA, November 2015–December 2019

Research and Operations Manager, June 2019–December 2019

- Oversaw all National Football League Health Study initiatives, including strategic planning for study engagement, timeline and reporting management, and clinical trial regulatory requirements
- Provided oversight for research administration, financials, contracts, and outside vendors

Program Manager, November 2015–December 2019

- Oversaw research and administration for the Disaster Risk and Resilience Program, the Program on Humanitarian Leadership, and the Civil Military Engagement Program, including monitoring progress and adherence to the project's goals, milestones, and deliverables
- Supported field data collection methods and community site visits in disaster response programming, as well as data collection in Bangladesh and the Philippines
- Supported expanding monitoring and evaluation capabilities for large-scale international aid agencies
- Developed training materials and provided conference management for the National NGO Humanitarian Leadership Training

Education

Master of Applied Science, Humanitarian Health, Johns Hopkins University, Bloomberg School of Public Health

Bachelor of Arts, International Relations, University of Massachusetts, Amherst



Bren Manauh, MSW, LCSW-S, CCTS

Principal

Austin, Texas

Range of Experience

- Strategic and operational planning and roles in large organization leadership and management; operational roles in clinical service delivery and practice management, patient safety and risk management, and community collaborative initiatives
- Clinical technical assistance and training to primary care, behavioral health, and correctional health/criminal justice system teams for implementing integration and substance use disorder (SUD) treatment, including medication-assisted treatment (MAT) for opioid use disorder; developing workflows and clinical pathways; screening and assessment, telehealth, data analysis, and multi-sector information-sharing frameworks
- Develop, implement, and assess community-wide SUD and mental health services continuum of care, such as outpatient, crisis/public safety net, residential, care transitions from hospital inpatient and emergency room settings to community-based treatment, and detention settings/the criminal justice system, including collaborative/therapeutic courts
- Training and supervision models for clinical and peer support staff in SUD, mental health, crisis care, integrated behavioral and primary health, and homelessness services
- Implement evidence-based, trauma-informed, and resiliency- and recovery-oriented services and training in person-centered, culturally responsive service delivery systems
- Lead and assess innovative system transformations to optimize services for individuals with complex health needs, criminal justice involvement, and homelessness through multidisciplinary, cross-stakeholder collaboration
- Develop and evaluate robust health analytics and system performance metrics

Professional Experience

Health Management Associates, Inc., December 2016–present

- Develops, executes, and manages consultation projects for a variety of clients.
- California Department of Health Care Services, April 2020–present: Project director for statewide initiatives to improve access to evidence-based treatment for persons with substance use and co-occurring disorders in the justice system. Develop and deliver training and technical assistance, support multiple stakeholders and partners in collaborations to improve coordination and outcomes, and collect and analyze data to inform treatment and policy at the local and state levels.
- Illinois Department of Human Services, Substance Use Prevention and Recovery, September 2020–present: Project director for statewide initiatives to improve access to evidence-based treatment for persons with substance use and co-occurring disorders in the justice system. Develop and deliver training and technical assistance, support multiple stakeholders and partners to improve coordination and outcomes, and collect and analyze data to inform treatment and policy at the local and state levels.
- California Department of Health Care Services and Delaware Department of Substance Abuse and Mental Health Services: For both state clients, develop training curricula and

provide technical assistance to multiple provider sites and stakeholders to transform the state opioid use disorder service delivery system to increase access to evidence-based treatment and improve transitions of care.

- Arnold Ventures, California Department of Health Care Services, and Vital Strategies: For each of these clients, support the implementation and sustainability of MAT in county jails, justice systems, and SUD service delivery systems with individualized technical assistance and facilitation of a learning collaborative; translate team experiences into policy needs and objectives and metrics.
- California Department of Corrections and Rehabilitation: Develop training curricula and train medical providers to support developing competencies in providing trauma-informed substance use treatment as part of an integrated care model in California's prison system.
- Arnold Ventures: Develop a best practice model for behavioral health crisis diversion and law enforcement disposition facilities; conduct a comprehensive analysis and create a report and guidebook.
- Harris County (Houston, Texas), Harris Health System: Conduct a comprehensive assessment of jail healthcare operations in the Harris County Jail to inform the health system's decision to assume responsibility for detainee healthcare and for the Harris County Sheriff to assess suicide risk within the Harris County Jail.
- Sierra Health Foundation: Provide technical assistance to inform planning for a community comprehensive behavioral health diversion facility for persons experiencing homelessness and behavioral health conditions in Sacramento.
- Hospital Association of Southern California: Comprehensive assessment of a service delivery system for individuals experiencing homelessness in Los Angeles and the surrounding six-county area to inform hospital discharge strategies.

The Center for Health Care Services, San Antonio, TX, Vice President – Adult Services, June 2012–December 2017

- Executive responsibility for agency strategic direction and management of operations across a full continuum of mental health, SUD, and integrated clinical services, overseeing clinical operations, 325 staff, and a \$40 million budget
- Managed programs in the Bexar County Diversion system addressing health, mental health, substance use, and social determinants of health issues in strategic partnerships with state, city, and county leadership and community partners; developed and implemented programs partnering with collaborative courts, police and sheriff, and other key county partners to improve engagement with and outcomes for the justice-involved population with mental health, substance use, and co-occurring conditions
- Created a specialty program for individuals with complex care needs with high utilization of emergency departments and inpatient services, resulting in lower costs and recidivism

The Center for Health Care Services, December 2006–June 2012; Director, Business Development, Compliance, and Quality Assurance; Corporate Compliance Officer; Director, Quality and Clinical Systems Development; Quality Manager

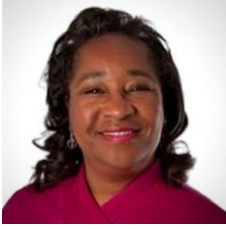
Education, Licensure, and Certifications

Master of Social Work, University of Kansas

Bachelor of Science, Biology with Secondary Science Education Certification, University of Minnesota

Licensed Clinical Social Worker (LCSW) and Certified Clinical Supervisor, State of Texas

Certified Clinical Trauma Specialist



**Judy Martin-Holland, PhD, MPA, RN, CNS, FNP,
FAAN**

Principal
San Francisco, California

Range of Experience

- A leader in the community with more than 20 years of experience in health professions education and collaboration, with a drive to advance diversity, equity, and inclusion (DEI)
- Accomplished mission-driven nurse executive leader with decades of experience in healthcare, workforce development, organizational transformation through systems change, and collaborative partnership development
- Proven knowledge and experience in advancing health equity, patient-provider relationships, education and regulation of the health professions, and global health
- Advanced practice nurse with more than 30 years of clinical practice in chronic disease management

Professional Experience

Health Management Associates, Inc., October 2022–present

- Serves as a practice transformation coach in long-term care, community clinics, team-based care, care teams, workforce development, and organizational systems change
- Consults and executes projects in workforce development, resiliency programs, learning collaboratives, DEI systems, strategic planning, and organizational assessment
- Provides training in enhanced care management, trauma-informed care, health equity, inclusive excellence, DEI, and implicit bias

**University of California, San Francisco (UCSF), School of Nursing, San Francisco, CA,
Associate Dean of Diversity, Inclusion, and Community Outreach, July 2018–June 2022**

- Served as executive advisor to the dean on matters of diversity, inclusion, and organizational climate
- Oversaw the implementation of diversity and inclusion initiatives in the school's strategic plan
- Developed training programs and DEI curricula for academic and health systems staff
- Collaborated with faculty and leaders, serving as a resource for curricular revision on how educational initiatives are developed and implemented
- Developed and implemented multipronged racial equity initiatives and assisted students, faculty, and staff with conflict resolution
- Served on the University of California Office of the President system-wide collaboratives and advisory committees, as well as campus-level committees charged with advancing university diversity, inclusion, belonging, and engagement goals

Associate Dean of Academic Programs, July 2008–June 2018

- In collaboration with faculty, developed, revised, and oversaw the implementation of curricula for MEPN, MS, and PhD programs as graduate program director
- Taught and/or directed graduate-level courses for master's entry, master's, and PhD students in the MEPN, MS, and PhD programs as graduate program director

- Collaborated with faculty on the development and implementation of the MS Healthcare Administration and Interprofessional Leadership Program, the first online program of study at UCSF
- Responsible for individual course and program evaluation, continuous quality improvement, and maintaining national accreditation, regional accreditation, and state approval of academic programs
- Oversaw the Continuing Nursing Education Unit, a California BRN Provider Unit
- Fiscally and administratively responsible for student affairs, student funding, contracts, and building academic and clinical partnerships
- Oversaw student enrollment, screening and admissions, matriculation, and graduation
- Closely collaborated with the dean, the associate dean of research, and the associate dean of finance
- Served on several University of California system-wide, chancellor-level, and campus committees charged with advancing the campus and university education mission

Select Presentations

Dr. Martin-Holland has given more than 30 presentations throughout her career. Only a selection completed within the last 15 years is listed here.

Martin-Holland, J. *Anti-racism Education Framework*. National Association of Diversity Officers in Higher Education, March 2021.

Martin-Holland, J., and Foley, M. *Engaging in Patient Advocacy within Care Systems*. International Council of Nurses 26th Quadrennial Congress and Conference. Nurses at the Forefront of Transforming Care, Barcelona, Spain, May 2017.

Martin-Holland, J., and Sawyer, L. *Cultural Humility: The Journey to Realizing Cultural Competence*. International Council of Nurses 25th Quadrennial Congress and Conference. Equity and Access to Health Care, Melbourne, Australia, May 2013.

Education, Certification, and Licensure

Doctor of Philosophy, Nursing, University of California, San Francisco

Post-Master's Family Nursing Practitioner Certificate, University of California, San Francisco

Master of Science, Nursing – Cardio-Pulmonary Clinical Nurse Specialist, University of California, San Francisco

Master of Public Administration, Public Policy Development and Health Administration, California State University, East Bay

Bachelor of Science, Nursing, California State University, Chico

Fellow, UC-Coro Leadership Collaborative, Northern California Cohort

Management and Leadership in Education, Harvard University

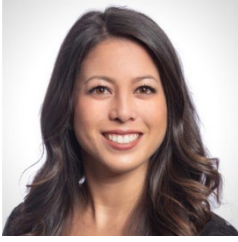
Clinical Nurse Specialist Certificate, California Board of Registered Nursing

Family Nurse Practitioner Certificate, California Board of Registered Nursing

Critical Care Nurse Certification (CCRN) Alumnus, American Association of Critical Care Nurses

Registered Nurse, California Board of Registered Nurses

Public Health Nurse Certificate, California Board of Registered Nurses



MaryEllen Mathis, MA
Consultant
Sacramento, California

Range of Experience

- Project management
- Research
- Report writing

Professional Experience

Health Management Associates, Inc., October 2018–present

- Provides project management support
- Conducts research on a range of topics specific to clients' needs
- Prepares reports under the direction of subject matter experts

California Primary Care Association (CPCA), Sacramento, CA, Communications and Marketing Intern, June 2018–September 2018

- Led communication efforts around the 2018 National Health Center Week
- Developed timely social media posts based on relevant current events and news coverage
- Provided direct support and assistance to the CPCA's chief executive officer by attending events and conducting research to proactively post social media content
- Assisted the Development and External Relations Department in developing marketing materials for the 2018 Annual Conference
- Worked with staff to update website content on the CPCA, Advocates, and California Health+ websites

California State University, School of Nursing, Sacramento, CA, Student Assistant, August 2013–January 2018

- Created and implemented marketing brochures for on-campus distribution, outreach events, and advising seminars
- Created training resources and facilitated weekly training seminars on new advising materials to ensure proper advising resources and protocols
- Assisted in preparing, organizing, and facilitating special events, including orientations, advising sessions, and bi-annual ceremonies
- Maintained a high level of professionalism in managing and processing confidential materials during accreditation review
- Provided quality customer service through exemplary interpersonal and written communication by assisting prospective and current students, faculty, and staff
- Executed clerical and administrative duties in a fast-paced work environment, including answering phone calls and emails, copying, filing, and scheduling

Augustine Ideas, Roseville, CA, Client Services Intern, June 2015–August 2015

- Worked directly with the public relations team by assisting with several social media platforms, including Facebook, Instagram, and Twitter
- Created and edited written pieces for an advertisement for the City of Napa blog
- Demonstrated effective interpersonal communication skills by collaborating with various internal teams, including public relations, client services, and graphic design
- Assisted with managing client accounts, creating internal newsletters, and helping with the rebranding process

Education

Master of Arts, Communication Studies, emphasis in Health Communication, California State University, Sacramento

Bachelor of Arts, Communication Studies, emphasis in Public Relations, California State University, Sacramento



Michele Melden, JD
Principal
Los Angeles, California

Range of Experience

- Navigates the federal and state regulatory landscapes to develop strategies aimed at transforming care delivery systems, promoting reimbursement, and harnessing innovative partnership models
- Leverages data analytics and stakeholder insights to address health disparities and deliver next-generation services
- Improves operational practices to meet and drive compliance requirements

Professional Experience

Health Management Associates, Inc., May 2018–present

- Works on a variety of matters to improve service delivery for Medicaid and dual Medicaid/Medicare populations
- Provides clients with expertise on Medicaid reimbursement
- Assists with operational improvements around long-term supportive services; integration and coordination around behavioral health, transitions of care, and California Children's Services
- Advises clients on Medicare Advantage regulations, policies, and procedures, as well as contracting between healthcare providers and community-based organizations to address social determinants of health

Legal Aid Society of San Diego, San Diego, CA, Director of Policy Advocacy, Training, and Development for the Consumer Center for Health Education and Advocacy, 2011–2018; Coordinator for the Health Consumer Alliance, 2013–2018

- Addressed systemic issues related to healthcare access and quality for low-income healthcare consumers; trained staff and community members on the programs and substantive legal and policy developments; supervised litigation; managed funding grants by state and federal government agencies and private foundations; prepared proposals and reports for funders; and participated in management team transition initiatives on behalf of the Legal Aid Society, including quality assurance, regulatory compliance, and development/fundraising

MICHELE Melden CONSULTING, HEALTHCARE POLICY ANALYSIS, San Diego, CA, Principal, April 2006–June 2011

- Consulted with foundations, university research institutions, and public interest healthcare advocacy organizations on healthcare quality and access issues affecting low-income consumers and on structural/strategic planning for healthcare advocacy programs

Appellate Defenders, Inc., San Diego, CA, Attorney, September 2006–September 2009

- Represented criminal appeals in California appellate courts

Thomas Jefferson School of Law, San Diego, CA, Associate Professor, August 2003–July 2006

- Taught contracts law to first-year students and health law courses (both an introductory-level and an upper-level seminar course on healthcare financing and organization); participated on the clinic committee that engaged stakeholders in the community to develop a law school clinic

Neighborhood Legal Services of Los Angeles County (NLS), Los Angeles, CA, Managing Attorney, September 1997–May 2003

- Managed the Health Consumer Center of Los Angeles, an NLS project funded by The California Endowment (as part of a statewide Health Consumer Alliance), which provides legal advocacy for individual clients via a telephone hotline, policy advocacy, and community education and outreach; and the VIDA Pilot, a project that combined improvements in healthcare access, leadership development for consumers, and policy advocacy

Hooper, Lundy & Bookman, Los Angeles, CA, Senior Associate, July 1995–September 1997

- Specialized in Medicaid and Medicare reimbursement issues and managed care contracting; responsible for class-action litigation in state and federal lower and appellate courts, administrative advocacy, regulatory compliance, and policy analysis for healthcare providers, principally representing hospital associations on Medicaid financing issues and physician hospital associations in managed care contracting

National Health Law Program, Los Angeles, CA, Staff Attorney, September 1989–July 1995

- Provided nationwide technical and litigation assistance to legal services attorneys representing low-income clients on issues related to access to needed healthcare; specialized in Medicaid, managed care, and home- and community-based care; work involved research, co-counseling, writing, trainings, and presentations

Alliance for Children's Rights, Los Angeles, CA, Staff Attorney, September 1992–December 1992

- Provided legal advocacy on children's health issues in Los Angeles County by reviewing and researching individual cases, training pro bono attorneys, writing manuals, and engaging in administrative advocacy

Loyola Law School, Los Angeles, CA, Clinical Advisor and Guest Speaker, Fall 1989 and Spring 1991

- Made presentations and supervised between six and ten law students on projects related to litigation on healthcare access issues

New Jersey Supreme Court, New Jersey, NJ, Law Clerk for Justice Alan B. Handler, September 1988–August 1989

Education

Juris Doctor, Harvard Law School

Bachelor of Arts, Philosophy, Wellesley College

One Justice Executive Fellow, 2015–2016, competitive 10-month program for legal services managers



Don Novo, MS
Managing Principal
San Francisco, California

Range of Experience

- Primary contributor for strategic planning in new program initiatives, Centers for Medicare & Medicaid Services (CMS) headquarters, and Regions I and IX
- Specialist in streamlined, cost-effective, and budget-neutral services for dual-eligible individuals and people with multiple chronic conditions; innovator for managed care delivery systems and mental health and addiction services; seasoned healthcare reform implementer
- Formulate creative solutions to policy challenges, including interpreting federal laws, regulations, and official guidance
- Maintain successful relationships with state health officials, Department of Health and Human Services partners, and advocates from national aging and disability organizations
- Proven track record of building high-performing teams

Professional Experience

Health Management Associates, Inc., January 2014–present

- Provide guidance, research, and advice to clients on a variety of issues, including Medicaid, Medicare, systems reform, business process re-engineering, health information technology, digital health, telehealth, and healthcare marketplace and exchange issues
- Develop innovative approaches to help state governments increase federal Medicaid reimbursements
- Develop budget-neutral approaches for Medicaid expansion
- Full-scale Program of All-Inclusive Care for the Elderly plan development, including feasibility studies, strategic growth plans, state licensure, and operational components
- Monitor federal and state policies and legislative measures to advise clients on industry trends and emerging opportunities

Centers for Medicare & Medicaid Services (CMS), Baltimore, MD, Special Assistant to the Director of Children’s and Families Program Group (CFPG), 2013–2014

- Served a dual role as a special assistant to the director of CFPG
- Engagement manager for 36 federally facilitated marketplace states participating in the initial 2014 healthcare.gov marketplace
- Served on the Critical Incident Response Team responsible for working with state Medicaid agencies regarding the Affordable Care Act implementation issues that included healthcare.gov account transfers to states and the www.healthcare.gov resource locator

Medicaid Program Branch Manager, 2010–2013

Provided program oversight of the Medicaid programs operating in Region IX, which includes California, Arizona, Nevada, Hawaii, and the three Pacific territories (Commonwealth of the Northern Mariana Islands, American Samoa, and Guam)

- Managed a staff of 16 health insurance specialists that included state leads, management information systems specialists, and subject matter experts
- Oversaw the operation of the respective state Medicaid plans that govern oversight of federally approved Medicaid and Children's Health Insurance Program (CHIP) operations within Region IX
- Monitored oversight of the 1115 Medicaid demonstration waivers for Arizona, California, and Hawaii
- Oversaw contractual and rate review approvals for Medicaid managed care programs
- Evaluated, reviewed, and ensured quality in home and community-based service waivers, including demonstration programs
- Experienced presenter on all aspects of Medicare, Medicaid, and CHIP
- Oversaw all aspects of state Medicaid program operations to ensure compliance with the Title XIX, XXI, and Code of Federal Regulations

Health Insurance Specialist, 2007–2010

- Provided policy and regulatory oversight of the Connecticut state Medicaid program, including its 1915 (b) managed care waiver
- Assisted the Medicaid directors, commissioners, and respective staff in addressing state operational issues while ensuring federal regulatory compliance
- Analyzed, monitored, and provided technical assistance to the states regarding Medicaid, State CHIP, managed medical assistance plans, and mandatory Deficit Reduction Act provisions
- Ensured state plans, waivers, grants, and programs were implemented in accordance with CMS statutes, regulations, policies, and standard operating procedures
- Ensured services were delivered in accordance with the goals of CMS priorities
- Conducted oversight of Medicaid quality control (MEQC) for the six New England states; reviewed, monitored, and assessed MEQC compliance; and monitored state MEQC error rates
- Served as a region subject matter expert for third-party liability, estate recovery, liens, and related issues
- Worked with internal and external stakeholders on the amending and revising of state plan amendments, including non-institutional payment team amendments pertaining to changes in coverage and the reimbursement of services authorized through state Medicaid plans

Commonwealth of Massachusetts EOHHS-MassHealth, Boston, MA, Director, Policy Implementation & Evaluation Services Units, 2004–2007

Massachusetts Division of Medical Assistance, Boston, MA, Deputy Director, Policy Implementation, 2001–2004; various non-management roles, 1994–2001

Education

Master of Science, Organizational Leadership, Northeastern University, D'Amore-McKim School of Business

Bachelor of Arts, Advertising, University of Bridgeport

Master of Public Administration Coursework, Bridgewater State College



Xingyi Qin, ASA, MAAA
Consulting Actuary
Denver, Colorado

Range of Experience

- More than 15 years of actuarial experience, specializing in Medicare Advantage bid development, pricing strategy, and regulatory compliance
- Adept at designing and launching new products, conducting competitive benefit analyses, and driving value-based care initiatives
- Proficient in building financial models, forecasting tools, and integrated data repositories to support strategic planning, rate negotiations, and reserve estimation
- Skilled at leading actuarial and medical economics teams, managing budgets, and hiring and training staff

Professional Experience

Health Management Associates, Inc., April 2022–present

- Leads strategy and serves as the primary contact for California Medi-Cal clients launching new Medicare lines of business
- Develops financial plans, operational infrastructure, and forecasting models, including cost and revenue projections for specialized programs, such as 90-day pre-release services for justice-involved populations
- Provides actuarial expertise on risk adjustment, reserves, rate development, and medical loss ratio filings
 - Negotiates with state agencies to secure favorable rate adjustments
- Drives value-based care initiatives and contract negotiations, aligning capitation, quality performance, and long-term profitability for dual-eligible populations
- Mentors analysts and leads cross-functional teams to optimize incurred but not received (IBNR) models, conducts feasibility studies, and delivers insights on risk scores, revenue gaps, and high-risk population management

Banner Health, Phoenix, AZ, Actuary Director, April 2020–April 2022

- Built Medicare Advantage and medical economics teams from the ground up
 - Created budgets, hired and trained staff, and executed a three-year plan to transition work from consultants
- Oversaw Medicare Advantage pricing, filings, and forecasting; developed business plans and pro formas to guide executive decision-making and market expansion
- Designed and launched new product lines, doubling membership in two years
 - Led competitor and benefit analyses to strengthen market position
- Developed and implemented a Medicare Value-Based Insurance Design model
 - Assessed the financial impact and presented its feasibility to the board
- Managed reserving, IBNR reporting, and budgeting for all lines of business
 - Streamlined processes, resolved audit issues, and led provider incentive programs tied to performance

Medical Mutual, Cleveland, OH, Director of Actuarial Services, September 2018–April 2020

- Built and implemented the Medicare Advantage team for Medical Mutual
 - Supported team members' professional growth and fostered cross-department collaboration to improve efficiency
- Assumed major consultant responsibilities by cutting turnaround time, reducing consulting fees by \$500,000, and achieving 70 percent independence in Medicare bid pricing and certification within six months
- Drove corporate strategic planning and provided actuarial expertise for feasibility studies
 - Redirected the business focus from fee-for-service to capitation and led the re-evaluation of service areas
- Delivered forecasts and competitive analyses to guide Medicare growth strategy
- Created a comprehensive claims data repository, integrating enrollment, claims, revenue, and provider data, as well as improving analysis efficiency and flexibility for routine and ad hoc reporting

Cigna-Healthspring, Nashville, TN, Actuarial Manager, March 2017–September 2018

- Managed the pricing and development of the Medicare Advantage bid process for multiple states
 - Worked with stakeholders to examine product strategy and develop bid pricing
- Directed actuarial analysts to ensure accurate documentation packages and timely bid submissions
- Developed, reviewed, and monitored medical cost trends
 - Estimated reserves and coordinated assumptions supported by actual data for Centers for Medicare & Medicaid Services (CMS) presentations
- Supported financial planning and budgeting
 - Created data-driven analytics to track performance against forecasts and reconciled bid data to financials

Wakely Consulting Group, Denver, CO, Associate Actuary, December 2010–March 2017

- Oversaw the development of Medicare Advantage bids for multiple clients, assisting during desk reviews/audits and adjusting benefits after the release of national averages
- Built innovative tools and models for the bid process, including claim bucketing, trending, risk score and benchmark projections, and automated supporting documentation
- Directed project timelines, supervised analysts, and delivered timely analyses and recommendations to support client decision-making
 - Performed rate reviews and prepared reports and objection letters for commercial plans
- Oversaw cost-sharing reduction (CSR) reconciliation projects and consulted state insurance departments
 - Estimated CSR subsidies, prepared CMS reports, and analyzed consumer financial impacts from regulatory changes

Membership in Professional Organizations

- Society of Actuaries, Associate, 2011–present
- American Academy of Actuaries, Member, 2012–present

Education

Bachelor of Science, Actuarial Science and Applied Statistics, Purdue University



Marc Richman, PhD
Principal
Philadelphia, Pennsylvania

Range of Experience

- Career-long focus on bringing people and disparate ideas together to create practical practice change
- Career-long focus on integrating behavioral health and physical health, as well as mental health and substance use
- Focuses on health equity for underserved populations, including those incarcerated, seriously mentally ill, and economically disadvantaged
- Brings evidence-based and/or promising practices to system design and practice
- Uses data to dictate system and practice design
- Licensed and practicing psychologist with 30 years of system and clinical experience with populations ranging from children to the elderly

Professional Experience

Health Management Associates, Inc., May 2020–present

- Multiple projects (e.g., California Medication-Assisted Treatment program, Illinois MARP, Maryland HB 116 Technical Assistance, and Alaska Department of Corrections) focused on technical assistance and subject matter expertise in behavioral health, particularly substance use disorder (SUD) treatment, in jail and prison systems
- Webinar and training development for behavioral health and criminal justice populations (Tulane-Louisiana Department of Corrections ECHO program)
- Multiple system assessment projects to include SUD needs assessment (State of Delaware; Delaware Division of Prevention and Behavioral Health), behavioral health treatment capacity, and correctional healthcare capacity (Connecticut Department of Corrections)
- Multiple (and ongoing) projects involving community organization and correctional facility coaching on implementing medication and psychosocial interventions for those with opioid use disorder

Delaware Department of Correction, Bureau of Correctional Healthcare Services, New Castle, DE, Bureau Chief, June 2015–October 2019

- Oversaw the unified correctional healthcare system that included medical care, behavioral health, and pharmacy for all Level IV and V prisons in the State of Delaware
- Managed an \$80 million budget, supervised 15 staff, and oversaw more than 575 provider and contractor staff
- Reported to the Commissioner of Correction
- Achieved National Commission on Correctional Health Care accreditation for prisons and work release centers at all facilities
- Led efforts to eliminate administrative segregation and restrictive housing procedures and settlement with Community Legal Aid Services/American Civil Liberties Union

- Led progressive medications for addiction treatment implementation across the correctional system, providing full medications for addiction treatment in all Delaware Department of Correction facilities
- Oversaw statewide correctional efforts to ensure hepatitis C treatment in prisons
- Led efforts regarding the treatment and housing of the transgender population
- Led efforts in retooling the substance use treatment system within corrections
- Partnered with the Bureau of Community Corrections on the governor's Prison to the Community Reentry Initiative and integrating mental health and substance use services into reentry planning

Department of Health and Social Services, Division of Substance Abuse and Mental Health Services, Assistant Director of Community Mental Health and Addiction Services/Director of Court and Special Services, New Castle, DE, March 2010–June 2015

- Managed and redesigned adult community-based mental health and addiction services
- Oversaw all adult court programs and statewide Treatment Access Services units
- Oversaw the Mental Health Transformation Grant and Trauma-Informed Care Grant
- Led all substance use prevention activities and oversaw the Substance Abuse Prevention and Treatment Block Grant and Strategic Planning Framework State Incentive Grant

Department of Services for Children, Youth and Their Families, Division of Child Mental Health Services, Delaware Youth and Family Service, Wilmington, DE, Deputy Director, January 2005–March 2010

- Oversaw operations for the state's children's public behavioral health system
- Reported to the Division of Child Mental Health Services' division director; managed a \$39 million budget to serve children with moderate to severe mental health, behavioral health, and substance use problems
- Oversaw the Clinical Services Management Services Unit, Intake Unit, state residential facilities, crisis bed and day treatment services, communications, federal grants, training, accreditation, and the division director's office staffing and functioning

Department of Services for Children, Youth and Their Families, Division of Child Mental Health Services, Delaware Youth and Family Service, Wilmington, DE, Supervising Psychologist, July 1996–December 2004; Child Psychologist, July 1993–July 1996

Psychologist, Glasgow, Newark, DE, Psychologist in Private Practice, November 1993–present

The Herbert G. Birch Services, Early Childhood Center, Springfield Gardens, NY, Psychologist, July 1989–July 1993

Psychologist, Rockville Center, NY, Psychologist in Private Practice, December 1990–June 1993

Education and Licensure

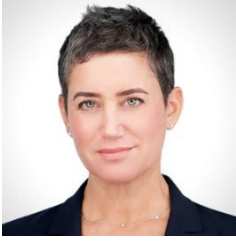
Doctorate, Clinical/School Psychology, Hofstra University

Master of Arts, Psychology, Hofstra University

Bachelor of Arts, Psychology, Gettysburg College

Licensed Psychologist, Delaware, 1993 (active)

Certified School Psychologist, New York, 1987



Deborah Rose, PsyD

Principal

New York, New York

Range of Experience

- Clinical and administrative experience with a variety of underserved populations in human services, including justice-involved
- Executive leadership positions in nonprofit and community-based agencies
- Extensive experience working with care coordination, program development, supported housing and homeless service models, justice-involved individuals, stakeholder engagement, and social determinants of health
- While at the Bellevue Hospital Prison Ward, managed Kendra's Law, an assisted outpatient treatment program in New York City
- As a deputy director of behavioral health, oversaw operations and clinical services across 10 jails within the Rikers Island complex and the Manhattan Detention Center

Professional Experience

Health Management Associates, Inc., 2021–present

Member of HMA's behavioral health team who provides operational and clinical expertise to nonprofit providers, government agencies, carceral settings, and a variety of healthcare stakeholders to help them implement behavioral health best practices into system reform efforts.

Notable current projects:

- Assistant Director of Behavioral Health and Integrated Systems, Program Development, and Technical and Training Assistance for the California CARE Act (civil court outpatient commitment law) and liaison/coach to seven counties
- Operational and clinical leadership for the implementation and expansion of medication-assisted treatment in carceral settings
- Support of managed Medicaid, Medicare, and duals product implementation
- Write and secure grant opportunities, including the Substance Abuse and Mental Health Services Administration and state-funded Certified Community Behavioral Health Centers

Institute for Community Living (ICL), Deputy Chief Operating Officer, New York, NY, 2017–2020

- Authored a grant for food security, primary care, and behavioral health supports for the East New York Community; \$500,000 awarded from the Mother Cabrini Health Foundation
- Wrote and received a \$1.3 million New York State Department of Health (DOH) home and community-based services (HCBS) infrastructure grant
- Served as agency lead on New York State's only behavioral health value-based payment (VBP) pilot program; achieved \$1.3 million in savings in Medicaid costs in 2018
- Developed and implemented practices that integrated primary care and trauma-informed behavioral health services
- Project managed and facilitated capital projects, facilities operations, and new construction
- Helped to deliver and execute diversity, equity, and inclusion strategies and programs

- Oversaw \$3 million of annual US Housing and Urban Development funding for supportive housing services
- Oversaw institutional support functions in human resources, facilities, finance, information technology, and development
- Prepared, coordinated, and submitted grant and RFP applications

Healthfirst, Medicaid Health and Recovery Plans (HARP) and Behavioral Health HCBS Director, New York, NY, 2015–2017

- Led a New York State behavioral health VBP pilot study between Mt. Sinai primary care and ICL behavioral health
- Served as an HCBS subject matter expert to stakeholders and providers
- Designed, implemented, and managed health home and HCBS workflows
- Provided programmatic leadership in configuration, claims, contracting, and provider data management to ensure networks were established and supported
- Liaised with DOH, the Office of Mental Health (OMH), the Office of Addiction Services and Supports, and the Department of Health and Mental Hygiene (DOHMH) on regulatory affairs and program development
- Established and operationalized systems, performance metrics, outcome measures, and compliance standards

New York City Health and Hospitals Corporation, Health Home Director, New York, NY, 2013–2015

- Provided executive leadership and strategic direction to health home care coordination clinical and business operations
- Focused on growth strategy and operational transformation; established standards and practices to maximize performance and productivity
- Interacted closely with DOH, OMH, DOHMH, managed care organizations, providers, and community stakeholders in developing health homes, Delivery System Reform Incentive Payment, HARP, and behavioral health HCBS
- Coordinated operations to ensure regulatory adherence and fiscal viability
- Expanded the network of providers; provided clinical, budgetary, and marketing oversight for contracted professional services
- Performed contract negotiation and management with managed care organizations and downstream partners (including ICL as a contracted vendor)
- Performed financial analysis and developed budgetary targets and trends
- Provided managerial oversight of a multidisciplinary administrative and clinical team

Urban Pathways, Inc., Deputy Executive Director, New York, NY, 2010–2013

Education and Certification

New York State Psychology license #013360

Postdoctoral Fellowship in Clinical Psychology, North Shore University Hospital/Cornell University Medical College

Doctor of Psychology, Long Island University

Master of Science, Applied Psychology, Long Island University

Bachelor of Arts, Adelphi University

Certificate in Leadership, University of California, Davis

Certificate in Diversity, Equity, and Inclusion in the Workplace, University of South Florida



Gelmy Ruiz, MPA
Senior Consultant
Sacramento, California

Range of Experience

- Knowledgeable about Medi-Cal managed care plan compliance requirements
- Experienced in preparing managed care plans for regulatory audits
- Works collaboratively with diverse groups to implement requirements
- Reviews in detail laws and regulations to determine impact and implementation requirements
- Fluent in Spanish

Professional Experience

Health Management Associates, Inc., March 2017–present

- Embed within health plans to assist with compliance issues
- Prepare health plans for regulatory audits
- Work with governmental entities on the Department of Health Care Services (DHCS) Rate Range Program (Intergovernmental Transfer)
- Create policies and procedures for health plans to implement regulatory and compliance requirements
- Review regulatory updates for appropriate plan implementation, such as new laws, All Plan Letters, or regulations
- Contribute to implementing Sacramento’s Whole-Person Care Program

California Health & Wellness, Sacramento, CA, Compliance Manager, June 2015–November 2016

- Organized and prepared business owners for regulatory audits
- Preserved relationships with auditors before, during, and after audits
- Created the policy action committee in charge of approving all departmental policies and procedures
- Directed clerical compliance staff to ensure successful collaboration with departments

California Health & Wellness, Sacramento, CA, Compliance Specialist, October 2013–June 2015

- Analyzed, summarized, and disseminated new regulations and reports to ensure compliance
- Researched and responded to the department’s regulatory or contractual questions
- Served as a principal resource for new report requirements and educated the appropriate departments
- Served as the primary DHCS contact
- Filed reports and fraud incidents with DHCS

Health Net, Inc., Los Angeles, CA, Senior Compliance Analyst, January 2011–October 2013

- Operated and maintained the reporting database

- Administered the Healthy Families program contract and regulations
- Led the successful transition of the Healthy Families program into Medi-Cal
- Filed reports and incidents with appropriate regulators

Health Plan of San Mateo, San Francisco, CA, Long-Term Care Specialist, September 2009–December 2011

- Reviewed and updated long-term care member Medi-Cal aid codes
- Maintained long-term care database and reports
- Initiated correspondence for outside agencies to address aid code discrepancies
- Assembled information for bills received by members
- Served as an informational liaison to the public

California Conservation Corps, Sacramento, CA, CSU Capital Fellows Programs, Executive Fellow, October 2008–September 2009

- Supported developing and implementing the strategic plan and performance measures
- Tracked and analyzed bills for the legislative unit, including the American Recovery and Reinvestment Act
- Wrote articles for the California Conservation Corps blog

Correctional Health Services, Medical Office Services Supervisor, January 2006–October 2008

- Supervised 12 clerical staff
- Created and updated correctional health contracts with outside vendors
- Payroll/personnel coordinator, handling all aspects of personnel

Education

Master of Public Administration, California State University

Bachelor of Science, Psychology, Saint Mary's College of California



John Jay Shannon, MD

Principal

Chicago, Illinois

Range of Experience

- More than 20 years of experience as a medical executive and corporate officer
- Extensive experience with healthcare operations, medical affairs, health system strategic planning, financial management, clinical services, provider-owned health plans, regulatory compliance, safety, and quality improvement
- Contributes to a health system through clinical and strategic leadership and the development of executive integration
- Proven track record of extensive and successful leadership experience
- Utilizes a broad clinical background and knowledge of complex health systems, focusing on underserved urban populations, to contribute to organizations

Professional Experience

Health Management Associates, Inc., September 2020–present

- Consulted with a county sheriff's office regarding the quality of clinical services and opportunities for improving care value and reducing organizational risk with varied clinical providers in a municipal jail setting
- Led a team working with a large academic health system to address access to specialty services and clinical strategies
- Provided an assessment of clinical services and organizational strategy for the regionalization of services for a 15-hospital not-for-profit system
- Provided interim clinical leadership for a six-site urban community health center aligned with a community mental health center during the pandemic
- Assessed the breadth of clinical services and support staff capabilities of a safety-net hospital, leading to the cessation of critical care services and the development of an Intermediate Care Unit, and assisted with regulatory steps and clinical care considerations stemming from this transition
- Led the creation of two complex partnerships participating in a state Medicaid agency healthcare transformation collaboration, whereby hospitals, community health systems, and community-based organizations collaborate to improve care quality and reduce disparities for a defined urban poor population

Illinois Department of Public Health, Illinois Emergency Management Agency, Consultant, March 2020–September 2020

- Consulted across multiple state agencies in the context of the COVID-19 pandemic
- Worked on clinical issues, including the assessment of medical equipment inventory and the distribution of mechanical ventilators, and relations between various state agencies and provider communities, including the Illinois Hospital Association
- Developed and communicated strategies aimed at preserving surge capacity and developed, staffed, and equipped alternate care facilities at McCormick Place and MetroSouth

Cook County Health (CCH), Chicago, IL, CEO, April 2014–December 2019; Chief of Clinical Integration, February 2013–April 2014

- Developed and implemented innovative and integrative approaches to the fulfillment of the system's mission by aligning its role as a provider of care, both in traditional and correctional settings, a public health authority, and a health plan
- Leveraged the Affordable Care Act (ACA) to develop a long-term strategy to protect the system's legacy role in caring for underserved populations amid significant competition for historic patients covered through the ACA
- Recruited, developed, and led the executive team for a \$2.8 billion public health system with 6,500 employees
 - The Joint Commission (TJC) accreditation for Stroger and Provident Hospitals and ambulatory health centers
 - TJC Primary Care Medical Home certification for community health centers
 - National Commission on Correctional Health Care certification for the Juvenile
- Led the implementation of the national model for correctional health with innovations in mental health services and the dissolution of a 10-year federal consent decree
- Integrated behavioral health into primary care and naloxone distribution at Cook County Jail as part of an overarching strategy of medication-assisted treatment for individuals with opioid use disorders
- Developed the Center for Innovations that successfully obtained more than \$20 million in extramural support for a strategic initiative focusing on social determinants of health
- Addressed the opioid crisis as part of a multiyear mental health strategy
- Created community triage centers for individuals with urgent behavioral needs in the Roseland and West Garfield Park neighborhoods

Parkland Health & Hospital System, Dallas, TX, Executive Vice President for Medical Affairs and CMO, 2011–2012; Executive Vice President and CMO, 2009–2011; Senior Vice President and CMO, 2007–2008

Cook County Hospital, Department of Medicine, Chicago, IL, Associate Chair of the Department of Medicine for Respiratory and Intensive Care Medicine, 1999–2007; Chief, Divisions of Pulmonary and Critical Care Medicine, 1999–2007

Education, Licensure, and Certification

Doctor of Medicine, Rush Medical College

Bachelor of Science, Biology, Spring Hill College

Internship, Residency, and Chief Residency, University of Texas Southwestern Affiliated Hospitals, Department of Internal Medicine

Fellowship, Pulmonary and Critical Care Medicine, University of Michigan Hospitals

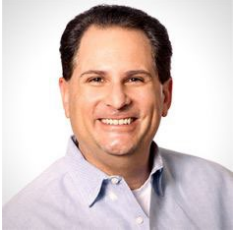
Diplomate – American Board of Internal Medicine, 1989; American Board of Internal Medicine, Pulmonary Disease, 1994 (recertified 2004, 2014, 2017; participating in Maintenance of Certification); American Board of Internal Medicine, Critical Care, 1995 (recertified 2005, 2014, 2017; participating in Maintenance of Certification)

Medical Licensure – Illinois 036-079704 (active)

Drug Enforcement Agency, BS1338448 (inactive); BS8550178 (active)

Advanced Cardiac Life Support (American Heart Association), exp. 2020

Fundamentals of Critical Care Support Instructor, 1999–2002



Jason Silva, JD, PMP
Associate Principal
Sacramento, California

Range of Experience

- More than 10 years of experience in all aspects of managed care, including Medicaid, Medicare, managed long-term services and supports (MLTSS), and dual-eligible populations
- Nationally recognized as a subject matter expert on the dual-eligible population and MLTSS
- Oversaw the overall compliance of the California Medicare-Medicaid Plan, Cal MediConnect, at Health Net, which included the program's largest service area, Los Angeles County
- More than 10 years of regulatory experience and working directly with regulators, including the Centers for Medicare & Medicaid Services (CMS) and the California Department of Health Care Services (DHCS), to ensure managed care organizations (MCOs) exceeded their compliance requirements
- Extensive experience with contracting and negotiations between payers and providers

Professional Experience

Health Management Associates, Inc., September 2015–present

- Works extensively with MCOs, providing guidance on dual-eligible populations and MLTSS
- Drafts and reviews MCO responses to requests for proposals involving Medicaid, qualified health plans, foster care, and MLTSS
- Provides strategic advice to large multiline medical groups interested in market expansion, including dual-eligible populations and MLTSS
- Negotiates contracts and advises MCOs on provider network development

Health Net, Inc., Sacramento, CA, Dual-Eligible Compliance Lead/Senior Compliance Analyst, November 2010–September 2015

- Served as the lead for the CMS and the California DHCS contact for Cal MediConnect (California's financial alignment demonstration)
- Recognized nationally as a subject matter expert on the dual-eligible population and MLTSS; frequently spoke at numerous national conferences on delivery systems for dual-eligible, low-income, Medicare, and Medicaid populations
- Led Health Net's California demonstration compliance efforts through:
 - Building working relationships with regulators and key stakeholders
 - Providing sound knowledge of Medicare and Medicaid policy
 - Managing matrixed resources to ensure compliance and the achievement of various objectives
 - Communicating effectively in writing and in presentations
- Provided guidance on dual-eligible special needs plans in multiple states, including California and Arizona, focusing on the MLTSS component of the Medicaid benefit set

- Worked closely with DHCS on the MLTSS component of California's coordinated care initiative
- Functioned as a primary resource in drafting, editing, rewriting, and reviewing responses for the readiness review and audits related to Cal MediConnect, which included an MLTSS focus

Health Net, Inc., Sacramento, CA, Senior IT Project Manager, November 2011–April 2012

- Led diverse project teams to resolve issues and mitigate risks
- Developed and cultivated relationships in manifold departments throughout the organization
- Communicated through meetings, presentations, and written documents with internal and external stakeholders at all levels

CUNA Mutual Group/Beacon Technologies, Madison, WI, Consultant/Project Manager, September 2009–March 2010

- Analyzed and monitored relevant legislative and regulatory developments related to credit unions
- Determined and managed budget, resources, and schedule for a large-scale insurance re-file
- Assessed and developed recommendations for people, process, and operating model solutions
- Identified issues affecting credit unions and the impact of the issues on CUNA Mutual Group
- Managed a multidisciplinary team to develop a strategic roadmap for added credit union service
- Developed project websites utilizing SharePoint and presented project information to executives and staff utilizing PowerPoint and Excel

Wisconsin Supreme Court, Madison, WI, Hon. Justice David T. Prosser, Jr. Judicial Intern, May 2008–August 2008

- Drafted a bench memo based on parties' briefs and supplementary legal research
- Researched specific legal issues and drafted memos for majority opinions and dissents
- Analyzed, reviewed, and researched majority opinions and dissents before publication

General Casualty/Beacon Technologies, Sun Prairie, WI, Consultant/Project Manager, November 2005–August 2006

- Planned and managed complex projects for a global insurance organization
- Developed and managed cross-functional teams including engineers, subject matter experts, business analysts, department heads, and executives
- Managed issues, risks, and expectations; delivered status reports; and escalated as appropriate

Kaiser Permanente/Technisource, Sacramento, CA, Consultant/Project Manager, August 2004–June 2005

Education

Juris Doctor, University of Wisconsin Law School

Bachelor of Arts, University of California, San Diego

Project Management Professional (PMP), Project Management Institute

Stanford Advanced Project Management Program, Stanford University



Steve Soto
Managing Principal
Sacramento, California

Range of Experience

- Market analysis and assessment for procurement and expansion planning
- Provider network analysis and contracting for current and future provider networks
- Value-based reimbursement systems to help payers and providers develop outcomes-based relationships
- Provider engagement programs to help payers integrate their quality programs into provider relations programs
- Community and stakeholder engagement programs to help payers effectively connect with their markets
- Strategic and procurement planning analyses to develop business plans for expansion
- Payer/provider relations to improve communication among plans, providers, and hospital/health systems
- Integrated care programs linking medical, behavioral, dental, substance use, and social services
- Managed care plan and provider group operations improvement for procurement or audit preparation and remediation efforts

Professional Experience

Health Management Associates, Inc., October 2017–present

- Work with multiple managed care organizations (MCOs) and providers on multicounty market analyses tied to expansions and upcoming government program procurements
- Advise MCOs, provider groups, and hospital/health systems on operational improvements to better position those clients to meet current regulatory and contractual requirements and improve opportunities for upcoming expansions and procurements
- Advise MCO clients on pandemic/COVID-19 response strategies
- Advise clients on revenue-enhancement and contract-improvement strategies to foster better payer-provider relations and integrated care opportunities
- Work with several MCOs to build/improve their contracted provider networks, engagement programs, and strategies in support of new market entries

Molina Healthcare of California, Sacramento Regional Office, Regional Market Leader (Associate Vice President), Sacramento/San Diego/Imperial Counties, January 2017–September 2017

- Sacramento, San Diego, and Imperial County regional market leader; oversaw the health plan's Sacramento strategic plan and services provided in the Sacramento market and supervised the market leaders in San Diego and Imperial Counties
- Ensured provider network and quality improvement staff worked together to develop and support a high-quality, high-value provider network
- Worked with government officials to launch whole-person care and health homes initiatives in all three counties

- Managed regional initiatives and projects aligned with the annual operating plan
- Supported local market leaders' roles as the health plan's local liaison and resource for stakeholders, elected/government officials, advocates, providers, and members

Molina Healthcare of California, Associate Vice President/Market Leader, Sacramento, CA, September 2015–January 2017

- Managed the overall direction and administration of the health plan's Sacramento market and products, specifically the Medi-Cal (Medicaid) and Medicare lines of business
- Specific areas of responsibility included provider network management (contracting, provider services, operations coordination), financial performance, community engagement and growth initiatives, quality improvement, and improving the member and provider experience
- Led the implementation of transitions of care programs with providers

Molina Healthcare of California, Statewide Director of Hospital Contracting, December 2014–September 2015

- Managed the health plan's provider contracting and relationships with hospitals and hospital systems in Sacramento, Alameda, Riverside, San Bernardino, San Diego, and Imperial Counties for the Medi-Cal, Medicare, and Covered California product lines
- Sought new strategic partnerships between the California plan and interested hospitals and systems that focus on collaboration, quality improvement, and new initiatives that benefit our enrollees, as well as the plan and hospital partners
- Maintained relationships with local, state, and federal agencies and regulators, as well as industry associations at all levels
- Plan representative with all Sacramento-area stakeholders, other health plans, and government officials

Molina Medical Group, Molina Healthcare, Inc., Regional Director for Provider Services and Contracting, Sacramento County, CA, March–November 2014

- Managed the health plan and medical group's provider network in Sacramento County for the Medi-Cal and Medicare product lines
- Manage the contract negotiations and provider relationships between the health plan and hospitals and between the Molina Medical Group and physician groups, individual practices, specialists, and ancillary providers
- Worked with senior medical group leadership to develop and install a new care management and provider relationship model within the county during 2014, including the integration of medical and behavioral health services
- Helped transition the Sacramento County low-income health program to Medi-Cal managed care for 14,000 beneficiaries in January 2014
- Oversaw the plan's external relationships in Sacramento with community stakeholders, other plans, and political entities

Molina Healthcare of California, Interim Vice President, Network Management and Operations, October 2013–February 2014; Regional Director for Provider Services and Contracting, Sacramento, San Diego, and Imperial Counties, October 2009–October 2013

California Department of Health Care Services, Assistant Chief, Medi-Cal Benefits, Waiver Analysis, and Rates Division, January–September 2009; Assistant Chief, Medi-Cal Managed Care Division, January 2008–December 2008

Education

Bachelor of Science, Public Administration, California State University, Sacramento



Rich VandenHeuvel, MSW

Principal

Lansing, Michigan

Range of Experience

- Research and consulting experience, including clinical best practices, operational review, and market analysis across public and private behavioral health (mental health and substance use disorder), home and community-based services for persons with intellectual/developmental disabilities, integrated physical/behavioral health, and corrections healthcare
- Extensive experience in assessing care management/care coordination roles and functions, including designing systems to identify the best provider of services/functions
- Experience facilitating regional and statewide technical and strategic responses to behavioral health and integrated care challenges and opportunities, including partnerships with public (local, state, and federal) and private (consultants, insurers, providers, trade associations, and technology vendors) entities
- Strong collaborative background at the state, local, and community levels, including direct service provision and strategic policy initiatives (state departments of mental health and corrections and statewide trade organizations)

Professional Experience

Health Management Associates, Inc., July 2015–present

- Research and consultation across various client types focused on services for adults and children with mental health, substance use, intellectual/developmental disabilities, and integrated physical healthcare, including home and community-based and correctional services
- Research and consultation focused on clinical best practices, operational review, policy review and analysis, market analysis, and procurement support
- Integrated physical/behavioral health experience, including developing a first-in-the-nation, provider-led integrated managed care specialty plan for individuals with severe mental illness and/or intellectual/developmental disabilities, with health plan and provider partners in Arkansas, including the following:
 - In-depth consultation on creating an integrated care management model
 - Consultation on value-based payment models and indicators to support integration and provider capacity assessment and development
- Project leadership providing coaching and technical assistance to pilot medication-assisted treatment (MAT) and related substance use disorder and integrated medical care in three prison facilities for the Michigan Department of Corrections (MDOC)
- Consultation and support for a first-in-the-nation pilot of prison-based integrated healthcare in MDOC prisons
- Coaching and technical assistance for 10+ county jails/prisons across five states, focused on implementing MAT for opioid use and alcohol use disorders

- Consultation specifically regarding integrated health for individuals with intellectual/developmental disabilities, including research regarding existing national models, needs analysis and differentiation, and outcomes analysis
- Negotiation and facilitation of co-located integrated care within behavioral health facilities and behavioral health management and consultation within primary care settings

Lakeshore Regional Partners, Muskegon, MI, Chief Executive Officer, October 2013–July 2015

Executive leadership of a newly formed, public, behavioral health managed care organization created by five community mental health boards; organizational responsibility for managing a \$250+ million annual budget for providing specialty behavioral health services across a diverse, seven-county region in western Michigan

Additional responsibilities included:

- Integration and management of substance use services (Medicaid, Healthy Michigan, block grant, state and local funds)
- Integration and management of Healthy Michigan (Medicaid expansion) funds and benefits
- Collaboration and coordination with Medicaid managed care health plans
- Policy and procedure development and review
- Governing board development, recruitment, and leadership of new staff team
- Recruitment and leadership of new staff team
- Public spokesperson for the organization
- Elected lead spokesperson and lead contract negotiator for all 10 Michigan prepaid inpatient health plans
- Development of regional service standards, cost comparison standards, and provider network management and quality standards
- Population-based data analytics pilot development and procurement

West Michigan Community Mental Health System, Ludington, MI, Executive Director, April 2004–September 2013

Executive leadership of a multicounty community mental health organization, including strategic planning; public relations; management of federal, state, and local funding streams and requirements; budget planning and implementation; affiliation management; and board development/governance facilitation. Formed and supported local collaborative partnerships in healthcare, human services, law enforcement, housing, and children's services, as well as led and participated in state-level collaboration activities via state associations.

West Michigan Community Mental Health System, Ludington, MI, Clinical Director, June 2003–April 2004

Northwest Community Mental Health Affiliation-West Michigan Community Mental Health System, Ludington, Cadillac, and Traverse City, MI, Access and Utilization Management Director, December 2002–June 2003

West Michigan Community Mental Health System, Ludington, MI, Vice President for Performance and Service Improvement, 1999–2002; Wraparound Resource Coordinator, 1992–1999

Education

Master of Social Work, Grand Valley State University

Bachelor of Arts in Psychology, Michigan State University



Julie White, MSW
Principal
Boston, Massachusetts

Range of Experience

- Dedicated, results-focused, creative, and energetic senior organizational leader
- More than 25 years of diverse and transferable experience developing, executing, and continuously improving value-focused organizational, program, and project strategy
- Seasoned in building, growing, and sustaining strong cross-functional relationships
- Expertise in healthcare services delivery, care delivery systems management, policy, consulting, and other key areas
- Demonstrated passion for working with underserved populations
- Hands-on collaborator and effective communicator with excellent interpersonal, analytical, relationship-building, multitasking, decision-making, creative-thinking, and problem-solving skills

Professional Experience

Health Management Associates, Inc., January 2022–present

- Manage an extensive portfolio of justice-related healthcare contracts with states, counties, private equity, managed and accountable care organizations, and social service agencies
- Provide technical assistance and strategy support regarding the Centers for Medicare & Medicaid Services Section 1115 Reentry Demonstration Initiative, developing comprehensive healthcare programs and contracts, implementing medication-assisted treatment/medications for opioid use disorder in carceral settings, and overseeing other justice-involved healthcare initiatives

Rutgers University, Trenton, NJ, Chief Operating Officer, 2019–2022

- Effectively managed more than \$180 million in annual operating budgets and services for the State of New Jersey
- Continually ensured the provision of effective, efficient, and quality care aligned with clinical standards, regulatory compliance requirements, and best practice service delivery
- Directed an initiative that greatly reduced the vacancy rate, thereby reducing the nursing vacancy rate from 14 percent to less than 3 percent
- Increased the number of inmates on medication-assisted treatment (a nearly five-fold increase) and those receiving hepatitis C treatment
- Led the organization's response to COVID-19, including implementing ongoing weekly universal COVID-19 testing and vaccinations for all staff, contractors, and inmates, PMP development, supply chain management, and critical workforce infrastructure

University of Massachusetts Medical School, Shrewsbury, MA, Senior Director of Operations, 2015–2019

Senior Director, Academic Consortium on Criminal Justice Health, 2015–2019; Director of Operations, 2014–2015

- Served as the only Federal Bureau of Prisons vendor to oversee two large federal medical centers, including leading patient care delivery models, daily operations of each center, standards and credentialing, contract negotiations, and continuous quality improvement initiatives
- Selected as a content expert for the Center for Health Law Economics and the Massachusetts Medicaid Office of Behavioral Health regarding access to treatment for justice-involved individuals

Veritas Correctional Services, Marblehead, MA, President, 2008–2014

- Founded and led the operations of a consulting business providing client management and content expertise across correctional healthcare, grant management, juvenile justice initiatives, offender reentry programs, and other integral areas
- Advanced numerous public policy initiatives and related evolving priorities

Multiple Universities/Colleges, MA, Adjunct Faculty, 2007–2016

- Lectured on courses, including *Drugs and Society*, *Criminology*, *Juvenile Delinquency*, *The Sociology of Mental Health*, and *Corrections and Forensic Psychology*
- Consistently recognized by students and leadership for delivering high-quality and engaging content
- Evaluated the effectiveness of a statewide public mental health reentry program through a grant

Professional Affiliations

Academy of Correctional Health Professionals, 2011–present

The American Correctional Association, 2010–2011; 2016–present

The Academic Consortium on Criminal Justice Health, 2014–present

The Center for Association Leadership, 2017–present

Education

Master of Social Work, Syracuse University

Bachelor of Arts, Psychology and Criminal Justice, State University of New York College at Geneseo



Nicholas Williams, MPP
Associate Principal
Los Angeles, California

Range of Experience

- Consultant with more than 15 years of experience in project management, strategic planning, and program and operational development for community-based organizations and public agencies
- Expertise in strategy development, community engagement, coalition building, qualitative and quantitative research, public policy, and communications
- Cross-sector experience in state and local government, nonprofits, academia, and the private sector
- Published author and writer on public policy, homelessness, philanthropy, and public health

Professional Experience

Health Management Associates, Inc., March 2021–present

- Project managed a yearlong statewide technical assistance and training project for the County Behavioral Health Directors Association to support county behavioral health agencies in preparing for the implementation of the Medi-Cal Mobile Crisis benefit and expansion of county-run mobile crisis services
- Co-directed the development of the California 988-Crisis Five-Year Implementation Plan with the California Health and Human Services Agency, including organizing and facilitating statewide meetings and workgroups
- Project managed the development of a state advisory group in Nevada focused on developing managed care strategies to increase access to system-involved youth and children with special behavioral health needs
- Facilitated a multi-stakeholder process for the State of Hawaii to develop a transformation plan focused on the social determinants of health (included cross-sector stakeholder meetings, hospitals, housing partners, federally qualified health centers, and university and government partners)
- Developed strategic plans for the Michigan State University College of Human Medicine, the University of South Alabama Medical School, the Global Covenant of Mayors, Wellnest, and the Child Guidance Center

NPO Solutions, Los Angeles, CA, Independent Consultant, 2012–2021, Management Consultant, 2008–2012

- Engaged public agencies and mission-driven nonprofit organizations focused on health and human services, particularly behavioral health, in organizational development activities that build sector capacity
- Provided clients at various stages of the organizational life cycle with counsel and directed support on program and fundraising strategy, organizational management and board development, and communications and messaging

- Spearheaded multi-stakeholder needs assessments and developed strategic, operational, development/sustainability, and business/social enterprise plans

University of Southern California, Center of Philanthropy and Public Policy, Los Angeles, CA, Associate Director, 2012–2020

- Directed the operations and strategic initiatives of a university-based research center
- Led the development of qualitative and quantitative research reports, case studies, and infographics on non-governmental strategy, leadership, decision-making, and private/public collaboration
- Presented a paper on cross-collaborative projects at the White House
- Organized all center programs and learning events with foundations, including The Kresge Foundation, the Ford Foundation, and the Weingart Foundation, as well as scholars and other social-sector leaders
- Managed all center communications (press releases, quarterly newsletters, brochures, and special communications) and web and social media content
- Expanded the center's brand from a regional to a national level
- Developed a fundraising campaign to catalyze a series of case studies highlighting the importance of foundation leadership in communities, raising more than \$1 million in endowment to support developing these case studies

DEMOS: A Network for Ideas and Action, New York, NY, Policy Analyst, Democracy Program, 2004–2006

Hippocrene Books, Inc., New York, NY, Editor, Foreign Language

Minnesota House of Representatives, Minneapolis, MN, Legislative Research Assistant

Selected Publications

- Scaling Up: How Philanthropy Helped Unlock \$4.7 Billion to Tackle Homelessness in Los Angeles, The Center on Philanthropy and Public Policy, 2019 (with J.M. Ferris).
- Catalyzing Collaboration: The Developing Infrastructure for Federal Public-Private Partnership, The Center on Philanthropy and Public Policy, 2014 (with J.M. Ferris).
- A Scan of Foundation Grantmaking in Greater Los Angeles, The Center on Philanthropy and Public Policy, February 2014.
- Offices of Strategic Partnerships: Helping Philanthropy and Government Work Better Together, The Foundation Review, Vol. 5, 2013 (with J.M. Ferris).
- Philanthropy and Government Working Together: The Role of Offices of Strategic Partnerships in Public Problem Solving, The Center on Philanthropy and Public Policy, 2012 (with J.M. Ferris).
- Foundation Strategy for Social Impact: A System Change Perspective, Nonprofit Policy Forum: Vol. 1: Iss. 1, Article 4, Berkeley Press, 2010 (with J.M. Ferris).
- Purged: Will Eligible Voters be Removed from Voting Lists?, Demos and the American Civil Liberties Union, October 2004 (with Laleh Ispahani).

Education

Master of Public Policy, University of Southern California

Bachelor of Arts, Sociology, University of Denver



Deborah Witham, JD, LMSW, Esq.
Principal
Washington, DC

Range of Experience

- Results-oriented executive with experience delivering high-quality, mission-driven healthcare, behavioral healthcare, housing, and social services
- Expert in program design and development
- Experienced in delivery system reform, strategic planning, and public policy

Professional Experience

Health Management Associates, Inc., April 2022–present

- Provide practice coaching on the integration of behavioral health into physical health and community settings, including to State Opioid Response grantees
- Provide coaching to county detention centers on the implementation of medications for opioid use disorder
- Assess behavioral health services and skill sets, training, and regulatory compliance in skilled nursing facility settings
- Deliver training to healthcare professionals across multiple sectors

CARF International, Washington, DC, Managing Director of Public Policy, October 2017–April 2022

- Oversaw federal policy for all accreditation areas for CARF International
- Tracked and monitored policy issues that impacted service delivery for accredited services and provided education to policymakers on quality issues
- Oversaw standards development for opioid treatment programs
- Interfaced with policy leaders and other stakeholders related to substance use disorder treatment
- Collaborated with the Substance Abuse Mental Health Services Administration Center for Substance Abuse Treatment
- Conducted Level of Care Certification Surveys for CARF's partnership with the American Society of Addiction Medicine

VIP Community Services, Bronx, NY, February 2010–September 2017

Senior Vice President of Compliance, Policy, and Planning, October 2014–September 2017

- Oversaw corporate compliance and quality improvement
- Managed outside counsel
- Developed and implemented internal audit procedures to ensure compliance with city, state, and federal regulations
- Represented the organization on policy and legislative issues
- Designed and implemented new business lines
- Prepared the organization for its transition to managed care and value-based payment

- Implemented Certified Community Behavioral Health Clinic programming as one of the initial demonstration sites, including integrated licensure, rate development and negotiation, and program design
- Represented the organization in government and industry coalitions and committees
- Co-led strategic planning
- Served as a surveyor for CARF International Opioid Treatment Program Accreditation

Chief Program Officer, November 2011–October 2014

- Oversaw clinical and program operations for housing, shelter, recovery, and primary care services to more than 1,500 individuals daily with a \$22 million budget
- Developed and improved program operations to increase access to care and improve revenue generation

Compliance Officer, February 2010–November 2011

- Developed the Compliance and Quality Improvement Department to manage risk exposure and ensure compliance with city, state, and federal contracts and regulations

Community Involvement

- Coalition of Medication-Assisted Treatment Providers and Advocates of NY, Vice President, July 2015–October 2017

Education

Doctor of Jurisprudence, New York Law School

Master of Social Work, University of Pittsburgh



Elizabeth Wolff, MD, MPA
Principal
New York, New York

Range of Experience

- More than 20 years of hands-on experience in practice coaching or practice improvement
- Experience coaching several types of clients, including executive healthcare leadership, federally qualified health centers (FQHCs), private primary care practices, primary care residency training sites, and substance use disorder (SUD) treatment facilities
- Seven years of experience developing curricula for family medicine residents
- 20 years of experience in patient care, healthcare services, and health systems
- Coached practices on implementing SUD screening, implementing medication-assisted treatment (MAT), addressing stigma, integrating behavioral health into primary care, aligning practices for value-based care, improving transitions of care, and transforming to team-based care

Professional Experience

Health Management Associates, Inc., December 2018–present

- Developed quality infrastructure and best practices to improve quality metrics for behavioral health independent practice associations
- Assisted an obstetrical practice to create a value proposition and identify quality metrics for value-based contracting
- Implemented telehealth for a health system by identifying workflows, developing training materials, and coaching providers and staff
- Worked extensively with FQHCs to develop care management programs, optimize clinical operations, develop team-based care, and integrate behavioral health into primary care
- Coached primary care practices to implement evidence-based SUD screening and MAT for SUD
- Coached FQHC chief medical officers

Northwell Health Solutions, Manhasset, NY, Medical Director, Complex Care Management, November 2016–September 2018

- Improved quality and decreased total cost of care for Northwell's full- and partial-risk patients, including a decrease in per member per month and emergency department (ED) visits by 9 percent and 13 percent, respectively, for Healthfirst patients
- Expanded care management staff to 40 primary care sites undergoing patient-centered medical home transformation, resulting in a four-fold increase in engagement with care management services
- Served as medical director for Northwell Health Home, with a 64 percent increase in enrollment and revenue, and launched a New York State health home serving children
- Oversaw the integration of behavioral health services into 17 primary care practices
- Supervised 100+ staff members across various teams

Richmond University Medical Center, Staten Island, NY, Senior Vice President of Care Transformation, Quality, and Information Technology, May 2015–October 2016

- Spearheaded the hospital's \$28 million New York State Delivery System Reform Incentive Payment program, the New York Department of Health program to improve the quality of care for Medicaid patients and the uninsured
- Co-led the Richmond Quality accountable care organization (8,000 attributed lives) with a projected shared savings of \$6.6 million
- Led an inpatient quality program, infection control, and care management

Pinnacle Health System, Harrisburg, PA, Associate Medical Director, May 2013–October 2014

- Expanded care management team across 23 primary care sites to address the care needs of high-risk patients, resulting in lower admission, readmission, and ED visit rates
- Chaired an evidence-based medicine subcommittee of the River Health Accountable Care Organization (with 35,000 attributed lives) and developed standards and identified metrics for congestive heart failure, chronic obstructive pulmonary disease, and diabetes to improve quality and reduce costs
- Developed incentive metrics for primary and specialty care providers that resulted in a 78 percent and 39 percent improvement in diabetes care and colorectal cancer screening, respectively

New York City Department of Health and Mental Hygiene, New York, NY, Executive Director, Quality Improvement and Health Outcomes, Primary Care Information Project, June 2011–April 2013

- Supervised a team of 21 field staff as part of a \$23 million regional extension center grant to help providers implement electronic health records and provide technical assistance in meaningful use and patient-centered medical homes
- Led a meaningful use learning collaborative with key stakeholders and senior leadership from community health centers and hospital outpatient departments across New York City
- Oversaw a \$1.5 million panel management program and budget in 37 small physician practices to contact patients with gaps in care for chronic conditions
- Provided primary care at the Rose M. Singer Center, the women's jail on Riker's Island

New York University, New York, NY, Staff Physician, Student Health Center, April 2007–June 2011

Beth Israel Medical Center, New York, NY, Medical Director, September 2002–April 2007

Education, Certifications, and Licensures

Doctor of Medicine, Weill Cornell Medical College

Master of Public Administration, New York University, Robert F. Wagner Graduate School of Public Service

Bachelor of Science, College of William and Mary

Resident, Family Medicine, University of Rochester

American Board of Family Medicine, 1999–present

New York State Medical License (active), 1998–present

Pennsylvania Medical License (inactive), 2013–2014