

HEALTH MANAGEMENT ASSOCIATES

*Proposal to Provide Assessment of Local
Correctional Medical and Behavioral Health
Staffing and Services, and Development and
Rating of a Request for Proposals (RFP)
for Those Services*

PRESENTED TO
SANTA BARBARA COUNTY

- COPY -

DECEMBER 22, 2015

*Research and Consulting in the Fields of Health and Human Services Policy, Health Economics
and Finance, Program Evaluation, Data Analysis, and Health System Restructuring*

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HEALTH MANAGEMENT ASSOCIATES

December 18, 2015

Damon Fletcher
Santa Barbara Probation Department
117 E Carrillo St.
Santa Barbara CA 93101

Dear Mr. Fletcher:

Health Management Associates, Inc. (HMA) is pleased to submit our proposal to Santa Barbara County in response to your RFQ for the Assessment of Local Correctional Medical and Behavioral Health Staffing and Services, and Development and Rating of a Request for Proposals (RFP) for Those Services.

HMA has proposed a team of seasoned correctional health and contracting experts that are uniquely equipped to help Santa Barbara assess its adult and juvenile health care services and develop a Request for Proposal that will lead to a contract that can be readily monitored for inmate health outcomes and vendor contract compliance.

Our team has experience with adult and juvenile jail health services across the country and we are well versed in best practices for medical, mental health, and dental services and prescription drug procurement and safeguarding. We are also heavily involved in the design of diversion and re-entry programs in jails around the nation. We also understand the inherent tension between custody/safety and health care and address those relationships with all of our clients. The HMA team is also unique in that we also work in community health care settings and can bring many successful innovations from the community – such as integration of primary care and behavioral health or best practices in chronic disease management – into correctional health.

The HMA team also has extensive experience in California and we are deeply familiar with the challenges county jails face with AB109 inmates. We know Title 15 and have also studied California Health & Safety Code 1374.11 – a little-known law requiring all commercial insurance plans to cover all members while detained. The HMA team also has deep experience with Medi-Cal and its interface with the justice-involved population.

Finally, our team has significant experience developing RFPs, scoring bids, and building correctional health procurement processes that produce accountable relationships with vendors. We help our clients turn vendor data into actionable information for management, policy, and contract management purposes and we help counties develop oversight structures to assure important fiscal public health outcomes.

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Our team will be led by Donna Strugar-Fritsch, who is a nationally recognized expert on the interface of the Affordable Care Act and incarcerated populations and has a decade of experience providing jails with consulting and technical assistance. She is a registered nurse and a Certified Correctional Health Care Professional under the National Commission on Correctional Health Care. Our team also includes expert physician, behavioral health, and procurement/contract management professionals.

Donna will be the primary contact for any technical questions regarding the proposal and Jeff DeVries will be the contact for contract negotiations and through the end of the contract. Their contact information follows:

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The HMA team is fully prepared to deliver state-of-the art consultation to the Santa Barbara Probation Department and we are confident that we can provide exemplary services on this important project. Thank you for the opportunity to bid on it and we look forward to your decision in this matter.

Sincerely,



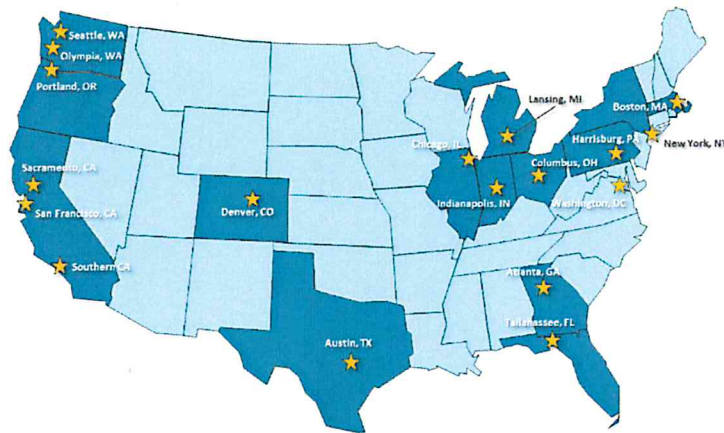
Kelly Johnson
Vice President

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ABOUT HEALTH MANAGEMENT ASSOCIATES

Health Management Associates (HMA) is a consulting firm specializing in the fields of health system restructuring, health care program development, health economics and finance, program evaluation, and data analysis. HMA is widely regarded as a leader in providing technical and analytical services to health care purchasers, payers, and providers, with a special concentration on those who address the needs of the medically indigent and underserved. HMA is a private, for-profit "C" corporation, incorporated in the State of Michigan in good standing and legally doing business as Health Management Associates, Inc. Founded in 1985, Health Management Associates has 18 offices around



HMA OFFICES ACROSS THE COUNTRY

the country, including three in California.

HMA has clients across the country, including the major safety net health systems, private sector providers, and local, state, and federal governments. The firm has extensive experience and expertise in the design and implementation of health programs, particularly with respect to system development, managed care, long-term care, and behavioral health care.

HMA staff of nearly 200 includes over 165 professional health care managers and analysts who have up to 30 years of experience in the health and human services fields, including senior staff with long experience in clinical and administrative leadership across the health care system. HMA brings a strong interdisciplinary expertise to clients. Staff backgrounds include health economics, public health policy and administration, health care finance and reimbursement, clinical services, managed care, pharmacy benefit design and management, social work, program development and evaluation, and information systems.

HMA and Correctional Health

HMA has more than a decade of experience with correctional health care and provides the perspective and technical resources that correctional systems need to control costs, deliver effective and efficient care, mitigate risk, and prepare for the future. The HMA correctional health team is made up of nationally recognized experts who are uniquely prepared to help correctional systems and providers design, deliver, and manage top-notch, affordable inmate health services. We are experienced in direct service, contract, university-based, fully privatized, and blended models of care, and in vendor contract procurement and management. We are expert in establishing monitoring metrics for health care contracts and reports that clearly define health care outcomes and measure vendor compliance with performance metrics. HMA is the only correctional health care consulting firm deeply involved in Medicaid and in health care reform. We are also the only correctional health care consulting firm that works in both correctional and community settings of primary care. This gives us the unique ability to

combine current correctional health experience with emerging community-based models of primary care and behavioral health services that maximize provider productivity, reduce patient demand, and produce exceptional health outcomes. HMA is also expert in prescription drug procurement and administration in corrections settings and in jail access to 340B drug discounts. We are also deeply familiar with the accreditation standards of the National Commission on Correctional Health Care, the American Correctional Association, and the Institute for Medical Quality.

Our correctional health team includes licensed primary care and behavioral health clinicians who have conducted evaluations of many prison and jail health care delivery systems. In addition, our team has:

- Provided health care to inmates of jails, as employees and for correctional health vendors;
- Served as medical monitors in court-ordered arrangements;
- Served as expert witnesses in legal challenges to inmate health services;
- Consulted with the National Commission on Correctional Health Care, American Correctional Association, US Department of Justice, and provided presentations to their national audiences;
- Assisted prisons systems and jails in writing Requests for Proposals for contracted health care services and evaluating responses;
- Assisted prisons systems and jails to evaluate and procure Electronic Medical Records; and
- Conducted end-to-end evaluation of prescription drug ordering, procurement, dispensing/delivery, and safeguarding, including pricing and rebate audits.

HMA's correctional health team is very experienced in California, having consulted with California Correctional Health Services (the prison health Receivership) and jail systems in Sacramento, Santa Clara, San Diego, and Los Angeles. We were just awarded a contract to evaluate jail health services and recommend best practices for the San Mateo Sheriff as the county prepares to move to a new jail next spring. We are very familiar with Title 15 and with AB-109 and the new demands and risks the AB-109 inmates present to California jails.

PROJECT EXPERIENCE

The following projects are examples of recent work that involved a scope of work similar to what Santa Barbara Probation Department seeks.

City of St. Louis Jails, St. Louis, MO

HMA conducted an analysis of the health care provided at St. Louis' two jails which have a combined average daily population of 1,840 inmates and 30,000 annual bookings. We made recommendations to reduce prescription drug costs, provide more efficient mental health services, enhance continuity of care at release, maintain accreditation, access federal Medicaid funds for hospitalizations, and collaborate more effectively with the county jail and health department. We presented findings and recommendations to the City's Department of Public Safety and discussed the pros and cons in detail. HMA then translated the recommendations into a comprehensive Request for Proposal for medical, nursing, prescription drug, mental health, and dental services. The RFP included reporting requirements that HMA designed to enable the City to monitor vendor contract compliance and performance. HMA further supported the procurement process by helping to answer questions submitted by bidders, evaluate and score proposals, and support contract negotiations.

After the contract was in place, HMA worked with the City to assure that the vendor submitted the required data. We made two subsequent site visits to audit medical records and observe health care practices in order to measure the vendor's compliance with contract requirements. Finally, HMA helped the City create graphic reports of the vendor data and to tease out emerging trends and issues.

County of Peoria, Illinois

HMA worked with the County of Peoria, Illinois, to consolidate its numerous contracts for health care services at the jail and juvenile detention center (which were run by separate entities and under separate budgets) into a single contract that streamlines services and accountability, supports accreditation, takes advantage of the Affordable Care Act and Medicaid expansion, and reduces cost. We conducted an analysis of all health services in both facilities and made recommendations to modify services to comply with accreditation standards and meet other objectives for cost, access and quality, under a unified arrangement that provides advantages to both entities. After discussion with both entities and the county, we crafted a Request for Proposal that met all objectives. HMA further supported the entities by helping to answer questions submitted by bidders, evaluating and scoring proposals, and supporting contract negotiations. We also helped the County craft oversight of the two entities and one contract in a way that met the needs of the court and the sheriff and addressed the larger county administrative, financial, and public health objectives.

Michigan Department of Corrections, Lansing, MI

HMA has been engaged with the Michigan Department of Corrections (MDOC) for six years. The MDOC operates 32 prisons and houses about 42,000 inmates, including a juvenile prison. During our engagement we have provided consultation and technical assistance to implement and manage vendor contracts for medical, mental health, psychiatric, and prescription drug services. We have also advised MDOC on best practices and emerging models in a wide variety of elements of inmate health care including:

- Organization and staffing of mental health services
- Organization and operation of quality improvement activities for mental health and medical care
- Managing access to on-site services through a comprehensive utilization management and scheduling strategy
- Prescription drug procurement, safeguarding, ordering, and administration
- Integration of primary care and mental health services
- Development of Request for Proposals for privatized inmate health care and prescription drugs, proposal scoring, development of performance metrics, auditing contractor performance, and contract management
- Creating management dashboards and inmate clinical registries from a variety of data sources
- Accessing Medicaid funds for inmate hospitalizations

The following projects did not involve an RFP for vendor correctional health services, but the scope of work gave HMA deeper insight into the California jail environment and our findings can be used to inform Santa Barbara's operations.

Sacramento County Jails, Sacramento, CA

This year HMA completed a comprehensive review of the Sacramento County Jail's inmate health services at its two facilities. We identified strengths, risks, and recommendations for improvements that would reduce cost, improve health outcomes, enhance oversight, and/or mitigate risk. We also developed a model and compared Sacramento to five other California jail systems on a variety of indicators.

Los Angeles County Sheriff

HMA recently completed a review of inmate health services jails in Los Angeles County. This review was to inform the larger, two-fold objective to:

- Assess the feasibility of the jails accessing inmate commercial insurance plans for prescription drugs, lab, radiology, specialty medical, dialysis and hospital services, and
- Contract with commercial insurance carriers as network providers in order to bill for selected on-site medical, nursing, psychiatric, mental health, and dental services.

We are currently providing on-site medical and quality improvement services as the county transitions jail health services from the Sheriff to a new unified agency overseeing health services, behavioral health, and jail health.

UNDERSTANDING OF THE PROBLEM

HMA understands that the County of San Barbara and its Sheriff's Department and Probation Department wish to conduct a thorough assessment of current adult and juvenile health care operations to inform a Request for Proposals that will be released in the second quarter of 2016. Some approaches and models of adult and/or juvenile health care may be altered as a result of this analysis, and some findings may inform practices at and the development of the County's new jail, which is scheduled to open in summer 2018.

HMA also understands that several other factors will have significant effects on the adult and juvenile facilities and the community in the coming years, and that an analysis of the current state of inmate health care should consider these issues as well. They include:

- The continued impact of AB109 on the jail population and the health care service delivery system.
- The ability to enroll inmates into Medi-Cal effective at release, and to thereby provide seamless continuity of care at release which is known to reduce recidivism and cost.
- The ability to access benefits from commercial insurers and Covered California plans for detainees.

- Correctional healthcare workforce shortages emerging as a result of the massive coverage expansions in California and the subsequent demand for primary care and mental health providers.
- Emerging practices for addressing mental illness and substance use disorders in justice-involved adult and juvenile populations, including:
 - Diversion programs
 - Alternatives to segregation for persons with serious mental illness
 - Re-entry programming that effectively reduces recidivism
 - Use of a community-wide drug formulary that includes the jail
- Emerging state and federal policies regarding Medicaid services for substance use disorders. This includes California's new Drug Medi-Cal program and impending federal decisions about residential treatment of substance use, which has broad applications to jails.

HMA is aware of the intent to obtain accreditation of jail health services from the National Commission on Correctional Health Care and expects its vendor to manage that process and assure its success.

HMA is aware of the concerns with the current vendor contract for health care services as they have appeared in the media. We understand that vendor contracts must be crafted to include measurable performance indicators and health care outcomes, and that vendors must be contractually required to submit accurate and timely data that supports performance monitoring.

HMA also understands the complexities and challenges of building a seamless continuum of medical and behavioral health services between jails and communities, and the need for clear roles for stakeholders who have oversight responsibility and accountability. This includes elected officials, Sheriff Department and law enforcement stakeholders, and County finance, behavioral health, and public health stakeholders.

Finally, HMA understands that the Probation Department seeks a consultant that has deep knowledge of the jail health environment in California, of emerging correctional health trends and models, and of developing and effectively managing vendor contracts for correctional health services for adults and juveniles.

APPROACH AND METHODOLOGY

HMA will approach this project in three phases: assessment, RFP preparation, and bidder scoring.

Phase I: Assessment

HMA's proposed approach to assessing the current state of adult and juvenile health services will combine on-site observations and interviews; review of documents, claims data, utilization data, policies and procedures, contracts and other data; research as necessary; and analytics. In addition to our deep knowledge of inmate health care, the HMA team will apply our unique knowledge and expertise in the following areas to our analysis:

- California Health & Safety Code 1374.11 – a little-known law requiring all commercial insurance plans to cover all members while detained

- Emerging practices in community primary care that can be used in correctional settings to improve outcomes and efficiencies, including population-based health practices, integrated behavioral health and primary care, and more
- Best practices in prescription drug procurement and safeguarding of prescription drugs
- The strengths and limitation in the current vendor contract
- Factors and practices that drive inappropriate use of on-site medical, behavioral health and dental health care and therefore hamper access to necessary care
- The 340B drug discount program and where it can and cannot be used for detainees

Using a template we created,¹ the HMA approach will also include comparison of Santa Barbara's adult jail health operations with other California jail systems on variables that include per-inmate staffing ratios for nursing, medical, dental, and psychiatric staff; emergency room and inpatient admission rates; per-inmate drug costs, and more. Other California counties have found this extremely interesting and useful.

Our analysis will answer the following research questions for adult and juvenile services.

Overall Organization and Structure

- Is the overall organization and structure of inmate health care efficient and effective?
- How does it compare with similar California facilities?
- Does it sufficiently capture the advantages of the Affordable Care Act?
- Can it support NCCHC accreditation?
- What is the status of facility and county relationships with the health care vendor?

Relationship between Custody and Health Care

- How is the inherent tension between custody and health care managed in the facilities?
- Are there clinical or safety risks posed to detainees or the County as a result of the relationship?
- Do health care staff feel safe in performing their duties?

Health Care Intake Processes

- Is the intake process efficient and timely?
- Are essential medications identified and provided?
- Is screening for mental health issues, contagion, and urgent medical needs adequate?
- Are high-risk inmates appropriately managed?
- Are "loose ends" appropriately monitored and completed after detainees are placed in housing?
- Are inmates adequately assessed for insurance coverage?

Staffing for Nursing, Dental, Primary Care Medical, and Mental Health Staffing

- Are staffing levels sufficient to provide constitutionally mandated levels of care?
- Are staffing levels sufficient to support NCCHC accreditation?
- Are staff engaged at the "top of their licenses?"

¹ Based on data collected from all jails by California Bureau of State and Community Corrections and interviews with jail health administrators

- Are staff maximally productive?
- Is scheduling optimal?
- Is the use of registry staff appropriate and optimal?
- Is staff development and training sufficient in all disciplines?
- How do elements of staffing compare to similar California jails and with best practices?

Primary Care, Urgent Care, and Dental Services

- Are services provided efficiently?
- Are appropriate services provided?
- Are preventive services, chronic conditions, and emergent conditions managed in accordance with community standards and accreditation requirements?
- Does custody support health care?
- Are services provided in accordance with state and national standards and best practices?
- How does medical care integrate with behavioral health services?
- Are there cost savings or quality improvement opportunities?

Detoxification

- Are inmates appropriately assessed for alcohol and drug withdrawal after intake?
- Is risk for poor detox outcomes adequately managed?
- Are detox practices in compliance with accreditation and community standards and best practices?

Behavioral Health Services Including Substance Use Services

- Are services provided efficiently?
- Are appropriate services provided?
- Are conditions managed in accordance with community standards and accreditation requirements and best practices?
- What processes exist to enable detainees to continue on psychotropic medications prescribed in the community?
- Are providers maximally productive?
- Does custody support behavioral health care?
- Are there cost savings or quality improvement opportunities?
- How do behavioral health services integrate with medical care?

Laboratory and Radiology

- Are services provided efficiently?
- Are appropriate services provided?
- Are orders made and results received efficiently and effectively?
- Are services provided in accordance with state and national standards and best practices?
- Are the financial arrangements for lab and radiology services appropriate?
- Are there cost savings opportunities for these services?
- Can services be billed to inmate insurance?

On-Site Specialty Care (dialysis, orthopedics, others)

- Are on-site contracted specialty services provided efficiently?
- Are appropriate services provided?
- Are services provided in accordance with state and national standards and best practices?
- Are the financial arrangements appropriate?
- Are there cost savings opportunities for these services?

Off-Site Specialty Care

- Are referrals for specialty care monitored for appropriate utilization?
- Are referrals for specialty care appropriately monitored for timeliness and completion?
- Is the specialty care network adequate to meet inmate needs?
- Do inmates receive appropriate follow up after specialty services are delivered?
- Are services provided in accordance with state and national standards and best practices?
- Are specialty services delivered efficiently; are there on-site clinics, is telemedicine appropriate?
- Do inmates have adequate access to specialty care?
- What are the trends in specialty service use?
- Are the financial arrangements for these services appropriate?
- Are specialists billing commercial carriers if detainees have commercial coverage?
- Are there cost savings opportunities?
- Are there opportunities to bill insurance for services?

Emergency Care

- Are ER visits monitored for clinical appropriateness, risk, variance, and access to primary care?
- What are the trends in ER use?
- Do inmates receive appropriate follow up after emergency services are delivered?

Women's Health

- Do female inmates receive timely and appropriate preventive and diagnostic services?
- Are pregnancy-related services timely and appropriate?
- Are women's health services provided in accordance with state and national standards and best practices?

Access to Care

- Does the inmate health care request system produce the desired results?
- Can access to care and timely response be sufficiently evaluated?
- Can access to care be enhanced by changes in the request system?
- Is access to necessary care impeded by administrative or custody practices?

Inmate Grievances

- What do inmate grievances reflect about access to and quality of jail health care services?
- Are grievances addressed appropriately?

Hospital Services

- How are inpatient admissions authorized and monitored?
- How are plans made for returning inmates to the jails?
- Are administrative bed days monitored?
- Are hospitals billing commercial carriers when detainees have private insurance?
- What outpatient hospital services are delivered?
- Do inmates receive appropriate follow up after hospital services are delivered?
- What are the trends in inpatient and outpatient use?
- Is the County accessing federal matching funds for inpatient services delivered to inmates who are enrolled in Medi-Cal?
- How are claims processed?
- What are the financial arrangements for inpatient, outpatient and emergency room services?
- Are rates appropriate?
- Are discounts audited?
- Are claims recovery audits performed?
- Are there cost savings opportunities?

Prescription Drugs System

- What are the procurement arrangements for prescription drugs?
- How are Keep-on-Person, restricted, and over-the-counter prescriptions ordered, renewed, discontinued, refilled, delivered, dispensed, returned for credit, wasted, and safeguarded?
- Are medications provided in a timely manner?
- Is there a prescription drug formulary?
- Are there cost savings opportunities?
- Does the vendor provide prescription drug rebates?
- Are costs and rebates (if applicable) audited?
- Has access to 340B drug discounts been explored and implemented where appropriate?
- Does the County receive appropriate credit for drugs not used?
- Does the County receive appropriate standard and ad hoc prescription drug reports?

Medical Record

- How robust is the medical record in its ability to capture and report clinical, productivity, and administrative data?
- What are the strengths and limitations of the medical record? Can the limitations be improved?
- Can the medical record support queries related to litigation and other risk management concerns?

Risk Management

- Can the County identify emerging health care-related risk?
- Does the County mitigate health care-related risk appropriately?
- Are utilization and grievance data tied appropriately to risk management?

Performance Monitoring (PM) and Quality Improvement (QI)

- Are PM/QI processes in compliance with state and national standards and best practices?
- Are PM/QI objectives and projects based on accurate data and reflective of jail priorities?
- Are data accurate and timely?

Covered California and Commercial Insurance Plan Benefits

- Can the jail or its off-site providers and lab/radiology providers bill Covered California and commercial insurance plans for detainee health care services including prescription drugs, off-site specialty and facility services, and on-site primary and chronic care?

Community Approaches to Jail Diversion

- Is there a comprehensive County approach to diversion of persons with serious mental illness from jail?
- Does the approach incorporate best practices and emerging models effective elsewhere in the state and the county?
- Is there a comprehensive County approach to diversion of persons with substance use disorders from jail?
- Does the approach incorporate best practices and emerging models effective elsewhere in the state and the county?

Community Re-Entry and Probation Planning and Services

- Do release/re-entry practices allow for special considerations when detainees have serious medical or behavioral health conditions?
- Do re-entry procedures assure that detainees are enrolled in Medi-Cal if eligible?
- Do re-entry procedures incorporate a “warm hand-off” to a medical provider for detainees that have active medical conditions?
- Do re-entry procedures incorporate a “warm hand-off” to a behavioral health provider for detainees that have active mental health or substance use disorder (SUD) conditions?
- What are the jail’s practices for providing essential medications at release?

Phase 1 Assessment Deliverables

The deliverable for this project phase will be a slide presentation that addresses the following:

1. The strengths and limitations of the current adult and juvenile health care services
2. Recommendations for changes in:
 - a. Service delivery
 - b. Contracting
 - c. Oversight and monitoring

HMA will present this information in person to a small group of stakeholders selected by the client. Discussion will identify elements to include in the new vendor RFP.

Phase II: Preparation of Request for Proposal

In this project phase, HMA will prepare a draft comprehensive Request for Proposal. Among many elements, it will include minimum bidder requirements, mandatory reports, references, selection process, transition plan, and many other elements and appendices. HMA will also propose a well-defined oversight process that allows the County to independently validate vendor outcomes and performance on specific indicators and engages the vendor and key stakeholders in a continuous improvement process. The oversight process will also engage the vendor with the community health system to maximize public health and reduce recidivism.

Submittal requirements will be crafted to maximize the County's ability to compare bids on an "apples-to-apples" basis, including the costs of prescription drugs and off-site medical services.

HMA will present the draft RFP to key stakeholders and participate in finalizing it to accommodate the County's requirements.

The deliverables for this project phase are a draft and final RFP technical and narrative content. The County will be responsible for the boilerplate content as well as formatting the final document and posting it.

Phase III: Vendor Selection and Contracting

In this project phase, HMA will begin by proposing a scoring methodology and vetting it with the County. We will provide support to the County in answering bidder questions. We will review all proposals and prepare an analysis and summary of the proposal pricing. We will meet with the selection committee and provide technical support to their analysis and the final selection. We will provide consultation about the contract transition process. Finally, we will provide technical assistance to the County in developing a vendor contract. This will include building in assurances that outcomes and performance can be measured and monitored throughout the term of the contract.

Deliverables for this phase will include a summary of bidder scores and participation in a scoring session, and verbal and written technical assistance regarding contracting and a transition plan.

HMA PROJECT TEAM

The HMA team consists of three people who will conduct the on-site tours and interviews and additional members who are correctional health experts who will consult virtually. Resumes for all staff proposed to work on this project are attached. We provide the additional short biographies for each person.

Donna Strugar-Fritsch, BSN, MPA, CCHP, is a managing principal in HMA's San Francisco office. She has worked for 12 years with a wide variety of public and private sector health care clients. Donna has more than a decade of experience advising prisons, jails, juvenile facilities, policy makers, and correctional health vendors in correctional health care operations, best practices, and emerging trends. Donna has led analyses of all aspects of inmate health care, participated in practice redesign projects, developed models for tracking inmate health care costs and clinical outcomes, written and monitored contracts for inmate health services, and audited inmate health care from intake through release. Donna has worked with paper and electronic medical records to conduct chart reviews, design data reports and

dashboards, and develop disease registries for jails and prisons. She has worked extensively with nursing, providers, and pharmacists on all aspects of medication practices.

Donna is a nationally recognized expert in the interface of the Affordable Care Act and corrections and has extensive experience in accessing Medicaid funds for inmate hospital stays and for mental health and SUD services for parole and probation populations. She has also conducted an extensive analysis of federal and California provisions for commercial insurance plan coverage of incarcerated beneficiaries.

She has been engaged by Los Angeles, Santa Clara, San Diego, and Sacramento counties to consult on their jail health services, and is about to begin an engagement in San Mateo County.

Donna is well-versed in the accreditation standards and processes of the National Commission on Correctional Health Care and the American Correctional Association, and with California's Title 15. Donna is currently working to raise awareness in the correctional setting about many health care innovations and best practices that have developed in community settings and to bring these innovations into corrections. She is helping prisons and jails to better manage serious mental illness, substance use disorders, and chronic disease with new models of care and integration of behavioral health and medical care. Donna is a registered nurse and is a Certified Correctional Health Professional under the National Commission on Correctional Health Care.

Donna will serve as the project manager and will oversee all project activities, client communications, and deliverables and she will lead the on-site work.

Jack Raba, MD is a principal in HMA's Chicago office. He is a practicing Internist and attending physician at Stroger Hospital (formerly Cook County Hospital) in Chicago, and provides client consulting in the areas of primary and specialty care services, development and management of ambulatory care networks, and correctional health care. Dr. Raba served as Chief Medical Officer of the Cook County Health and Hospital System, and COO and Medical Director of the 11,000-bed Cook County Jail in Chicago, Illinois. He is currently serving as the Interim Director of Health Services at Cook County Jail and also consulting with the Los Angeles County Health Department as assumes responsibility for jail health services. Dr. Raba is widely known in correctional health care and often serves as an expert witness in correctional health care litigation and as a medical monitor in court-ordered correctional health initiatives. His work has taken him into jails of every size, all over the country. Dr. Raba has consulted with Santa Barbara County in the past and is familiar with its health system and adult and juvenile jails. He has also recently consulted with Sacramento County on its jail health services and is very familiar with AB-109 and Title 15.

Gina Eckart MS, LMHC, is a managing principal with HMA. She is a licensed mental health counselor with 20 years of experience in public behavioral health. Prior to joining HMA, Gina served as the director of the Indiana Division of Mental Health and Addiction. She was responsible for policy, funding and management of the state's \$450 million public mental health and addiction system of care, including six state psychiatric hospitals and more than 2,200 employees. Gina has recently consulted on several jail diversion programs in several states and most recently in Los Angeles County. These programs involve courts, judges, probation/parole, community mental health and SUD providers, community-based agencies, sheriffs, and law enforcement. She has also worked as a mental health and addiction trainer for the Indiana Law Enforcement Academy and local crisis intervention team.

Gina will participate on the team virtually, through video and teleconferencing, and focus on mental health and substance abuse services inside the jails and diversion and re-entry processes for inmates with mental health and substance use problems.

Donna Laverdiere, MPP, is a senior consultant with HMA. An experienced health policy professional, Donna Laverdiere has extensive experience implementing public health care programs and in Medicaid managed care plan operations. Donna also has considerable knowledge of the private health insurance market. While at HMA, Donna has assisted several Medicaid managed care plans with drafting responses to state Medicaid competitive procurements, which included developing response content as well as participating in mock scoring of RFP responses. She has also assisted managed care plans across health plan operations and developed strategy for health plan market expansion.

Prior to joining HMA, Donna led implementation of key components of the health insurance exchange program for the Centers for Medicare & Medicaid Services' (CMS) Center for Consumer Information and Insurance Oversight (CCIIO). In this role, Donna developed two competitive RFPs for bid, including drafting content, developing scoring requirements and processes, and clearance of RFP documents with senior leadership. Donna also evaluated RFP responses and selected winning contractors.

PROJECT TIMELINE

The following timeline provides an overview of the major project activities and deliverables. It assumes that a contract between HMA and the Probation Department would start mid-January, that the RFP release date will be April 1, 2016, and that the County would allow a six-week timeframe for bidder response. A project timeline would be finalized with the Probation County during the project kick-off, and it can be adjusted if any of these assumptions need to be amended.

	JAN				FEB				MAR				APR				MAY				JUN				JUL					
	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Kick-Off Call	X																													
Document request		X																												
Document review		X	X	X	X	X	X	X	X																					
Site visit tour and interviews			X																											
Follow up interviews				X	X	X																								
Collate findings				X	X																									
Prepare recommendations				X	X																									
Present recommendations								X																						
Identify priorities for RFP								X																						
Draft RFP								X	X																					
Present Draft RFP								X																						
Finalize RFP									X																					
Contract bidding window																														
Support bidder question process																														
Develop selection process																														
Review and score proposals																														
Work with selection committee																														
Support contract development																														
Develop contract transition guidance																														

ESTIMATED PROJECT COST

HMA proposes to conduct the proposed scope of work over 26 weeks. Our cost estimate is based on the following assumptions:

1. The scope of work will require about 240 hours of consulting from the HMA team.
2. The team will make 3 trips to Santa Barbara. Dr. Raba will fly from Chicago, Donna Strugar-Fritsch and Donna Laverdiere will drive together from San Francisco:
 - A. Site visit (Dr. Raba and Donna Strugar-Fritsch)
 - B. Presentation of findings and recommendations (Dr. Raba, Donna Strugar-Fritsch, and Donna Laverdiere)
 - C. Participation in scoring session (Donna Strugar-Fritsch and Donna Laverdiere)
3. The County will receive 5 bids and HMA will spend 3 hours scoring each one.

HMA proposes to conduct this scope of work on a time and materials basis. Based on the estimated scope of work, level of effort, travel as described, and a discount on our consulting rates, we estimate the project cost at \$99,000. This includes all travel time and expenses. If the assumptions noted above vary, we may need to adjust the total cost accordingly. HMA is also willing to adjust the scope of work and project cost in consultation with the Probation Department.

RESUMES

Gina Rizzo Eckart

Position

Managing Principal, Health Management Associates, Inc., Indianapolis, Indiana

Education

Master of Science, Counseling and Counselor Education, Indiana University, Bloomington, Indiana, 1990-1992

Bachelor of Science, Psychology, Indiana University, Bloomington, Indiana, 1986-1990

Licensure and Certification

Licensed Mental Health Counselor (1999-Present)

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., January 2012-present

- Provides consultation and technical assistance to state and local behavioral health authorities, and providers on a variety of issues including health care reform, implementation of evidence-based behavioral health services and the financing of such services.
- Assists state systems and provider agencies in system reviews, development of strategic plans, and construction of grant and other RFP responses.
- Facilitates the development, planning and application of strategies across public and private partnerships to increase the quality and accessibility of integrated health care.

INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION, Director, February 2009 - December 2011

- Responsible for policy and funding of the public mental health and addiction system of care in Indiana.
- Management of approximately \$450,000,000 budget of state and federal funds.
- Oversight of six state psychiatric hospitals.
- Interface with Indiana General Assembly and Commission on Mental Health.
- Responsible for approximately 2,210 employees within central office and across state hospitals.
- Partnered with Indiana Medicaid to improve efficiency and oversight of Medicaid Rehabilitation Option Program resulting in approximately 30% decrease in expenditures while maintaining the existing service array.
- Directed state hospital transition plan resulting in 110 individuals transitioned into community based care, resulting in a savings of over \$15,000,000 to the state of Indiana.
- Acquired additional \$4,000,000 in federal grant funding for the Division.
- Led the development of a statewide plan for behavioral health workforce development.

INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION, Assistant Director, November 2005 – February 2009

- Assisted DMHA Controller with oversight of all DMHA contracts.
- Provided direction and leadership for DMHA strategic planning efforts.
- Managed the Office of Mental Health Policy and Planning and the Office of Addiction and Emergency Preparedness.
- Led the planning and implementation of a statewide quality assurance and service review process.
- Oversaw successfully funded grant applications of approximately \$28,000,000 in additional federal funding.
- Served as Acting Director in the absence of the Director.

MIDTOWN COMMUNITY MENTAL HEALTH CENTER, CTT Manager Acute Care Services, 1997–November 2005

- Responsible for administrative and clinical management of 24-hour Crisis Unit, Access Services and Intake System for comprehensive community mental health center.
- Responsible for total of 27 clinical and 5 support staff across 4 programs.
- Coordination of screening, scheduling and admission process for adult intakes.
- Management of psychiatric consultation services to Wishard Hospital Emergency and Psychiatric Emergency Departments
- Member of agency's JCAHO Oversight Committee.
- Oversight of budgets in excess of \$1.5 million.
- Led performance improvement initiatives, which included creation of the Access scheduling and information line.
- Led initiative to centralize adult intakes, creating improved show rates, employee and client satisfaction, as well as decreased wait times for service.

MIDTOWN COMMUNITY MENTAL HEALTH CENTER, Crisis Clinician, 1994-1997

- Provided crisis assessments for a variety of clients in both a walk-in clinic and the emergency room of Wishard Hospital. Responsibilities included triage, assessment, crisis intervention, screening for inpatient services, as well as linking clients to other needed services.
- Provided short-term follow-up for clients seen in emergency services.
- Provided psychiatric consultation to medical and surgical units of Wishard Hospital.
- Served on agency Policy and Procedure Committee.

Additional Professional Activities

Adjunct Professor, Indiana University Purdue University at Indianapolis, School of Social Work

National Association of State Mental Health Program Directors (NASMHPD) Board

Standards, Training, and Practice Subcommittee of the National Suicide Prevention Hotline

Indiana Prenatal Substance Abuse Commission

Marion County Mental Health Association Crisis and Suicide Line Advisory Board

Indianapolis Crisis Intervention Team (CIT) Committee

Marion County Suicide Prevention Coalition

NOVA and CISM trained

Trainer for Marion County Sheriff's Department and Indiana Law Enforcement Academy

Donna A. Laverdiere

Position

Senior Consultant, Health Management Associates, Inc., San Francisco, California

Education

Master of Public Policy, Duke University, Terry Sanford School of Public Policy, Durham, North Carolina, 2007

Bachelor of Arts in English, Tufts University, Medford, Massachusetts, cum laude, 2002

Summary of Qualifications

- Over five years of health policy experience in the federal government focused primarily on health reform and insurance marketplaces
- Leadership in developing operations and IT systems from concept to launch for the new federal health insurance marketplace program
- History of leading change in an extremely dynamic, start-up environment, including designing and implementing innovative operational solutions and establishing multiple new work streams
- Over three years of experience managing the development of marketing materials and e-commerce sites for two major corporations
- Experience leading teams including management of up to ten staff

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., February 2014-present

- Consulted with various Medicaid managed care plans on their responses to state contract solicitations, including development of models of care and strategies for IT development
- Provided research and policy analysis for private sector clients related to the Affordable Care Act and health insurance Marketplaces
- Provided program design consulting services to San Francisco county related to the development of public benefit programs

CENTER FOR CONSUMER INFORMATION AND INSURANCE OVERSIGHT (CCIIO), Centers for Medicare & Medicaid Services (CMS), Bethesda, Maryland/San Francisco, California, Director, Issuer and Plan Management Operations, Exchange Policy and Operations Group, May 2010-February 2014

- Led the implementation of key aspects of the Affordable Care Act's Marketplace program that affect health plans, progressing from the development of policy to operational implementation of IT systems and procedures.
- Contributed to the drafting of multiple Federal regulations related to the Marketplace program.

- Managed a team of software developers, consultants, and staff on the implementation of health plan management IT systems, including requirements development, design, and launch, utilizing agile development methodology.
- Managed insurer and association relationships including providing ongoing technical assistance and developing strategies and messaging for insurer communication.
- Developed policy and strategy for working with states on their implementation of aspects of the Affordable Care Act.

OFFICE OF THE SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES, Washington, DC, Policy Analyst, Office of Budget, January 2008-May 2010

- Led the analysis of the Medicaid and Children's Health Insurance Program (CHIP) budgets and associated policy in the budget office of the Secretary.
- Led the implementation of health reform activities within the Office of Budget, including administrative cost estimation for the Affordable Care Act.

U.S. HOUSE OF REPRESENTATIVES, Energy and Commerce Committee, Washington, DC, Health Fellow, Health Subcommittee, July 2008-November 2008

- Assisted in the development of a comprehensive Food and Drug Administration (FDA) reform bill
- Helped develop legislation to provide health care for 9/11 emergency responders and related to Medicaid home and community-based services

DIGITAS, LLC, Boston, Massachusetts, Marketing Associate, 2004-2006

- Contributed to the design and development of an e-commerce site for a new AT&T product launch
- Managed the day-to-day operation of the AT&T Voice Over IP shopping website, including project management of copy writers, designers, and programmers
- Managed client relationships with AT&T and General Motors marketing managers
- Developed creative strategies and marketing messages for various AT&T and General Motors products

HOUGHTON MIFFLIN COMPANY, Boston, Massachusetts, Marketing Assistant, 2002-2004

- Developed and managed marketing efforts for two college textbook lines totaling \$9 million in annual sales
- Trained a 200-member sales force on marketing messages related to college textbooks
- Created and contributed to marketing materials and editorial development

Professional Certification

Scrum Alliance, Scrum Master Certified, October 2011

John Michael Raba, MD

Position

Principal, Health Management Associates, Inc., Chicago, Illinois

Education and Training

Doctor of Medicine, Northwestern University Medical School, Chicago, Illinois, 1974

Internal Medicine Residency, Cook County Hospital, Chicago, Illinois, July 1975-June 1977

Straight Medicine Internship, Cook County Hospital, Chicago, Illinois, July 1974-June 1975

American Board of Internal Medicine Certification, 1977

State of Illinois License # 036-54835, July 1, 1978

Bachelor of Arts, University of Michigan, Ann Arbor, Michigan, 1969

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., Principal, October 2006-present

Recent Projects include: Cermak Health Services at Cook County Department of Corrections, Interim Health Services Site Administrator; Sacramento County Jail Services Assessment; Colorado Department of Youth Services Assessment of Psychotropic Medication Utilization; Peoria County Juvenile and Adult Detention Centers Assessment; John Stroger/Cook County Hospital Medicaid Waiver Project; St. Louis City Jail Health Care Assessment; Santa Barbara County Inpatient Mental Health Services; New York City Mechanical Restraints on Hospitalized Detainees; Los Angeles County+USC Hospital and Ambulatory Care Network; Contra Costa (CA) Health Care Delivery System; LA County Adult Jail Specialty Care; LA County Juvenile Detention Centers; Martin Luther King Hospital Ambulatory Care Center; River Region Counties of Alabama; California State Prisons (Asthma and Diabetes); South Central LA Integrated Delivery System

COOK COUNTY HEALTH & HOSPITAL SYSTEM, Interim Chief Medical Officer, September 2008-December 2009

PRISON SYSTEM OF PUERTO RICO, Medical Monitor of the Prison System, March 2006-present

PRISON SYSTEM OF PUERTO RICO, Correctional Health Consultant, March 2006-present.

COOK COUNTY HOSPITAL (now known as John H. Stroger Hospital), Departments of Family Practice, Internal Medicine, Ruth M. Rothstein CORE Center, and Cermak Health Services, Attending Physician, 1978-present.

SANTA CLOTILDE CENTRO DE SALUD, Santa Clotilde, Rio Napo, Peru, Attending Physician, November 2005-February 2006.

DALLAS COUNTY JAIL, Correctional Health Consultant, July 2005-November 2005.

CERMAK HEALTH SERVICES, Cook County Bureau of Health Services, Chief Operating Officer, September 2004-September 2005.

CERMAK HEALTH SERVICES, Cook County Bureau of Health Services, Cook County Department of Corrections, Chicago, Illinois, Chief Operating Officer and Acting Medical Director, October 2003-September 2004.

AMBULATORY AND COMMUNITY HEALTH NETWORK, Cook County Bureau of Health Services, Chicago, Illinois, Co-Medical Director, July 1998-September 2003.

FANTUS HEALTH CENTER/SPECIALTY CARE CENTER, Cook County Hospital/John H. Stroger, Jr. Hospital, Cook County Bureau of Health Services, Chicago, Illinois, Medical Director, 1992-September 2003.

CERMAK HEALTH SERVICES, Cook County Department of Corrections, Medical Director; Department of Correctional Health Services, Cook County Hospital, Chairman, October 1980-December 1991.

Activities

Chair, Staffing & Human Resources Taskforce, Cook County Bureau of Health Services, January 2005-present.

City of Chicago, Mayor's Taskforce on Prisoner Re-entry, June 2004-present.

Member, Search Committee for Chairman, Cermak Health Services, John H. Stroger Hospital of Cook County, August 2003-May 2004.

Chairman, Search Committee for Chairman, Department of Correctional Health Services, Cermak Health Services, Cook County Hospital, July 1996-July 1998.

Westside District Health Council, 1996-September 2003.

Chairman, Search Committee for Chairman - Department of Surgery, Cook County Hospital, June 1986.

Advisory Committee and Quality Assurance Sub-Committee Chicago, Health Care for the Homeless Project, 1985-1988.

Jail/Prison Health Experience

Los Angeles County – USC Hospital, Consultant, December 2006-June 2008. Outpatient specialty care service delivery for detainees in the custody of the Los Angeles Sheriff's Department (Adult Jail)

Los Angeles Department of Health Services, Consultant, December 2006-June 2008. Assessment of health care delivery processes in LA Juvenile Detention Centers.

Commonwealth of Puerto Rico, Medical Monitor of the medical care provided in the jails and prisons of Puerto Rico, March 2006-present.

Dallas County Jail, Consultant, July 2005-present. Site inspection and development of recommendations for restructuring of jail's health care delivery system

Cermak Health Services, Chief Operating Officer, Cook County Bureau of Health Services, September 2004-present.

Cermak Health Services, Chief Operating Officer and Acting Medical Director, Cook County Department of Corrections, Cook County Bureau of Health Services, October 2003-September 2004.

Hare v. Ramsey, Kane County Jail, Expert Witness Testimony on death of detainee in Kane County Jail, March 2002.

Court Appointed medical expert - "Carlos Morales Feliciano et al v. Carlos Romero Barcello, et al". Review and recommend restructuring of health care system in jails and prisons of the Commonwealth of Puerto Rico, July 1987-2000.

Prisoner's Right Project, The Legal AID Society, "Milburn et al v. Coughlin et al", Chart Review and Report on Mortalities, Green Haven Correctional Facility, August 29, 1988.

Legal Services of Eastern Missouri, "Lopez et al v. Buerger et al", Report on Health Care Delivery System at Jefferson County Jail, Hillsboro, Missouri, June 1988.

Site Inspection of Medical Services (2nd visit), Ossining (Sing Sing) Correctional Facility, Department of Justice, New York Department of Corrections, Ossining, New York, April-August 1986.

Court appointed expert in "McBride v. Farrier" consent decree, Monitor of health care at Iowa State Penitentiary, Fort Madison, Iowa, March 1987-1994.

Testimony at Department of Corrections Public Hearing, "Medical Intake Screening, Minimum Standards for Jails", Office of Inmate Advocacy, State of New Jersey, January 21, 1986.

Health Care Standards Revision Committee, Standards for Health Care in Jail and Prisons, National Commission on Correctional, Chicago, Illinois, February-July 1986.

Legal Services Organization of Indiana, "Inmates of Indiana State Farm v. Orr et al", Indiana State Farm, Putnamville, Indiana, September 6, 1985, Deposition given January 24, 1986.

Site Inspection of Medical Services, Ossining Correctional Facility, Department of Justice New York Department of Corrections, Ossining, New York, February 22-23, 1984.

Testimony for plaintiff concerning death in Arecibo City Jail, "Cristobal Miranda v. Romero Barcello, et al", San Juan, Puerto Rico, January 17-19, 1984.

The Legal AID Society Prisoner's Rights Project, "Vega et al v. Ward et al", Site Visit and Report on Medical Services of Riker's Island hospital (Infirmary), September 20-21, 1984 and October 1990.

Re-certification Review for American Medical Association Jail, Health Services Accreditation, January 5, 1984.

"Newman v. State of Alabama", Deposition given, Montgomery, Alabama, January 1983.

Site Visit San Francisco City Jail, October 1982.

National Prison Project, Inspection and Review of Health Care Systems in State of Alabama Penitentiaries (Foundation, Holman, Tutwiler, Draper Station, Kirby, Hamilton Correctional Centers), 1982.

Site Inspection and Report on Medical Care System, Vanderburgh County Jail, "Fleener et al, v. De Groote", Legal Services of Indiana, Evansville, Indiana, 1982.

Site Visit, Rikers Island, New York City Jail, 1981.

Chairman/Medical Director, Department of Cermak Health Services, Cook County Hospital, Cook County Department of Corrections, 1981-1992.

Ambulatory Services Committee, Cermak Health Services, "Stocker" Report: Recommendation for establishment of comprehensive health services at Cook County Jail, 1979.

Publications

Broad J.; Cox T.; Rodriguez, S.; Mansour, M.; Mennella, C.; Murphy-Swallow, D.; Raba, J.; Wong, W. "The Impact of Discontinuation of Male STD Screening Services at a Large Urban County Jail – Chicago, 2002-2004" 2007, Publication pending.

Trick, W.; Kee, R.; Murphy-Swallow, D.; Mansour, M.; Mennella, C.; Raba, J. "Detection of Chlamydia and Gonococcal Urethral Infection During Jail Intake: Development of a Screening Algorithm" Sexually Transmitted Diseases. 33 (10): 599-603, October, 2006.

Puisis, M., Editor, Raba, J., Associate Editor, Clinical Practice in Correctional Medicine, Second Edition, Mosby Elsevier, 2006.

Raba, J. "Intake Screening and Periodic Health Evaluations" Clinical Practice in Correctional Medicine, (Chapter) Second Edition, Mosby Elsevier, 2006.

Kahn, R., Joesoef, R., Avnnalem, G., Puisis, M., Raba, J., Kerndt, P. "Overview of Sexually Transmitted Diseases" Clinical Practice in Correctional Medicine, (Chapter), Second Edition, Mosby Elsevier, 2006.

Puisis, M., Editor, Raba, J., Associate Editor, Clinical Practice in Correctional Medicine, First Edition, 1998.

Raba, J., "Mortality in Prisons and Jails" Clinical Practice in Correctional Medicine, (Chapter) p. 301-13, Mosby, Inc. 1998.

Aks, S.; Mansour, M.; Hryhorczuk, D.; Raba, J.; Vandenhork, T. "Barium Sulfide Ingestion in an Urban Correctional Facility Population" Journal of Prison and Jail Health. Vol. 12, No.1, 1993.

Lampiner, T.; Brewer, A.; Raba, J. "HIV In Prison: A Counseling Opportunity" JAMA. Vol. 266, No. 3, July 17, 1991.

Raba, J.; Prentice, R.; Aver, R.; Joseph, H.; Kiyasu, S.; Torres, Brickner, R. "AIDS and Homelessness" Under The Safety Net. The Health and Social Welfare of the Homeless in the United States., (Chapter) P. Brickner, (W.W. Norton Co.), 1990.

Puisis, M.; Raba, J. "Adding on Human Bites to Hepatitis B Prophylaxis" Correct Care, The National Commission on Correctional Health, Col. 2, Issue 3, p. 4, July 1988.

Danielson, J.; Walter, R.; Raba, J.; and Powell, W. "Traumatic Tympanic Membrane Perforations: Experience in a Jail Population" Journal of Prison and Jail Health, Vol.6, Number 1, p. 86-88, Spring 1986-1987.

Raba, J., "Health Care at an Urban Jail" Illinois Medical Journal, Vol. 164, p. 417, November 1983.

Raba, J. And Barrett - Obis, C. "Male Intake Screening at a Large Urban Jail" Journal of Prison Health, Spring/Summer 1983.

Raba, J. "Asymptomatic Gonorrhoea at a County Jail," Letter, The Journal of the American Medical Association, Vol. 245, p. 823, June 19, 1979.

Shah, P.; Patel, A.; DiMaria, F.; Vohra, A.; Raba, J. "Polycythemia in Lung Cancer" Clinical Laboratory Haemat, 1979.

Lectures/Presentations

"Asthma in Adults I and II" California Prisons Asthma Project, Sacramento, California, February-December 2008.

"Health Care In the Amazon Basin of Peru", Loyola University Medical School; Division of Infectious Diseases Staff, John H. Stroger Hospital of Cook County Hospital; Medical Staff, John H. Stroger Hospital of Cook County, April 2006-June 2006.

"You be the Judge: A Mock Trial Involving an Inmate's Claim", Updates in Correctional Health Care, National Commission on Correctional Health Care, October 24, 2004.

"The Delivery of Ambulatory Care to the Underserved Urban Population", The Sociology of Health Care Delivery, Masters in Health Administration Program, Rush Medical College, Chicago, Illinois, 1993-1995.

"American Jails: Myths and Realities", Series: Understanding the Health Care Needs of Central City Children, Sinai Samaritan Medical Center, Milwaukee, WI, October 23, 1992.

"Mortality in an Urban Jail, 1981 -1990" 4th World Congress on Prison Health Care, Anchorage, Alaska, May 7, 1991.

"Health Care of Prisoners", American College of Physicians, 72nd Annual Meeting, New Orleans, LA, April 12, 1991.

Law Enforcement and AIDS: Questions of Justice and Care", Conference, Panel Discussant, Departments of Criminal Justice and Social Work, Loyola University of Chicago. Proceedings Published by Bensinger. G. And Rowe. C., Loyola University of Chicago Press, February 1988

"National Commission on Correctional Health Care, Standards for Health Services in Jails Accreditation", 10th Conference on Correctional Health Care, Washington, D.C., October 3, 1987.

"Populations in Correctional Institutions", University of Illinois College of Medicine at Urbana – Champaign, Medicine and Society Seminar Series, Perspectives on Health Care Needs of Special Populations, Champaign, Illinois, April 30, 1986.

"Health Care in an Urban Jail" Northwestern University Medical School, Department of Preventive Medicine, Chicago, Illinois, 1984-1989.

"Correctional Health Care in the USA", Social Medicine Lecture, Cook County Hospital, Chicago, IL, November 28, 1984.

"Medical Intake Screening in Urban Jails", National Commission on Correctional Health Care National Conference on Medical and Health Services in the Correctional Setting, Chicago, Illinois, October 12, 1984.

"Urban Jail Mortality Review", National Commission on Correctional Health Care, National Conference on Medical and Health Services in the Correctional Setting, Chicago, Illinois, October 12, 1984.

"Meningococcal Meningitis in the Correctional Setting", Second World Congress on Prison Health Care, Ottawa, Canada, August 1983.

"Routine Health Maintenance", Illinois Society of Physician Assistants, Chicago, Illinois, June 1981.

Foundations/Boards

St. Vincent DePaul Advisory and Development Board, Chicago, Illinois, 2006-present.

Health and Medicine Policy Research Group Board Member, Chicago, Illinois, 1991-1993.

Physician Assistant Program, Advisory Board Member, Medical Director (1987-1990), Vice-Chairman (1990-1992), Malcolm X City-Wide College/Cook County Hospital, 1987-present

Health Care for the Homeless, Robert Wood Johnson, Pew Memorial Foundations National Advisory Board Member, 1984-1988

Awards

St. James Award, Service and Commitment, Archbishop Quigley Preparatory Seminary, Chicago, Illinois, June, 2007.

Quigley Distinguished Alumni Award, Archbishop Quigley Seminary High School, Chicago, Illinois, March 8, 1994.

Distinguished Award of Merit, National Commission on Correctional Health Care, Chicago, Illinois, November 10, 1989.

Honoree: Public Service in the Field of Health, Health and Medicine Policy Research Group, Chicago, Illinois, March 23, 1985.

Alumnus Community Services Award, St. Mary of the Lake Seminary, Niles College, Chicago Catholic Archdiocese, November 11, 1984.

Donna Strugar-Fritsch, MPA, BSN

Position

Managing Principal, Health Management Associates, Inc., San Francisco, California

Education

MPA, Western Michigan University, 1992

BSN, Michigan State University, 1974

Range of Experience

Broad experience in health policy including government programs, managed care, correctional health, rural health, public health, program development and administration of clinical services, grant-funded demonstrations and evaluations, and public-private-academic partnerships in all realms of health care and other human services. Administration of senior-level leadership training, and graduate-level instruction in health and human service curricula. Advanced writing and communication experience in corporate, academic, and community venues. Broad experience in governance and management of professional associations and other non-profit organizations.

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., February 2003-present.

Works with a wide variety of clients to develop and operationalize strategic plans and strategic projects. Facilitates numerous statewide health commissions and task forces; topics include Medicare/Medicaid dually eligible projects, childhood lead poisoning, the manufacturing industry and health care reform. Conducts analyses for foundations and associations to advance their efforts to influence health policy and to develop programs for the uninsured. Provides extensive analytic and consultative services to government employers and their unions as they develop and administer medical, dental and pharmacy benefits and policies. Extensive consulting with state departments of corrections, county and city jails, and providers, accrediting bodies and federal policy makers in correctional health on methods to address rising health care expenses for inmates and on the impact of the Affordable Care Act on the corrections setting; nationally recognized speaker and author on the topic. Consulting with Michigan and Tennessee on Health Benefit Exchange development including stakeholder engagement, broker relations and training, and strategies to increase premium payment and minimize disenrollment. Evaluated proposed Exchange legislation packages in Arizona. Consults with other Exchange-related clients on Navigator applications, Medicaid enrollment interface with prisons and jails, and Exchange plan benefit requirements for pre-trial detainees.

INDEPENDENT CONSULTANT, June 2000-February 2003.

Operated full-time consulting practice, provided a variety of planning, leadership, policy analysis, facilitation and program development services to clients in health care and other non-profit organizations.

MICHIGAN PUBLIC HEALTH INSTITUTE

Director of Planning and Development, January 1998-June 2002.

Responsible for strategic corporate initiatives for non-profit research and policy think-tank with \$19 million budget and 170 FTEs. Developed new partnerships and projects, served as principal investigator/grant manager on

sensitive projects. Oversaw corporate internal and external communications, member of corporate management team.

Director of Planning and Operations, September 1996-December 1997.

Developed internal functions for human resources, business operations, facilities, staff training, and communications. Oversaw design and building of new facility, its communication and computer infrastructure, and its videoconferencing center.

MICHIGAN HEALTH CARE INSTITUTE, Director, January 1994-August 1996.

Directed operations of grant and policy-related activities of non-profit subsidiary of the Michigan Health & Hospital Association. Principal Investigator of 3-year, \$1.5 million grant-funded initiative to advance delivery of health services in seven rural multi-county sites in Michigan. Directed projects in public/private cancer care coordination, long term care.

MICHIGAN HOSPITAL ASSOCIATION, Division of Health Delivery and Finance, January 1990 to December 1993.

Progressive responsibility for policy research and development, advocacy and education related to health delivery for 180 Michigan hospitals. Directed state-wide member task forces on health care quality, utilization, behavioral health services, and rural health. Analyzed Medicaid provider appeal process to rectify claims backlog of \$10 million.

BLUE CARE NETWORK – HEALTH CENTRAL, 1981-1990.

Held a variety of staff and contracted positions to develop managed care services, deliver patient care, and manage HMO resources. Developed home care division including policies and operations to deliver home care services and medical equipment to 63,000 members.

Publications

Strugar-Fritsch, D., *Health Care Reform: What's Next in Corrections?* CorrectCare, Fall 2012, 26:4.

Creech, C., Kornblau, B., Strugar-Fritsch, D., *A Model Plan for the Uninsured: Delivering Quality and Affordability in a Limited Benefit Managed Care Safety Net Program In Flint, Michigan* Journal of Health Care for the Poor and Uninsured 23 (2012): 339 – 346.

Daniel J Kruger, Linda Hamacher, Donna Strugar-Fritsch, Lauren Shirey, Emily Renda, Marc A Zimmerman, "Facilitating the development of a county health coverage plan with data from a community-based health survey", *Journal of Public Health Policy* 2010 Vol 31: No 2 pp 199-211

Out of the Box and Over the Barriers: Community –Driven Strategies for Addressing the Uninsured Woodbury, V., Strugar-Fritsch, D., Shaheen, P., 1st Books Press, 2003.

Professional Credentials

Certified Correctional Health Care Professional, 2011 - current

Registered Nurse, State of Michigan, # 118918

Fellow, National Public Health Leadership Institute, 1998 - 1999

Certificate: Excellence in Non-Profit Leadership & Management, 1999

"The Fund Raising School", Indiana University Center on Philanthropy, 1997