

HEALTH MANAGEMENT ASSOCIATES

Proposal to Provide Continuous Quality Improvement Reviews

Presented to
Arkansas Department of Human Services, Division of Children
and Family Services

Technical Proposal Packet – COPY
RFP#: 710-23-0012

January 25, 2023

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Required Forms

Proposal Signature Page

A copy of the proposal signature page follows.

RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Health Management Associates, Inc.		
Address:	120 N Washington Square, Suite 705		
City:	Lansing	State:	MI Zip Code: 48933
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
	AR Certification #: N/A * See Minority and Women-Owned Business Policy		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for solicitation related matters.			
Contact Person:	Ann Filiault	Title:	Proposals Director
Phone:	517-482-9236	Alternate Phone:	518-801-0003
Email:	proposals@healthmanagement.com		
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation.			
<input checked="" type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.			

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's response to be rejected.

Authorized Signature: Kelly Johnson Title: Chief Administrative Officer

Printed/Typed Name: Kelly Johnson Date: January 19, 2023

All Agreement and Compliance Pages

A copy of the Vendor Agreement and Compliance Page follows.

SECTIONS 1 – 4: VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

HMA makes no exceptions to the requirements of this RFP.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: Kelly Johnson
Use Ink Only.

Printed/Typed Name: Kelly Johnson, Chief Administrative Officer Date: January 19, 2023

Signed Addenda, if applicable

Addendum 1

A copy of Addendum 1 follows.

Continuous Quality Improvement Reviews

Page 1 of 1

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: January 18, 2023
SUBJECT: 710-23-0012 Continuous Quality Improvement Reviews

The following change(s) to the above referenced RFP have been made as designated below:

- ☒ Change of specification(s)
☐ Additional specification(s)
☐ Change of bid opening date and time
☐ Cancellation of bid
☒ Other

CHANGE OF SPECIFICATION(S)

- Section 1.14.A. delete and replace with the following:
Contractor(s) shall include the monthly rate on the Official Price Bid Sheet only. Contractor must provide a detailed budget with the Official Bid Price Sheet that includes a breakdown of all expenditures included in the monthly amount. Any cost not identified by the successful contractor but subsequently incurred in order to achieve successful operation shall be borne by the Contractor. The Official Bid Price Sheet is provided as a separate file posted with this Bid Solicitation.
- Section 2.3.A delete and replace with the following:
The Contractor must be registered to do business in the State of Arkansas. For verification purposes, Contractor must submit with proposal official documentation of their active registration from the Arkansas Secretary of State's Office.
- Section 1.8.A.2.c delete and replace with the following:
Original Proposed Subcontractors Form. (See Subcontractors.)

OTHER

- Replace Official Bid Price Sheet with Revised – Official Bid Price Sheet
- Remove Section 3.1.C.3 of the solicitation

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.


Vendor Signature

January 19, 2023
Date

Health Management Associates, Inc.
Company

E.O. 98-04 – Contract Grant and Disclosure Form

The Contract Grant and Disclosure Form follows.

Continuous Quality Improvement Reviews

Contract Number _____
 Attachment Number _____
 Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____ SUBCONTRACTOR NAME: _____

☐ Yes ☒ No

IS THIS FOR: Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: Health Management Associates, Inc.

YOUR LAST NAME: Johnson FIRST NAME: Kelly M.I.: J

ADDRESS: 120 N Washington Square, Suite 705

CITY: Lansing STATE: MI ZIP CODE: 48933 COUNTRY: United States

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/ commission, data entry, etc.)	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly			N/A				
Constitutional Officer			N/A				
State Board or Commission Member			N/A				
State Employee			N/A				

☐ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/ commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

DHS Revision 11/05/2014

Continuous Quality Improvement Reviews

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Kelly Jones Title Chief Administrative Officer Date January 19, 2023
Vendor Contact Person Ann Filiault Title Proposals Director Phone No. (517) 482-9238

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

DHS Revision 11/05/2014

Equal Opportunity Policy

HMA's equal opportunity policy, as presented in the company's employee handbook, is provided on the pages that follow.

Section 1 - Governing Principles of Employment

1-2 Equal Employment Opportunity and Affirmative Action

It is the policy of HMA not to discriminate or allow the harassment of colleagues or applicants on the basis of sex, gender identity, sexual orientation, race, color, religious creed, national origin, physical or mental disability, protected veteran status, or any other characteristic protected by law with regard to any employment practices, including recruitment, advertising, job application procedures, hiring, upgrading, training, promotion, transfer, compensation, job assignments, benefits, and/or other terms, conditions, or privileges of employment, provided the individual is qualified, with or without reasonable accommodations, to perform the essential functions of the job. This policy applies to all jobs at the firm.

HMA will continue to ensure that individuals are employed, and that colleagues are treated during employment, without regard to their sex, gender identity, sexual orientation, race, color, religious creed, national origin, physical or mental disability, protected veteran status, or any other characteristic protected by law in all employment practices.

Employment decisions at HMA are based on legitimate job-related criteria. All personnel actions or programs that affect qualified individuals, such as employment, upgrading, demotion, transfer, recruitment, advertising, termination, rate of pay or other forms of compensation, and selection for training, are made without discrimination based on any rights protected by law. Colleagues may choose to voluntarily disclose their sex, race, national origin, disability and protected veteran status at any time by contacting Human Resources. Such information will be maintained in a confidential manner and will not be used against an individual when making any employment decisions.

HMA is fully committed to the principles of equal employment opportunity and affirmative action. HMA supports the successful implementation of HMA's Affirmative Action Program (AAP). HMA has appointed the Vice President of Human Resources as the Affirmative Action

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HMA Colleague Handbook v 3.3

Officer for the firm, with responsibility for implementation of the firm's affirmative action activities. The Affirmative Action Officer has the full support of leadership and the staff necessary to fully implement this Program. Management will take an active part in HMA's AAP to ensure all qualified colleagues and prospective colleagues are considered, and treated in a nondiscriminatory manner with respect to all employment decisions. Furthermore, HMA will solicit the cooperation and support of all colleagues for HMA's Equal Employment Opportunity and Affirmative Action Policy. Our Affirmative Action Program includes an audit and reporting system, which, among other things, uses metrics and other information to measure the effectiveness of our Program. The Affirmative Action Officer has been assigned responsibility for periodically reviewing progress in the compliance and implementation of the policy of affirmative action.

In accordance with public law, the firm's program of affirmative action for qualified individuals with disabilities and the program of affirmative action for protected veterans are available for inspection in the Human Resources Department, Monday through Friday, from 9:00 a.m. to 5:00 p.m. Eastern Time upon request. In addition, colleagues and applicants will not be subjected to harassment, intimidation, threats, coercion, or discrimination because they have engaged in, or may have engaged in, filing a complaint, assisting or participating in an investigation, compliance review or hearing, or other activity related to the administration of Section 503 of the Rehabilitation Act of 1973, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, Executive Order 11246, all as amended, and/or any other federal, state, or local law or regulation regarding Equal Employment Opportunity, opposing any act or practice made unlawful, or exercising any other right protected by such laws or regulations. HMA will not discharge or in any other manner discriminate against colleagues or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another colleague or applicant. However, colleagues who have access to the compensation information of other colleagues or applicants as part of their essential job functions cannot disclose the pay of other colleagues or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information.

Confidential - Not for Distribution Outside of HMA

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Proposed Subcontractors Form

The Proposed Subcontractors Form follows.

PROPOSED SUBCONTRACTORS FORM

- *Do not include additional information relating to subcontractors on this form or as an attachment to this form.*

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

Other Documents and/or Information Expressly Required in this Bid Solicitation

Disclosure of Litigation Form

The Disclosure of Litigation form follows.

DISCLOSURE OF LITIGATION

- Respondent and any subcontractors offering services shall disclose any litigation that could affect the project or contract. The respondent must identify, for all projects undertaken for the past three (3) years, any claims, disputes, or disallowances imposed by any funding agency. In addition, a statement of any assignments, contractual obligations, and the respondent's involvement in litigation that could affect this work shall be included. Respondent must identify any contract termination(s) that have occurred or that were initiated by either party.

HMA has no litigation to disclose that could affect the project or contract; has not had any claims, disputes, or disallowances imposed by any funding agency in the last 3 years; has not have any contract terminations outside of funding issues which were out of the control of the parties; and no other assignments, contractual obligations or litigation that could affect this work.

Technical Proposal Response

Minimum Qualifications

Registered to do Business in the State of Arkansas

HMA's Certificate of Good Standing with the State follows.



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

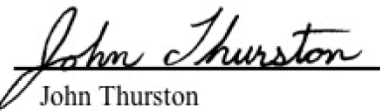
HEALTH MANAGEMENT ASSOCIATES, INC

formed under the laws of the state of Michigan, and authorized to transact business in the State of Arkansas as a Foreign For Profit Corporation, was granted a Application for Certificate of Authority by this office April 3, 2015.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 16th day of November 2022.


John Thurston
Secretary of State

Online Certificate Authorization Code: 3cc5cc1d79d9195

To verify the Authorization Code, visit sos.arkansas.gov

Response Documents

HMA confirms our response includes a copy of all required licensure and certification documents for this solicitation.

Five Years of Direct Field Experience and/or Supervisory, Administrative, or Management Experience in a Public or Private Child Welfare Agency

HMA will ensure all reviewers hold a bachelor or master degree in social work, human services, public administration, counseling, or a closely related field (or a juris doctor degree), with experience working for a state Court Improvement Program or juvenile or family court dealing with child welfare cases. This may include providing services or supervising, administering, or managing programs supporting child protective services, foster care, adoption, family preservation, family support, independent living services, or licensure/approval of foster and adoptive families. If a situation arises where this may is not the case, and where experience may be substituted for education, HMA will seek prior approval and the discretion of DCFS. Also, if a change in the selection of reviewers is required, HMA will seek DCFS approval prior to rendering services. As we focus on the importance of qualifications, HMA also employs professionals with lived experiences who will serve on this project team to ensure we elevate the importance of our practice.

Resumes for our proposed staff are provided in **Appendix A**.

Technical Approach and Solutions

HMA's Approach to Scope Of Work

Continuous quality improvement (CQI) is a framework for defining, measuring, and improving child welfare outcomes. HMA's approach emphasizes straightforward project management, transparent communication, and the need for efficiency and respectfulness of the Arkansas Department of Human Services' (DHS), Division of Children and Family Services (DCFS) resources.

Aligning a practice with a vision requires systematic movement through the four phases of change: (1) awareness for the need to change; (2) desire to make a change; (3) acquisition of the necessary skills, practice and refinement of these skills; and (4) positive reinforcement in the use of the new skills.

Our approach supports the essential aspects of change management, creates an awareness and desire to change, and serves as the foundation for the ultimate change required at the practice level. To further support the implementation of the child welfare CQI practice, we facilitate the development of a theory of change to assist with implementation efforts. A key component of our change management approach is contingent upon developing the capacity of staff and partners to execute and sustain the focus on building and supporting a transformed, family-centered, community-based system of care that supports children and families.

To identify actionable strategies and tactics with the State office, field offices, and tribal child welfare staff and leaders, we will conduct human-centered design. Human-centered design is a methodology for analyzing the current state and designing an optimal state for the series of events comprising the delivery of service. It takes a service from the beginning of the specific process until it reaches the client, but always keeps the client at the center of any process redesign efforts. Human-centered design is about building strong empathy with the people for which it is designed, generating ideas, building prototypes, sharing what has been created with the people you are designing for, and eventually implementing the innovation. This iterative process will show areas of potential risk in service delivery due to all process improvements or changes.

At the center of change management is clear communication. In our experience, it is critical to begin a project of this magnitude with a clear understanding between all parties in the process and final deliverables. This ensures the delivery of high-quality results and avoids potential delays based upon misunderstandings or unclear expectations. Together with DCFS, we will develop a CQI charter encompassing values; goals; key performance indicators; expectations; and identify the ways in which to ensure engagement and communication with one another, as well as with all team members, for every phase of the project.

HMA will speak with both staff and stakeholders to gauge the efficacy of protocols and jointly develop recommendations that may help to inform and strengthen practice. A thorough assessment of the current state practices, functions, conditions, and associated challenges is fundamental to identifying the CQI process that will have the greatest impact on achieving DCFS goals. As we engage in our review, we will simultaneously gather any information or tools needed. We will map existing assets and identify gaps and opportunities to develop additional capacities to support the ongoing review and ensure we determine the root cause of issues within the system and identify sound recommendations for improvement.

HMA understands the process of planning, particularly around conducting stakeholder engagement, must be embedded through an equity lens. Cultural variations in stigma related to child welfare are important variables to understand for effective outreach and service delivery.

HMA centers diversity, equity, and inclusion (DEI) in our work—from project design to completion—and adopts the definition articulated by Race Forward:

“Equity ensures that outcomes in the conditions of well-being are improved for marginalized groups, lifting outcomes for all. Equity is a measure of justice.”

Our proposed CQI approach to assessing policies, practices, and outcomes includes an equity lens comprised of understanding how the system identifies, interacts with, and serves children, youth, and families from various racial, ethnic, and cultural backgrounds and identities. As we gather and analyze quantitative and qualitative data, we consider race; ethnicity; culture; gender affiliation; orientation; language; geography; and other factors that may impact gaps in equity. Our structured approach assesses policies and practices engaging impacted groups (biological parents, youth, and foster families) and surveys staff.

A robust oversight and accountability structure is essential to a highly performing child welfare practice. A key component of our approach is contingent upon building the capacity of staff to executive and sustain the focus on building and supporting a CQI system. Our approach responds to the importance of:

- Building buy-in for the CQI transformation
- Building the skills necessary to support the CQI process
- Building the skills to realize ongoing sustainability

HMA will develop training, make recommendations, and build a template for a “train-the-trainer” approach for the new CQI approach. This process will incorporate feedback from the potential target users of the curriculum and include opportunities for continuous learning, resulting in a training plan and test. HMA will conduct focus groups with key stakeholders to garner input on the content, test any tools and processes that require fidelity, and create required resources for participants and facilitators. HMA will also confirm our approach and recommendations with DCFS as this work progresses.

In our experience with child welfare agencies across the nation, technology can either hinder or support data collection. Coupled with our assessment of gaps, we will review opportunities from within DCFS and nationwide that may be beneficial in improving efficiency in tracking and recording data to help us assess the State’s ability to meet performance measures.

To develop the final report and roadmap for implementation, including a robust and comprehensive set of CQI recommendations, HMA will leverage the information gathered during our phases. During the development of our recommendations, we will collaborate with DCFS to develop key performance indicators to track progress. In collaboration with DCFS, we propose a half-day, retreat-style, in-person meeting to review an initial set of recommendations with key leadership team members and stakeholders. We will work with DCFS to define an appropriate structure for this review, with the goal of obtaining dynamic feedback and buy-in and addressing issues before recommendations are finalized.

HMA assumes there will be DCFS-appointed project leadership who will collaborate closely with our core team. To ensure effective communication, we will partner with this leadership to define the communication plan to ensure our approach meets your needs and preferences. A key component of our project management methodology is internal controls and comprehensive documentation as part of our work. We ensure meeting agendas and minutes reflect action items, risks, and issues, and provide routine status reports for project team members and leadership to ensure all deliverables and responsibilities are met timely, on budget, and with attention to quality. Understanding that proactive escalation and risk communication are

preferable to unpleasant surprises, this helps to ensure early identification of project risks and constraints, strategies for proactively countering potential obstacles, and mechanisms to identify, alleviate, and resolve issues before they become barriers to the successful and timely completion of work.

Problem resolution is a collaborative process wherein we work with our client(s) to develop and implement solutions promptly. The project manager resolves any concerns as they arise. We focus on resolving problems at the lowest level possible without disrupting the project schedule and employ procedures to address problems requiring higher-level intervention.

While the RFP focuses on a final report, we propose to submit a series of interim briefings, in memo or PowerPoint format, throughout this project. These interim briefings will mature into final report components key to the new model as they are developed. It will also afford additional accountability and validation by the department around our progress, findings, and recommendations as they develop. In addition, this process provides more space for working with project leadership to develop solid, defensible strategies, and recommendations that are more likely to succeed in the department's context. We anticipate these smaller briefings will serve as building blocks for the final report.

In addition, as part of our routine project management activities, HMA will deliver a more discussion-based version of monthly status reports as bi-weekly project meetings with DCFS. These meetings are often best guided by slide decks, as opposed to lengthy written documents. While initial meetings focus on our initial activities, these status reports will include the following components as the project progresses:

- Confirm project progress against key milestones and deliverables
- Discuss past and upcoming activities, including meetings
- Discuss results of data analysis
- Ask any clarifying questions
- Identify and troubleshoot emerging risks to project success
- Share updated information on next steps relevant to the project
- Discuss and validate initial findings and observations
- Share thinking and opportunities for validation and discussion

Child and Family Services Review CQI Process

HMA believes that strong CQI processes and monitoring will successfully support DCFS in achieving its stated priorities of:

- Safely stabilize and preserve families; and if that is not possible . . .
- Safely care for children and quickly reunify children to their families of origin. If children must be removed from the home, relative and fictive kin caregivers will be considered immediately and throughout the entire engagement with the family; and if reunification is not possible . . .
- Safely support child permanency, well-being, and development of culturally safe, lifelong relationships

Completing meaningful CQI processes within each service area, and comparing and contrasting performance outcomes within each service area, enables statewide leadership to complete root cause analysis of poor performance and evaluate areas that require improvement to support achieving those priorities for those we serve.

Task 1: Initial Assessment to Design the Process

To achieve these priority goals and to evaluate underperforming areas, HMA proposes a two-step process to mirror implementation of the federal Child and Family Services Review (CFSR)

as a Quality Service Peer Review (QSPR) effort in each of Arkansas DCFS' 10 service areas. This process includes case reviews, with an initial phase of assessment highlighting particular strengths and challenges of the service area. Conducted prior to the case review process, this assessment includes stakeholders and partners identified by service area leadership (e.g., courts, provider partners, and youth and family voice).

Task 2: Manage Logistics and Conduct 10 Services Area Site Reviews

In each service area, the assigned reviews use the Child and Family Services Round 4 On-site Review Instrument (OSRI) when conducting the QSPRs and enter ratings into the web-based CFSR Online Monitoring System (OMS) we propose to develop for the State.

The case review process for each service area includes an on-site review to thoroughly evaluate a minimum of 17 cases per service area. The on-site review includes a team of experienced and trained child welfare staff who complete case record reviews and related interviews of caseworkers, family members, and provider supports. Each case is reviewed by a team of two staff who complete the initial review and scoring. The initial score is reviewed and approved by an HMA staff member who is considered an area lead for the review. No review is considered final until the area lead signs off on all aspects of the case review and scores for each case, regardless of which team performs the review. This fosters consistency among all the case reviews and fairness in the scoring from the various pairs of initial reviewers.

In each service area, the assigned reviews uses the Child and Family Services Round 4 OSRI when conducting the QSPRs and enters ratings into the web-based CFSR Online Monitoring System (OMS). While the service areas are reviewed as a singular entity for outcomes, their performance are measured and compared to other service areas in the context of their system assessment and systemic factors that impact those outcomes. Throughout this annual process, HMA project leadership will collaborate with the Children's Bureau when receiving and responding to secondary oversight reviews, in accordance with the designated time limits established, in collaboration with DCFS and the Children's Bureau.

At the end of the first cycle of 10 service area reviews, and annually thereafter for the length of the contract, HMA staff will produce an annual report that includes the results of each service area QSPR, as well as information gathered during the initial system assessment for each service area. The annual report will summarize statewide findings and compare the results from the service areas to one another. This report will be submitted to DCFS within 60 business days of the completion of the last on-site review week in the annual review cycle.

By mirroring much of the Federal Child and Family Services review process during the individual service area review, HMA will be well-positioned to assist DCFS in coordinating activities in the future. HMA project leadership staff have participated in the highest levels of state child welfare leadership and are thoroughly familiar with the CFSR process. HMA is available, as needed, to support the preparation for the CFSR review and the system assessment aspect of the work, including:

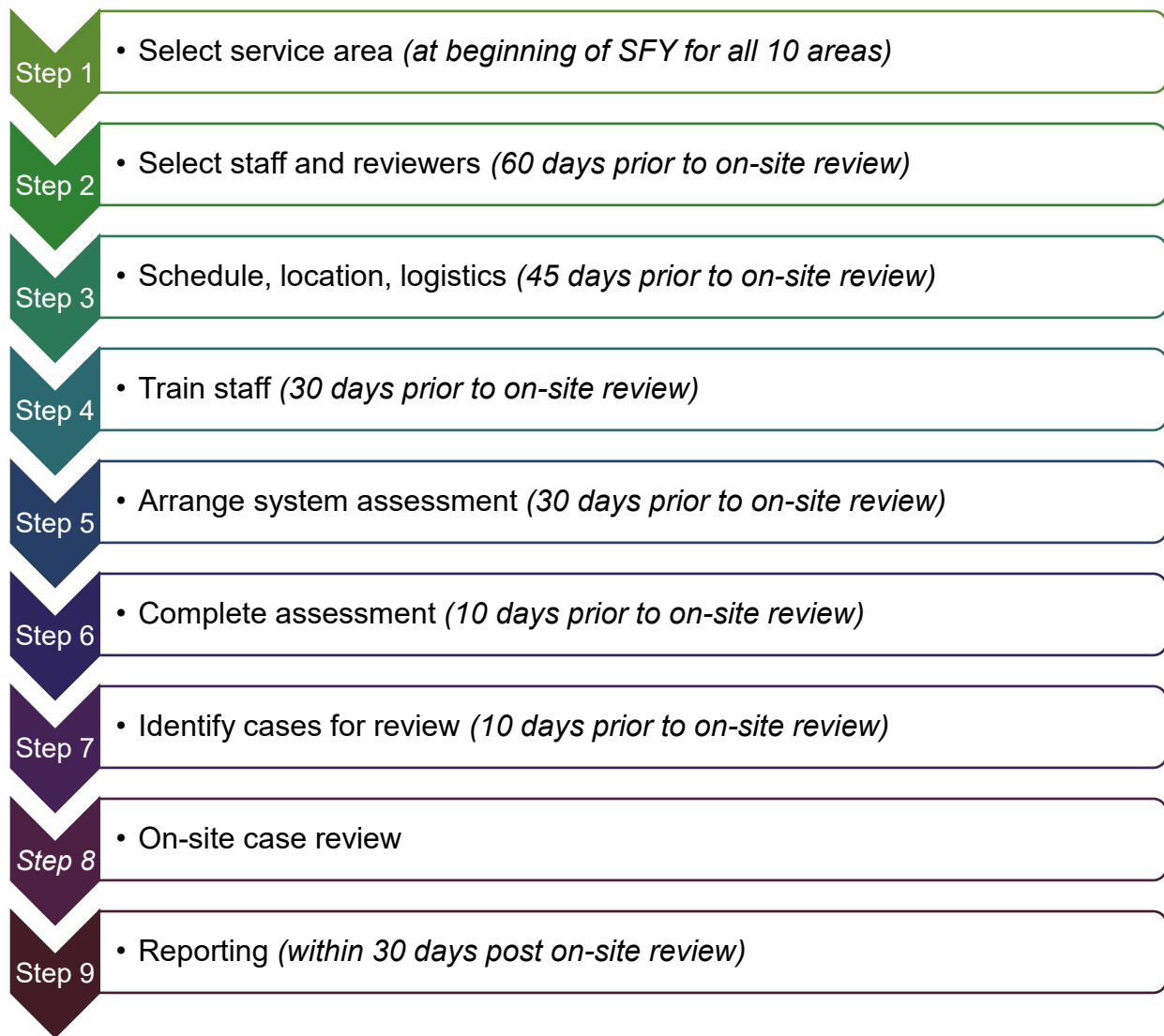
- Assisting in the coordination of all aspects of the CFSR implementation for DCFS, including the system assessment and the engagement of DCFS staff, partners, and stakeholders in the reviews
- Supporting the data collection and analysis activities for the statewide assessment in a timely manner and ensuring all case records and other documents are made available to federal reviewers timely
- Participating in the development of the performance improvement program (PIP) and monitoring of progress on PIP performance measures. This effort includes quarterly

progress reports due to the federal government on progress related to identified performance measures.

HMA staff are familiar with the Arkansas Child Welfare Practice model “at one table,” which speaks to the State’s meaningful engagement in continuous quality improvement processes. To quote from the model, “A CQI approach focuses on identifying the root causes of concerns or contributing factors to strengths, developing interventions to reduce or eliminate these causes or improve upon strengths, and taking action to correct the processes with a continuous feedback loop to make and maintain positive changes in policy and case practice. CQI ownership is essential at all levels of an organization, and it is necessary for the entire child welfare system to place a high value on teamwork, collaboration, and communication.”

The proposed implementation of the QSPR for each service area follows the order and timeline illustrated in **Figure 1**, in collaboration with DCFS leadership.

FIGURE 1. ORDER AND TIMELINE OF IMPLEMENTATION STEPS FOR EACH SERVICE AREA FOR QSPR



The proposed efforts on the QSPR and future CFSR work will fully support Arkansas DCFS in identifying strengths and areas for improvement, with the goal of continuous improvement toward a system that meets the needs of youth, families, and communities in Arkansas and that enables the State to achieve its vision of “every child has a safe and stable family every day.

Task 3: Support a Full State Run Children’s Bureau Approved CFSR Process

This RFP seeks permission from the Children’s Bureau to run its own fourth round CFSR. Should the State receive this approval, HMA is prepared to work with our state partners to manage the entire process from the outset to conclusion. This process includes:

- Training reviewers on the tool and the process
- Managing logistics, including random identification of cases, establishing collateral interviews, assessing system and clinical practice policy, practices, and outcomes
- Conducting site reviews with fidelity in the service area locations where the CFSR cases must be pulled from
- Conducting opening and exit debriefs and meetings
- Generating the final report with findings from the CFSR
- Developing a PIP, in partnership with the State

This CFSR process will largely mirror the process we have identified for the ongoing QSPRs.

Task 4: Virtual Case Reviews In Non-On-site Review Sites

In partnership with our State leads, HMA will conduct the fourth task of the review process for each service area. This includes virtual case reviews to thoroughly evaluate a minimum of eight cases per service area in locations that are not scheduled for the CFSR in-person on-site reviews. The on-site virtual review includes a team of experienced and trained child welfare staff who complete case record reviews and related interviews of caseworkers, family members, and provider supports. Each case is reviewed by a team of two staff who complete the initial review and scoring. The initial score is reviewed and approved by an HMA staff member who is considered an area lead for the review. No review is considered final until the area lead signs off on all aspects of the case review and scores for each case, regardless of which team performs the review. This helps to ensure consistency among all the case reviews and fairness in the scoring from the various pairs of initial reviewers.

While this entire process will mirror the on-site review process, the activities will be completed virtually, including collateral interviews, and a virtual case review process using the OSRI will be instituted to review both systems and clinical practice outcomes. This process will also be fully mapped for future-year standardized implementation. Once mapped in Year 1 for implementation, we anticipate future-year online reviews will be easier to organize and conduct, thus resulting in the development of standardized protocols.

The annual quality assurance report produced by HMA will include the findings from both the on-site and the virtual case reviews and will highlight both systemic and clinical areas of strength and those requiring improvement.

Task 5: Develop Ongoing Standardized QPSR Implementation Protocols

HMA will create a final deliverable to the State upon completion of our performance period, which will include standardized protocols for the ongoing implementation of the QSPR with all steps, tasks, and assignments clearly mapped out. **This will be an actionable implementation roadmap for the State to follow for future QSPRs upon completion of the contract performance period.**

Task 6: Conduct Evaluation of Two Adopted In-Home Evidence-Based Practices

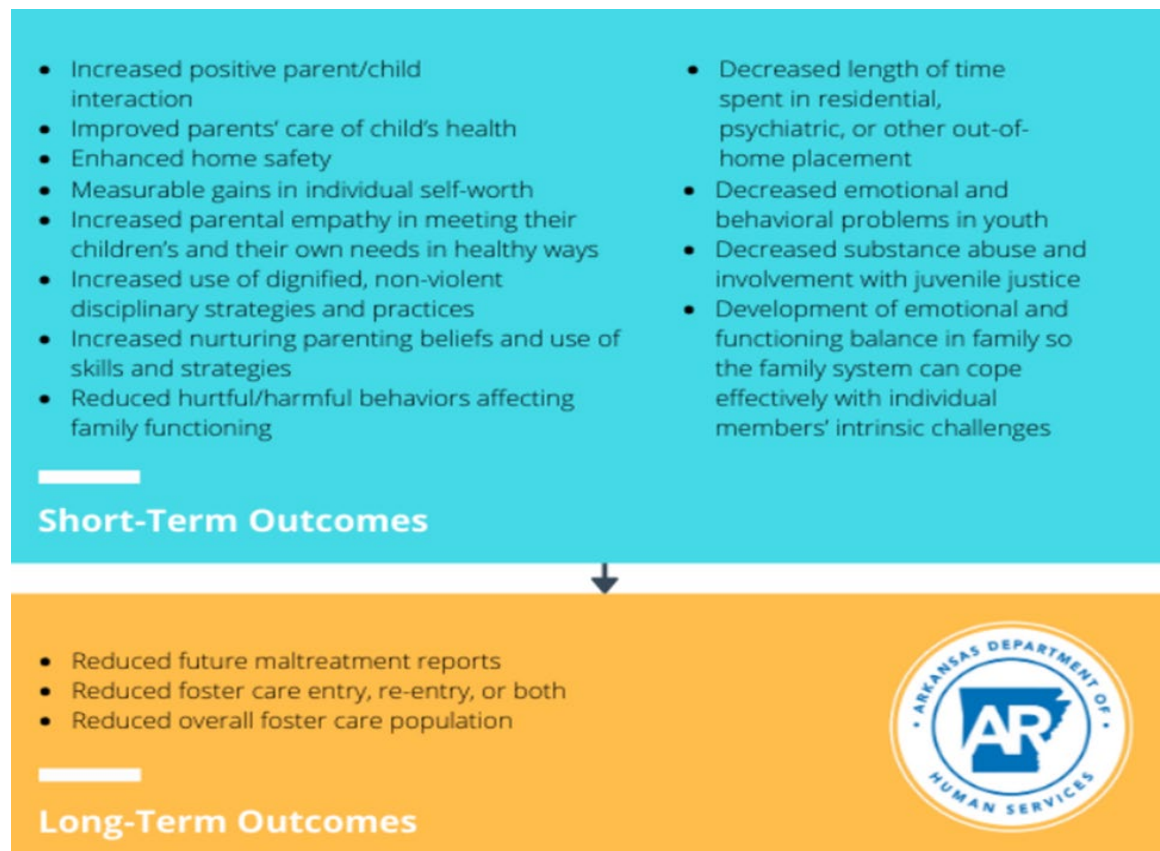
HMA understands DCFS is embarking on a major effort to evaluate intensive in-home services in the child welfare system and requires a comprehensive review that will serve as a roadmap to guide future CQI efforts.

Child welfare practice is a complex, high-risk operation in any state. Families are often impacted by poverty, inter-generational trauma, and abuse. Our team recognizes that children and families involved with the child welfare system present with complex needs that require multi-sectoral responses. Child welfare agency programs seek to strengthen families and keep them intact, while ensuring children are safe and thriving. In instances where this is not possible, despite best efforts, an agency may place children in foster care, while ensuring the episode of care is rare, brief, and non-recurring.

While many child welfare agencies strive to incorporate and employ best practices, systems often lack culturally relevant, evidence-based program models to address issues with delivery models. Increasing protective factors and the socio-emotional well-being of children involves both public and private partners and the community at large. The Families First Prevention Services Act (FFPSA) places emphasis on state and county child welfare agencies to utilize more evidence-based programs directly, or indirectly, through contractual relationships with community-based organizations and providers.

For the FFPSA to be successful in any child welfare jurisdiction, there must be a focus on prevention and permanency, coupled with the availability of a well-trained, adequately resourced staff, to strengthen its ability to implement recommendations. **Figure 2** outlines the State's goals for its FFPSA work.

FIGURE 2. ARKANSAS FFPSA OUTCOMES



The African proverb, “It takes a village...,” clearly articulates the shared burden of raising children in safe environments, ensuring their health and well-being, and raising self-sufficient and productive young adults who are contributing meaningfully to society—and child welfare cannot accomplish this work alone. Avoiding children coming into custody ensures they reside with their families within their own communities.

Several factors affect child well-being and permanency:

- Root causes of poverty and racism affecting children and families
- Access to care issues impacted by network adequacy concerns, siloed services, and unresponsive services that do not match needs to services, including domestic violence; substance use; mental health; poor health; homelessness; poverty; and other issues
- Need to build a robust multi-sectoral service array that includes a responsive and well-resourced system of care
- Lack of collaborative effort across child welfare, behavioral health, Medicaid, housing, and education
- Failure to focus consistently on strengthening families and providing trauma-informed services through a prevention lens
- Failure to adopt an ecosystem approach that values the voices of people with lived experiences and derives from a person-centered and strengths-based approach to working with families, children, and youth to find sustainable solutions that result in the desired outcomes of safety, permanency, and well-being

Timely access to quality whole-person medical, behavioral, and developmental services is vital to ensuring the health and well-being of children in out-of-home care. However, access to needed services is often a significant issue nationwide. To become successful:

- Services must be part of an overall coordinated system of care that ensures access to mental health and substance use disorder treatment services to improve the overall health of each member
- To the fullest extent possible, services should be provided in the community where the member resides
- Services must be trauma-informed
- Services must be patient-centered, family-driven, age and developmentally appropriate
- Services must provide a resiliency-based system of care for children and their families

Contracted providers are expected to provide access to services to children and families. Yet, as in most states, multiple systems must coordinate to improve service availability and access. Active treatment should be provided to each member when needed, including implementation of a professionally developed and supervised individual plan of care wherein the member individual participates and shows progress. For foster care children, each policy and procedure for care and case management should occur in collaboration with DCFS and providers. This ensures a proper approach to identifying and responding to each child’s medical and behavioral needs. HMA will review the policies and practices for current providers and caseworkers, conduct stakeholder interviews (and focus groups if needed), and develop an effective process to leverage available resources to improve access and to assure every child is connected to care.

While our assessment may capture what occurs from an organizational perspective, consumer journeys document what occurs from the consumer perspective and, most importantly, from the perspective of all types of consumers—those who speak English, those who do not, those who have been historically marginalized, those who have disabilities that prevent them from accessing services through traditional methods, and those for whom attempting to access services presents real fear because of their status in this country.

Understanding the journey of those with lived experiences is essential to identifying those policies and practices that most significantly impact those with experience within the child welfare system. This provides a step-by-step view of key challenges with policies and practices, along with insight on the ways in which to improve them.

DCFS identified a gap in its service array for families requiring intensive services for longer than four to six weeks to help them achieve stability and maintain gains, while offering crisis intervention and longer-term support to help families achieve the necessary skills and social support network to maintain long-term stabilization. For a family to be eligible for Intensive In-Home Services, they must have an open in-home case where at least one child is a candidate for foster care or an open foster care case where intensive services are required to ensure successful reunification. While not the target population, any of the Intensive In-Home Services programs may be appropriate for a parenting foster youth. These services, which are offered by DCFS contractors, focus on helping to stabilize families for the long-term, as opposed to focusing on the immediate crisis. The goal is to safely reduce the number of children in care by providing in-home services.

There are two Intensive In-Home Services programs DCFS wishes to include in its CQI review, Intercept and Family-Centered Treatment. Oversight of these programs is provided by DCFS program management staff and DHS contract management staff. Using evidence-based models, contract providers are required to maintain fidelity of the model. In addition to DCFS' contracted evaluation, many of these services also have fidelity measures to which they must adhere to administer the program. Considering the goals DCFS established when it began implementation of its FFPSA plan, HMA will use those as reminders to guide our CQI work.

Intercept

Intercept is an effective trauma-informed alternative treatment for children and youth designed to divert them from out-of-home placements by providing prevention services to children and their families of origin and/or caregivers. For children already in foster care, Intercept aims to reduce time spent in foster care by providing reunification services to children and their families of origin as quickly as possible. Intercept works with all members of the family to address every issue impacting stability. It is an integrated approach to in-home parenting skill development that offers a variety of evidence-based practices to meet the individualized needs of a family and young person. The program's goals are to reduce subsequent maltreatment, prevent foster care placement, and reduce time in state custody by reuniting children with their families in a timelier manner.

The following are several outcome areas HMA will track through its evaluation protocol around effectiveness of Intercept implementation and efficacy of the intervention for Arkansas children and youth who are receiving Intercept Services:

- Family therapy/counseling
- Mental health treatment and care for children/youth and caregivers
- Parenting skills education
- Educational interventions
- Development of positive peer groups
- Extensive one-on-one help for families and children in navigating/accessing community resources, growing social supports, and provide ongoing support

Intercept is rated as a well-supported practice because at least two studies with non-overlapping samples carried out in usual care or practice settings achieved a rating of moderate or high on design and execution and demonstrated favorable effects in a target outcome domain.

Family Centered Treatment (FCT)

FCT is a strengths-based, trauma-informed, and evidence-based family preservation model that provides in-home services to families who are faced with disruption or dissolution. FCT targets families with members at imminent risk of placement into (or requiring intensive services to return from) treatment facilities; foster care; group or residential treatment; psychiatric hospitals; or juvenile justice facilities. This intervention typically provides services to children/adolescents with one or more of the following: adjustment disorder; post-traumatic stress disorder (PTSD); attention-deficit hyperactivity disorder (ADHD); oppositional defiant disorder; depression; mood disorder; bipolar; disruptive behavior; abusive and neglectful family situations; exposure to violence and domestic violence; and involvement in juvenile crime. It also provides services to the parents/caregivers of these children and parents who experience domestic violence and/or substance abuse.

The six primary goals of FCT are:

1. Enable family stability via preservation of or development of a family placement
2. Enable the necessary changes in the critical areas of family functioning that are the underlying causes for the risk of family dissolution
3. Bring a reduction in hurtful and harmful behaviors affecting family functioning
4. Develop an emotional and functioning balance in the family to enable the family system to cope effectively with any individual's intrinsic or unresolvable challenges
5. Enable changes in referred client behavior to include family system involvement so that changes are not dependent upon the therapist
6. Enable discovery and effective use of the intrinsic strengths necessary for sustaining the changes made and enabling stability

Intensive In-Home Service CQI Review Process

CQI reviews will consist of the Family Centered Treatment (FCT) and Intercept Intensive In-Home Services Programs to assess the extent to which the FCT and Intercept contracted providers are adhering to the model of the evidence-based program and how their work impacts the outcomes in the areas of safety, permanency, and well-being. These reviews and data collection include a combination of case record reviews, interviews with parents/caregivers, DCFS staff, and providers, and a survey administered to program participants to inform the CQI reviews.

A broad base of stakeholder input and engagement is essential to ensuring the planning process catalyzes the change management effort needed to implement the CQI review. To ensure the success of an effective statewide CQI system transformation effort, the stakeholders are aligned with and prepared to undertake the required changes. For this reason, our planning process engages staff who will feel the impact of the system review changes, which will be ongoing long after the initial project. In this way, change is spurred by a planning process, staff engagement, and value-added tools to assist with the evolution to a collaborative strategic organization.

Our work will combine a series of in-person and facilitated workgroups with leadership and identified key stakeholders beginning immediately following project kickoff. Completing meaningful CQI processes within each service area and comparing and contrasting performance outcomes within each intervention will enable statewide leadership to analyze performance and evaluate areas requiring improvement necessary to support the achievement of those priorities for those we serve.

HMA will conduct a review to thoroughly examine 25 cases with FCT and Intercept services every six months, for a total of 50 cases reviewed annually for each service (e.g., a total of 100 cases, if counting both interventions that must be stratified), selecting cases in proportion to those that began within the last four to eight months prior to the start of the review month. The review includes a team of experienced and trained child welfare staff completing case record reviews and related interviews of caseworkers, family members, and provider supports. Each case is reviewed by a team of two staff who complete the initial review and scoring. The initial score is reviewed and approved by an HMA staff member who is considered an area lead for the review. No review is considered final until the area lead signs off on all aspects of the case review and scores for each case, regardless of which team performs the review. This helps to ensure consistency among all the case reviews and fairness in the scoring from the various pairs of initial reviewers.

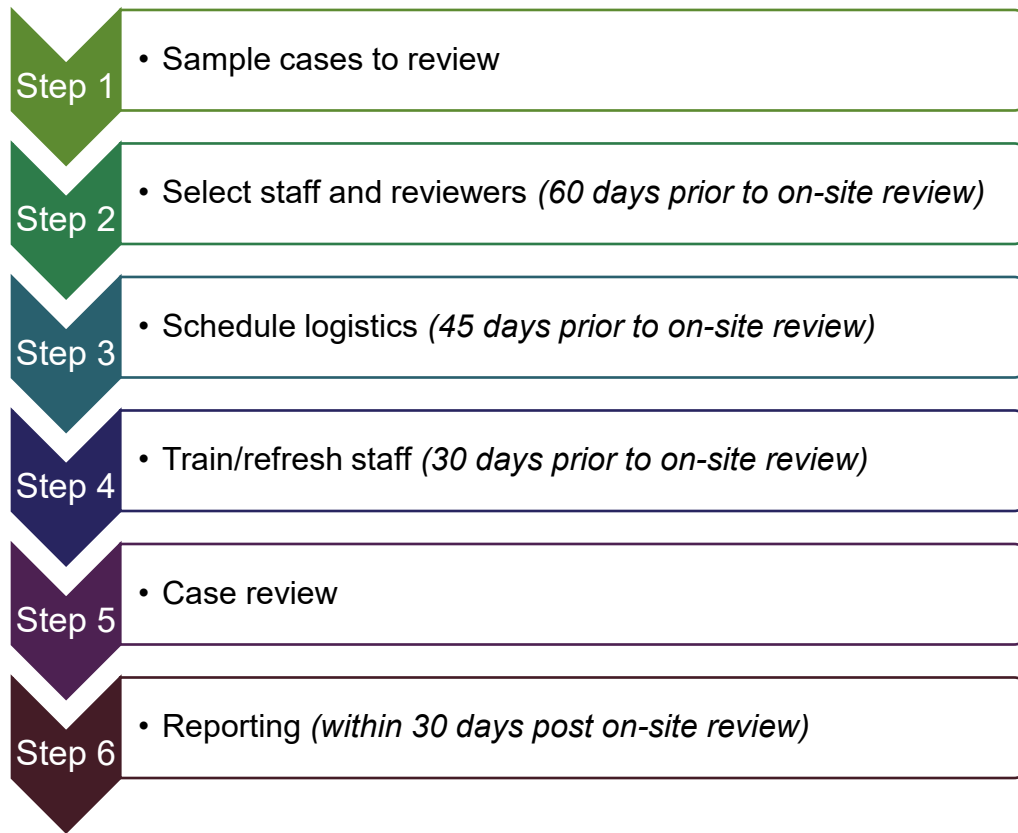
In each service area, the assigned reviews will use a tool developed jointly between HMA and DCFS. While the service areas is reviewed as a singular entity for outcomes, their performance is measured and compared to other service areas in the context of their system assessment and systemic factors that impact those outcomes.

HMA will interview at least one parent or caregiver from cases who are available and willing to be interviewed, upon request. HMA will also interview the provider/case manager also assigned to the case. If both are not available upon request, a new case will be sampled until both are. We will also administer a survey (online and/or mail) to all families as they exit both interventions (regardless of whether they completed it successfully) and must include an online address and a printed copy with a postage-paid return address envelope.

HMA will develop and host a secure online instrument for data collection from the quantitative analysis of the CQI reviews and analyze qualitative fields using a combination of Standard Query Language (SQL) and statistical computing tool R. This will measure frequencies and test for statistical significance across all service areas and compare providers where sufficient cases are sampled across counties or at least across service areas. We will conduct a quantitative data analysis to inform the results of the surveys and conduct a qualitative analysis of the open-ended questions included within the survey to client. Additional analysis will be conducted to identify the extent to which a family's characteristics influence their satisfaction with the program.

HMA will then provide DCFS with a draft report within one month of completion of CQI reviews—seven-month and 13-month report submission—that addresses research questions identified by DCFS, draws comparisons across time and jurisdictions and providers, discuss strengths, weaknesses, and makes recommendations for change. This will then be finalized within two weeks of receipt of initial feedback and questions from DCFS.

FIGURE 3. ORDER AND TIMELINE OF IMPLEMENTATION STEPS FOR EACH INTENSIVE IN-HOME SERVICE INTERVENTION



Timeline

To achieve this detailed process meaningfully, the full review schedule for the services areas will be developed with DCFS for the entire State fiscal year, at least 45 days prior to the first on-site visit. This will require HMA to initiate work with DCFS immediately following the beginning of the contract to include plans for staff training, system assessment work specific to the specified service area, and on-site review dates and logistics. This will become an annual cycle requiring significant immediate investment of time to plan the first year but will be more easily implemented in the following years, as the schedule will be known a year in advance.

Throughout the planning and implementation process, HMA project leadership will fully engage designated DCFS staff in the reviews, including holding entrance presentations and exit briefings with county-level staff at the conclusion of each on-site week, as well as providing a formal presentation of results when the final report for each area is completed.

Consideration of Final Recommendations

HMA will collaborate with DCFS leadership regarding our findings and recommendations. We will conduct an on-site, half-day retreat to review the draft recommendations and to receive and incorporate feedback into the draft report. HMA will then provide a draft report within two weeks of receipt of DCFS feedback. We will then conduct closeout meetings with DCFS leadership and applicable staff to identify any outstanding deliverables or activities not completed and approved. These items will be resolved and finalized by the HMA team, which will then provide DCFS with a final draft report within 60 days of completion of final CQI reviews.

TABLE 1. CRITICAL SYSTEMS QUESTIONS

Policy	Is it possible to capitalize on actionable strategies that may include new policies, manuals, and/or standard operating procedures?
Practice	What opportunities exist to think completely differently about how we deliver CQI?
Partners	Are the programs effective? How do we know? What opportunities exist to rethink how we engage partners? How can we hold them accountable? Do we need to develop additional capacity in the community? How do we do that and what does it look like? How can we level-set expectations and develop shared outcomes?
Infrastructure	Are there opportunities to amend processes, technologies, and training that can more equitably, effectively, or efficiently deliver services?
Human Capital Capacity Building	What is needed for staff to successfully run a CQI model and how can it be sustained?

HMA Proposed Workplan and Timeline

Table 2 provides our detailed proposed workplan and timeline.

TABLE 2. HMA'S PROPOSED CQI WORK PLAN AND TIMELINE

TASKS/ACTIVITIES	2023			
	Q1	Q2	Q3	Q4
PROJECT MANAGEMENT AND COMMUNICATION	Q1	Q2	Q3	Q4
Facilitate project kickoff meeting (all)				
■ Identify DCFS staff to be assigned to work with HMA staff for the CQI project	■			
■ Develop a CQI charter to include values, goals, KPI's, deliverables/expectations, and how we jointly will communicate				
■ Create a workplan/roadmap for implementation				
Facilitate a regular series of meetings and workgroups with DCFS leadership engagement team and key system stakeholders/partners, participate in meetings, and serve on workgroups, as requested by DCFS and the Children's Bureau. <i>(schedule TBD; on-site visits to be scheduled strategically in collaboration with leadership)</i>	■	■	■	■
Bi-weekly virtual or in-person meetings (to be scheduled strategically in collaboration with leadership)	■	■	■	■
Written interim briefings provided bi-weekly and conducted to help all parties monitor project activity progress, identify risks, and track milestones to be completed	■	■	■	■
Schedule dates for CQI record reviews and interviews	■	■		
Collaborate with DCFS to develop Peer Reviewer Program, including training jointly identified to ensure peer reviewers assist in each area's review.	■	■	■	■
Meet with area directors, supervisors, and caseworkers in each service area at least annually to discuss strengths and areas requiring improvement in casework practice in that area, based upon the final report for each area				■
Conduct entrance and exit presentations following every review	■	■	■	■

Continuous Quality Improvement Reviews

TASKS/ACTIVITIES	2023			
	Q1	Q2	Q3	Q4
At the end of each semi-annual review, the CQI team will meet as a group to discuss any emerging trends, both in terms of successes and challenges for participating families, as well as providers. This information gathered and assimilated qualitatively must be used to inform the results of the CQI reviews and provide input into promising practices and shaping recommendations for improvement.		■	■	■
Collaborate with the Children's Bureau, as applicable	■	■	■	■
CURRENT STATE ASSESSMENT OF ORGANIZATIONAL READINESS	Q1	Q2	Q3	Q4
Initial QSPR pre-assessment held prior to the case review process highlighting strengths and challenges in each service area, organizational capacity, current practices, tools used, and current outcome attainment (include DCFS-identified stakeholders and partners, such as courts, provider partners, and youth and family voice)	■	■	■	■
CASE REVIEWS, INTERVIEWS, AND SURVEYS	Q1	Q2	Q3	Q4
Each reviewer must complete Online Monitoring System (OMS) training as it becomes available on the CFSR portal; ongoing training to be conducted, if needed	■	■		
CFSR & QSPR CQI on-site review to thoroughly evaluate a minimum of 17 cases per service area (using the OSRI monitoring tool)	■	■	■	■
Conduct eight (8) electronic-only case record reviews of randomly selected cases from counties in areas not designated as Child and Family Services Review counties	■	■	■	■
Review 25 cases with FCT and Intercept services every six months, for a total of 50 cases reviewed annually for each service (e.g., a total of 100 cases, if counting both interventions to be stratified, selecting cases in proportion to those that began within the last four to eight months prior to the start of the review month)		■		■
Interview at least one parent or caregiver from each case and the provider/case manager who is or was assigned to the case		■		■
Administer a survey (online and/or mail) to all families as they exit both interventions (regardless of whether they completed it successfully) and include an online address and a printed copy with a postage-paid return address envelope		■		■
REPORTING REQUIREMENTS & PROJECT CLOSING	Q1	Q2	Q3	Q4
Produce a total of 11 reports annually, including one for each area, and an overall statewide QSPR that summarizes the statewide finding/averages all scores from the areas	■	■	■	■
Produce a report highlighting the major strengths and areas requiring improvement found in each service area within 30 business days of the completion of each on-site review	■	■	■	■
Produce an annual report that includes the results of each service area QSPR, summarizes the statewide findings from the QSPRs, and compares the results from the service areas with one another. This report must be submitted within 60 business days of the completion of the last on-site review week in the annual review cycle.				■

TASKS/ACTIVITIES	2023			
	Q1	Q2	Q3	Q4
Coordinate activities, data collection/analysis, case record preparation, and staff support for CFSR preparation, in consultation with DCFS and in conformance with federal guidelines, and engage designated DCFS staff and stakeholders in the statewide assessment timely	■	■	■	■
Participate in the review and development of DCFS Program Improvement Plan (PIP), monitor progress on performance measures, and draft the quarterly progress report due to the federal government regarding the progress on performance measures; provide the quarterly report after the final PIP is approved. The quarterly report must include the current standing on all elements within the OSRI tool.	■	■	■	■
Provide DCFS a draft report within one month of completing the FCT and Intercept CQI reviews, which must provide answers to each of the agreed-upon research questions identified by DCFS, to draw comparisons over time for both programs, providers, and service areas. The report will include a summary of the program's strengths, areas for improvement, and recommendations for change, to be finalized within two weeks of receipt of initial feedback and questions from DCFS.		■		■
Develop and host a secure online instrument for data collection from the quantitative analysis of the CQI reviews and analyze qualitative fields using a combination of Standard Query Language (SQL) and statistical computing tool R; measure frequencies and test for statistical significance across all service areas; compare providers where sufficient cases are sampled, across counties or at least across service areas; conduct a quantitative data analysis to inform the results of the surveys; conduct a qualitative analysis of the open-ended questions included within the survey to client; and conduct additional analysis to identify the extent to which a family's characteristics influence their satisfaction with the program	■	■	■	■
Provide DCFS with draft report within one month of completion of CQI reviews—seventh-month and 13-month report submission—and address research questions, draw comparisons across time and jurisdictions and providers, and discuss strengths, weaknesses, and recommendations	■		■	
PROJECT CLOSURE	Q1	Q2	Q3	Q4
Conduct on-site, half-day retreat to review draft recommendations				■
Finalize report within two weeks of receipt of DCFS feedback				■
Conduct closeout meetings with DCFS leadership and applicable staff				■
Identify any outstanding deliverables or activities not completed and approved				■
Finalize and submit any outstanding deliverables or activities not completed and obtain approval				■
Close project				■

Information Gathered

Mirroring the CFSR process, the initial statewide assessment includes evaluation of the service areas strengths and challenges regarding the effective use of the statewide information system; whatever case review processes and quality assurance systems currently exist; staff and

provider training; available service array and resource development; agency responsiveness to their community; and foster and adoptive parent licensing, recruitment, and retention.

Utilizing the OSRI developed by the Children's Bureau, reviewers will gather information for each service area, as well as statewide, regarding the following items:

- Timeliness of initiating investigations of reports of child maltreatment
- Services to families to protect child(ren) in the home to prevent removal or re-entry into foster care
- Risk and safety assessment and management
- Stability of foster care placement
- Permanency goal for child
- Achieving reunification, guardianship, adoption, or another planned permanent living arrangement
- Placement with siblings
- Visiting with parents and siblings in foster care
- Preserving connections
- Relative placement
- Relationship of child in care with parents
- Needs and services of child, parents, and foster parents
- Child and family involvement in case planning
- Caseworker visits with child
- Caseworker visits with parents
- Educational needs of the child
- Physical health of the child
- Mental/behavioral health of the child

Simultaneous to the individual service area on-site reviews, HMA staff will collaborate with DCFS to conduct and complete eight electronic-only case record reviews of randomly selected cases from counties in areas not designated as Child and Family Services Review counties. As noted throughout our response, these efforts will be completed in collaboration with DCFS and with appropriate approvals of State and county leadership. The HMA Analytics team will develop and utilize a method for determining the random selection process. The assigned HMA staff will be highly trained staff, with significant child welfare practice and leadership experience. This scope of work will be completed within the context of the annual State fiscal year and data gathered through this process will be incorporated into the statewide final report.

Several outcomes to consider for the intensive in-home services CQI review may include:

- Youth who do not experience repeat maltreatment while receiving the service and who remained safely in their homes
- Youth who do not re-enter foster care at 6,12,18, and 24 months following completion of the intervention
- Youth who have reduced findings and/or open cases after program closure at 6,12,18, and 24 months following completion of the intervention
- Families served who have increased permanency at 6,12,18, and 24 months following completion of the intervention
- Youth living at home or independently one year following discharge
- Youth in school and/or employed one year following discharge
- Youth reporting no trouble with the law one year following discharge
- Families served who have increased family functioning from entry and exit from protective services
- Reduction in hurtful and harmful behaviors affecting family functioning

- Families served who have increased well-being from entry
- Decrease in length of time spent in residential, psychiatric, or other out of-home placement
- Decrease in emotional and behavioral problems in youth
- Decrease in substance abuse and involvement with juvenile justice system
- Decrease in future maltreatment reports
- Decrease in foster care entry and/or re-entry
- Improved school/educational performance/functioning
- Overall satisfaction and responsiveness of services
- Retention of quality staff for providers (length of staff employment)
- Decrease in placement disruptions reduced the risk of placement into foster care among children who were at risk of placement, having never been in out-of-home care previously

HMS will consult with DCFS staff to determine which items they wish to measure, based upon the data collected.

How Information will be Collected

For the System Assessment and Review teams, HMA will follow the Children's Bureau recommendations that the Assessment team is diverse and representative of and consistently soliciting feedback and perspectives from key stakeholder groups, including parents; caregivers; youth; frontline workers; courts; community organizations; and other partners in prevention services, throughout the review process (45 CFR § 1355.33 (a–b)). As expressed in the Children's Bureau Information Memorandum to states (ACYF-CB-IM-19-03), parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals.

For case reviews, an experienced team of reviews will read case records provided by DCFS and follow up with direct conversations, as necessary and available, to make determinations on the items listed in the OSRI tool. These conversations will focus on available family members, including the child, foster parents, provider agency staff, or other collateral contacts.

HMA is deeply skilled in building data systems that manage primary data collection. We partner with stakeholders to identify which data sets are necessary to collect, which are nice to have, and how to build a data collection strategy for both. In our primary data collection strategy, we continuously strive to reuse all existing data that may support the effort, prior to engaging in new primary data collection efforts. HMA utilizes our HMA Data Plus platform to collect data, which utilizes SQL, Python, R and a data visualization tool (typically PowerBI or Tableau). When we collect qualitative data, we have access to tools, such as NVivo, to manage the analysis of qualitative data. This enables us to concisely review qualitative feedback in a manner that produces a common output for the group. We will utilize HMA Data Plus to collect and analyze the data collected in the FCT and Intercept CQI review, and will use common analytic methods to test for statistical significance across providers and service areas.

Our final output will encompass multiple dimensions. First, we will work with stakeholders to identify a set of KPIs to manage the ongoing CQI process. These KPIs will be developed in coordination with stakeholders to support changing quality improvement goals. We will also have tests of statistical significance to enable DCFS to demonstrate that any program changes are based upon statistical evidence. Finally, HMA is a strong believer in the idea of 'no data without stories and no stories without data. We will use the collected data to tell the story in the data in a PowerPoint or narrative format for each of the data reviews HMA conducts.

All of these methodologies will be employed to meet the requirements of the data analysis portion of this RFP.

Assurances of Success

HMA staff are familiar with the Arkansas Child Welfare Practice model “at one table,” which reinforces the State’s commitment to meaningful engagement in continuous quality improvement processes. To quote from the model, “A CQI approach focuses on identifying the root causes of concerns or contributing factors to strengths, developing interventions to reduce or eliminate these causes or improve upon strengths, and taking action to correct the processes with a continuous feedback loop to make and maintain positive changes in policy and case practice. CQI ownership is essential at all levels of an organization, and it is necessary for the entire child welfare system to place a high value on teamwork, collaboration, and communication”.

Efforts on the proposed QSPR and future CFSR work will fully support Arkansas DCFS in identifying strengths and areas requiring improvement, with the goal of continuous improvement toward a system that meets the needs of youth, families, and communities in Arkansas and that enables the State to achieve its vision of “every child has a safe and stable family every day.

HMA will collaborate with DCFS to validate our work and to adjust it, as needed, based upon feedback. We will continuously collaborate with all partners to adjust and align schedules as the work progresses, with the goal of delivering our final report timely and on budget.

Proposed Personnel

With in-depth child welfare knowledge, prior experience serving in leadership roles at statewide and county child welfare systems, and experience in the implementation of QSPR type models and the development and monitoring of federal CFSR PIPs from other states, HMA’s consultants are well-positioned to provide CQI support to Arkansas.

Biographical resumes of our leadership team, including Jon Rubin, John Eller, and Uma Ahluwalia, follow. Their full resumes, along with those of other proposed HMA staff, and provided in **Appendix A**. Resumes attesting to the qualification and experience of our review team are also provided in **Appendix A**.

The HMA CQI leadership team meets the following qualifications:

- Five years of direct field experience and/or
- Five years of supervisory, administrative, or management experience in public or private child welfare, managing programs supporting child protective services; foster care; adoption; family preservation; family support; independent living services; or licensure/approval agency

Each reviewer will meet the following qualifications:

- Bachelor’s or master’s degree in social work and/or
- Human services and/or
- Public administration and/or
- Counseling and/or
- A closely related field and/or
- A juris doctor, with experience working for a state court improvement program or juvenile or family court dealing with child welfare cases

Our proposed leadership team staff and their assigned project roles and responsibilities are provided in the tables that follow.

HMA LEADERSHIP TEAM



Jon Rubin, MSW
Principal

**Project Role: Co-Project
Director, QSPR/CFSR, Review
Team**

- Primary point-of-contact for QSPR/CFSR review
- Deliver project services on schedule and within scope and budget
- Provide facilitation and conduct customer engagement efforts
- Provide status updates
- Assess data
- Client and stakeholder engagement
- Policy analysis and development
- Project planning, work plan development, and strategy
- Change management
- Forensic analysis of current state operations/service delivery and system needs
- Reviewer
- Coordinate project management with other HMA leadership team members



John Eller, MBA, BSW
Principal

**Project Role: Co-Project
Director,
Intensive In-home Services,
Review Team**

- Primary point-of-contact for intensive in-home services review
- Deliver project services on schedule and within scope and budget
- Provide facilitation and conduct customer engagement efforts
- Provide status updates
- Forensic analysis of current state operations/service delivery and system needs
- Assess data
- Client and stakeholder engagement
- Policy analysis and development
- Project planning, work plan development, and strategy
- Change management
- Reviewer
- Coordinate project management with other HMA leadership team members



Uma Ahluwalia, MSW, MHA
Managing Principal

Project Role: Review Team Lead

- Provide facilitation and conduct customer engagement efforts
- Coordination of review process
- Project planning, work plan development, and strategy
- Policy analysis and development
- Business process improvement
- Program design recommendation and implementation
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Forensic analysis of current state operations/service delivery and system needs
- Research national trends, promising practices
- Alternate reviewer
- Coordinate project management with other HMA leadership team members

Jon Rubin, MSW, Principal

Jon Rubin is a human services leader, with more than 20 years of experience in strategic planning, identifying and analyzing problems, and implementing plans, while systemically evaluating the progress and impact of efforts.

Prior to joining HMA, Mr. Rubin was deputy secretary of the Office of Children, Youth and Family with the Pennsylvania Department of Human Services (DHS). In this role, he had direct responsibility and oversight of the child welfare and juvenile justice services program, a \$1.8 billion program. He worked collaboratively with other DHS agencies, including the Office of Mental Health and Substance Abuse Services, the Office of Child Development and Early Learning, the Office of Developmental Programs, and the Office of Income Maintenance, to ensure service accessibility and to support underserved populations.

Governor Tom Wolf appointed Mr. Rubin to Pennsylvania's Juvenile Justice Task Force, where he collaborated routinely with advocates, provider agencies, and legislators on all issues related to child welfare and juvenile justice. He facilitated the development and implementation planning for Pennsylvania's Five-Year Family First Prevention Services Plan. He also oversaw the licensing and inspection of more than 600 residential provider programs, 67 county child welfare agencies, and five state-run secure juvenile justice service programs.

Mr. Rubin was the director of housing and human services for more than five years in Bucks County, Pennsylvania, where he oversaw public human services for the County, including child welfare; aging; housing; mental health; drugs and alcohol; Medicaid behavioral services; and intellectual disability services. He worked directly with County commissioners and the chief operations officer to develop a division strategy and to plan and implement system improvements for the \$200 million human services system. He oversaw the human services block grant and implemented the delivery of the human services development fund component of this funding. During this time, Mr. Rubin focused the County's work on developing a more integrated model of human services delivery and building the public and private partnerships necessary to address the community's health-related social needs.

Mr. Rubin began his career as a child welfare social worker, providing direct service work and caseworker supervision for 10 years, before assuming higher-level leadership roles. His past roles include senior consultant with Deloitte, director of Organizational Effectiveness and Leadership Development, a consultant with the American Public Human Services Association on organizational effectiveness, and acting director and practice improvement specialist with the Pennsylvania Child Welfare Training Program.

Mr. Rubin earned his master of social work degree from Temple University and his bachelor of arts degree in social work from Pennsylvania State University. He is the recipient of the 2019 Dennis Marion Award for contributions to behavioral health services in Pennsylvania and remains focused on ensuring that human services service delivery is equitable, accessible, and high quality.

John Eller, MBA, BSW, Principal

John Eller brings years of experience in public administration and advocacy to HMA. Mr. Eller began his career as a local department of social services social worker in child welfare and understands the stress and secondary trauma associated with this type of work. He is knowledgeable in the various programs and policies at the local, state, and national levels, including public assistance programs (Medicaid, SNAP, TANF, childcare subsidy); social work programs in both child and adult welfare and protection; behavioral health; aging programs; early childhood development and education; and transportation (non-emergency medical transportation).

Mr. Eller's previous roles include public social services director and county manager/chief administrative officer in local government. He values strategic planning and continuous improvement efforts that support the ability to achieve organizational outcomes to better serve the community. Mr. Eller also understands the connection that social determinants of health, program integration, and collective impact models have on serving the whole person. He has led many efforts to integrate behavioral health and child welfare into day-to-day practice by convening providers and staff to develop enhanced response protocols.

Mr. Eller served as president of the North Carolina Association of County Directors of Social Services and has been involved with several child welfare reforms in North Carolina. He also understands the importance of the Family First Prevention Services Act and its impact on child welfare services across the nation.

Mr. Eller is a graduate of the Senior Executive Institute at the University of Virginia-Weldon Cooper Center for Public Service and a credentialed manager with the International City & County Management Association. He previously served as an adjunct instructor for graduate students in public administration programs at UNC-Greensboro and Appalachian State University. In 2006, Mr. Eller received the Presidential Volunteer Award from President George W. Bush for his work in Mecklenburg County (Charlotte).

Mr. Eller earned his master of business administration degree from Queens University and his bachelor of social work degree from Appalachian State University.

Uma S. Ahluwalia, MSW, MHA, Managing Principal

Uma Ahluwalia is a respected health care and human services professional, with extensive experience leading key growth initiatives in demanding political and legislative environments. She is an expert in delivering innovative, reliable, cost-effective solutions and public policy strategies that improve operations and productivity.

Prior to joining HMA, she served as director of the Montgomery County Department of Health and Human Services in Maryland. During her 12-year tenure, she led the implementation of the Affordable Care Act, oversaw the move to a more integrated and interoperable health and human services enterprise, and managed public-private partnerships and programs.

Ms. Ahluwalia's work experience also includes leadership as the interim director of the Child and Family Services Agency in Washington, DC, and as assistant secretary of the Department of Social and Health Services in the State of Washington.

She earned her master's degree in social work from the University of Delhi in India and her master's degree in health services administration from George Washington University.

The following represent the members of our Data Analytics, Review, and Project Support teams.

HMA DATA ANALYTICS, REVIEW, AND PROJECT SUPPORT TEAMS



Jim McEvoy, MHSA
Data Analytics Resource Director

Project Role: Data Analytics

- Data collection, analysis, and visualization
- Quality/performance improvement
- Informatics support and report development
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Project planning, work plan development, and strategy



Karis Burnett, BS
Data Analyst

Project Role: Technology and Data Support

- Data collection, analysis, and visualization
- Quality/performance improvement
- Informatics support and report development
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Project planning, work plan development, and strategy



Annalisa Baker, MSW, MPH
Associate Principal

Project Role: Project Manager, Data Analyst, Review Team

- Provide administrative support, including notes and minutes
- Stakeholder engagement
- Monitor HMA hours
- Prepare invoices
- Provide status updates
- Project planning, work plan development, and strategy
- Coordinate and schedule meeting engagement
- Policy analysis and development
- Process improvement
- Conduct research
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Research national trends, promising practices
- Review



Erin Henderlight, MPP
Principal

Project Role: Review Team

- Project planning, work plan development, and strategy
- Policy analysis and development
- Business process improvement
- Program design recommendation and implementation
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Forensic analysis of current state operations/service delivery, system needs, estimate cost of proposed strategies, and identify return on investment(s)
- Research national trends, promising practices
- Review support
- Reviewer

Continuous Quality Improvement Reviews



Doris Tolliver, JD, MA
Principal

Project Role: Review Team

- Provide facilitation and conduct customer engagement efforts
- Coordinate review process
- Project planning, work plan development, and strategy
- Research national trends, promising practices
- Policy analysis and development
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Forensic analysis of current state operations/service delivery, system needs, estimate cost of proposed strategies, and identify return on investment(s)
- Reviewer



Caitlin Thomas-Henkel, MSW
Principal

Project Role: Review Team

- Provide facilitation and conduct customer engagement efforts
- Coordination of review process
- Project planning, work plan development, and strategy
- Research national trends, promising practices
- Policy analysis and development
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Forensic analysis of current state operations/service delivery, system needs, estimate cost of proposed strategies, and identify return on investment(s)
- Reviewer
- Review support



Deborah Witham, JD, MSW, LCSW
Principal

Project Role: Review Team

- Project planning, work plan development, and strategy
- Policy analysis and development
- Business process improvement
- Program design recommendation and implementation
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Forensic analysis of current state operations/service delivery, system needs, estimate cost of proposed strategies, and identify return on investment(s)
- Research national trends, promising practices
- Reviewer



Allie Franklin, MSW, LICSW
Principal

Project Role: Review Team

- Project planning, work plan development, and strategy
- Policy analysis and development
- Business process improvement
- Program design recommendation and implementation
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Forensic analysis of current state operations/service delivery, system needs, estimate cost of proposed strategies, and identify return on investment(s)
- Research national trends, promising practices
- Reviewer

Continuous Quality Improvement Reviews



Roxanne Kennedy, DSW, LCSW
Principal

Project Role: Review Team

- Project planning, work plan development, and strategy
- Policy analysis and development
- Business process improvement
- Program design recommendation and implementation
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Forensic analysis of current state operations/service delivery, system needs, estimate cost of proposed strategies, and identify return on investment(s)
- Research national trends, promising practices
- Reviewer



Julie White, MSW
Principal

Project Role: Review Team

- Program development
- Implementation science
- Process improvement
- Project planning, work plan development, and strategy
- Research national trends, promising practices
- Policy analysis and development
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Forensic analysis of current state operations/service delivery, system needs, estimate cost of proposed strategies, and identify return on investment(s)
- Reviewer



Courtney Thompson, MS
Consultant

Project Role: Review Team

- Logistics and document readiness
- Provide administrative support, including notes and minutes
- Provide status updates
- Conduct research
- Coordinate and schedule meeting engagement
- Stakeholder engagement
- Project planning, work plan development, and strategy
- Reviewer



Robert Muschler, MPA
Senior Associate

Project Role: Review Team

- Provide administrative support, including notes and minutes
- Stakeholder engagement
- Monitor HMA hours
- Prepare invoices
- Provide status updates
- Project planning, work plan development, and strategy
- Conduct research
- Coordinate and schedule meeting engagement
- Policy analysis and development
- Process improvement
- Reviewer

Continuous Quality Improvement Reviews



Nicole Lehman, MSW
Senior Consultant

Project Role: Review Team

- Logistics and document readiness
- Provide administrative support, including notes and minutes
- Provide status updates
- Conduct research
- Coordinate and schedule meeting engagement
- Stakeholder engagement
- Project planning, work plan development, and strategy
- Reviewer



Kathryn Ngo, MPH
Project Manager

Project Role: Project Support

- Provide administrative support, including notes and minutes
- Stakeholder engagement
- Monitor HMA hours
- Prepare invoices
- Provide status updates
- Project planning, work plan development, and strategy
- Conduct research
- Coordinate and schedule meeting engagement
- Policy analysis and development
- Process improvement
- Review support



Sarah Johnson, BS, CHES
Research Associate

Project Role: Project Support

- Provide administrative support, including notes and minutes
- Provide status updates
- Conduct research
- Coordinate and schedule meeting engagement
- Forensic analysis of current state operations/service delivery and system needs
- Stakeholder engagement
- Policy analysis and development
- Project planning, work plan development, and strategy
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Review support



Anna Yermishkin, BAS
Research Associate

Project Role: Project Support

- Provide administrative support, including notes and minutes
- Provide status updates
- Conduct research
- Coordinate and schedule meeting engagement
- Forensic analysis of current state operations/service delivery and system needs
- Stakeholder engagement
- Policy analysis and development
- Project planning, work plan development, and strategy
- Performance measurement collection/analysis and assessment of qualitative/quantitative data
- Review support

Background, Experience, and Qualifications

HMA Background

Founded in 1985, 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.

HMA is a leading independent, national 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, health care, and social services programs. HMA’s team comprises more than 600 consulting colleagues across all HMA companies, providing services in all 50 states. We are proposing a team of 13 members representing six teams of two, with a project lead at each on-site review.

Our offices are headquartered in Lansing, Michigan, and we maintain offices in 23 states and Washington, DC. HMA is distinguished from other consulting companies by our decades-long tradition of hiring senior-level experts, such as former federal, state, and local leaders. Our team members possess backgrounds in program administration, management, programs, and administrative processes at more than just a theoretical level—we have ‘walked in the shoes’ of the partners with whom we work and can provide technical assistance to them that is meaningful and relevant.

As individual consultant, we are joined in our belief that as third-party actors, we play an integral intermediary role in bridging and transforming systems. As part of HMA, we are like-minded colleagues working together as part of an organization with an infrastructure and depth of knowledge built over many years to accelerate systems change.

HMA team members are firmly committed to the organizational focus of supporting local and state governments, nonprofits, and other agencies providing programs and services through publicly funded programs. Moreover, we recognize the critical importance of cross-disciplinary, cross-sectoral collaboration and cooperation to address the complex issues and policies necessary to optimize outcomes for individuals and populations affected by conditions arising from multiple influences, such as opioids and other substances.

HMA’s Mission Statement

HMA’s goal is to make publicly funded healthcare work better. Our mission is to help clients advance their goals by providing strategic guidance, subject matter expertise, technical assistance, resources, and decision support. We work directly with our clients—governments, communities, payors, and providers—to identify needs, build organizational capacity, and implement solutions that further our shared efforts to transform the healthcare system to one that improves health outcomes, patient experience, and contains cost. We work with clients of all sizes to help them build responsive, locally oriented, and financially sustainable solutions.

Staff Resumes

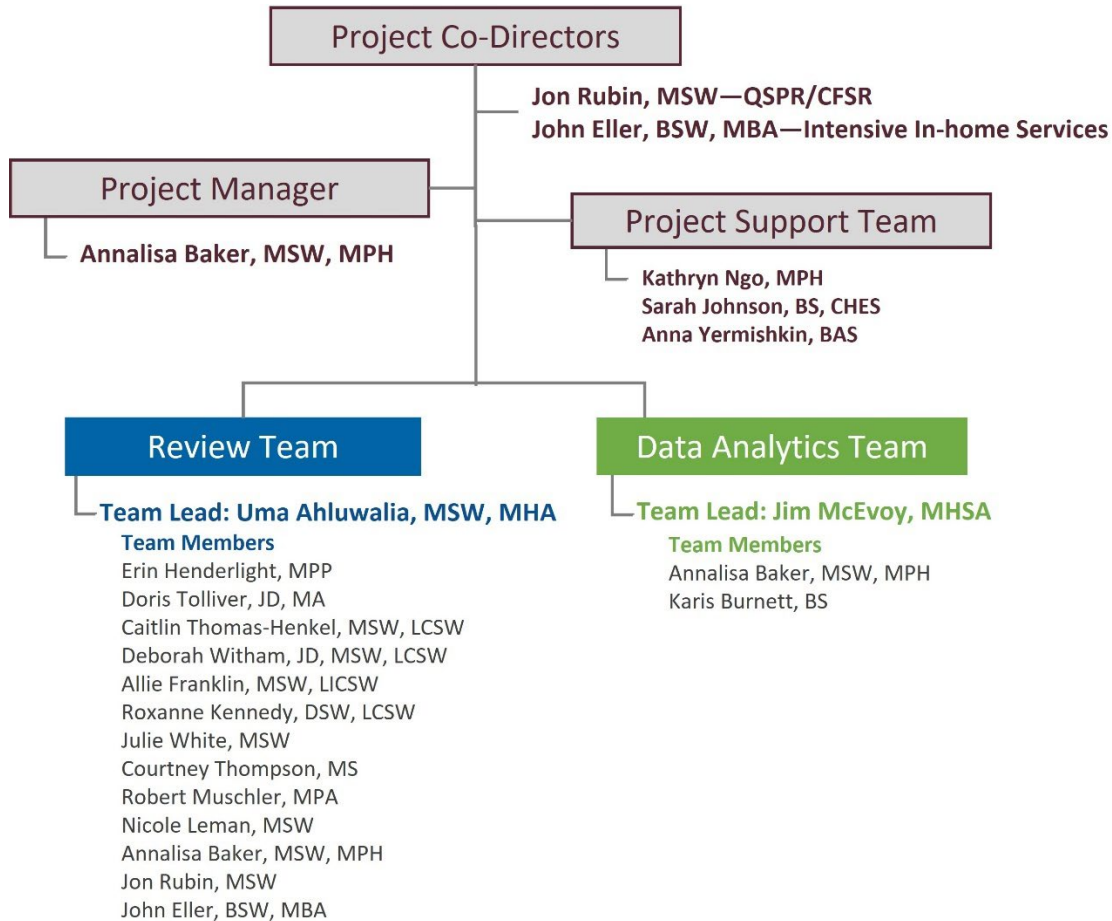
Resumes for our proposed staff are provided in **Appendix A**.

Project Management, Organization, and Staffing

Organizational Chart

Figure 4 provides our organizational chart for this project. HMA will not be using subcontractors for this effort.

FIGURE 4. ORGANIZATIONAL CHART



Similar Experience

West Virginia Child Welfare System Analysis	
Contact Name	Philip Peisch
Contact Telephone	(202) 499 4261
Contact Email	ppeisch@brownandpeisch.com
Contract Start and End Dates	October 2020–April 2023
Detailed Description of Services Provided	

HMA's Child Welfare team supports the State of West Virginia with its child welfare system assessment, including review of policy, practice, infrastructure, and performance through the lens of FFPSA and equity.

Project Management

HMA supports our professionals with the processes, frameworks, and support infrastructure necessary to provide meaningful value to our clients. We understand the quality of a product or service is highly influenced by the quality of the process used to develop and maintain it. To deliver the complex products and services required for this project, HMA proposes an integrated approach and effective resources to achieve project objectives.

Our general approach to consulting services is grounded in standards-based project management methodologies, such as the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK), tailored to the needs of DCFS in Arkansas. Using these methodologies, we will build a robust quality assurance/quality improvement process for the State's child welfare practices, which includes a CFSR-like QSPR process, help to conduct a State fourth-round CFSR, if approved by the State, and evaluate two FFPSA-related EBPs around implementation fidelity and efficacy (e.g., Family Centered Treatment and Intercept). HMA will assist the State in developing the protocols and methodology for ongoing reviews.

Our proposed approach is composed of five key phases that follow the deliverables outlined in work orders, supported by a robust HMA project management component. Every HMA project is organized with HMA project managers—given the complexity and scope of this project, HMA is proposing the addition of two co-project directors, John Eller and Jon Rubin, who will lead our team through the six tasks identified in the proposal. They will collaborate closely with the DCFS to ensure adherence to the project schedule and budget, and to ensure all tasks are completed and deliverables submitted timely.

HMA understands the importance of successfully managing a project and is committed to appropriately applying professional principles of project management, as listed in **Table 3**.

TABLE 3. PRINCIPLES OF PROJECT MANAGEMENT

Project planning and status reporting	<ul style="list-style-type: none"> Assure all aspects of the project are defined in scope and efficiently sequenced for timely completion Manage project plan and monthly reporting of progress
Staffing, cost, and schedule management	<ul style="list-style-type: none"> Assure staff assigned to the project is appropriate to meet project demands and experience requirements Manage and adhere to project schedule and budget, as established for each project task Manage any issues that arise that may cause a delay or excess expenditure
Quality management	<ul style="list-style-type: none"> Review and manage quality control, including review and approval of work products, as appropriate for each product
Communications management	<ul style="list-style-type: none"> Assure communications between HMA and clients are effective in meeting project goals Manage communications with key stakeholders Coordinate with all parties to resolve any issues that may arise

HMA strives to continuously improve our service delivery process and practices, provide strong and ethical leadership and integrity, and to ensure sound financial management of the firm's resources. While we employ a project management approach that generally follows PMBOK, we tailor the approach to meet each project and client needs. This tailored approach focuses on appropriate knowledge areas that provide value to the client and reduce staff burden with

project management tasks and reporting. Our methodology includes key process steps listed in **Figure 5**.

FIGURE 5. PROJECT MANAGEMENT PROCESS



Key components of our project management include documentation, such as developing project plans, meeting agendas and minutes, action items, risk and issues logs, and providing routine status reports for project team members and leadership. We will customize our project management approach to meet the size, scope, and specific needs of the State's project.

How the Project will be Managed

Co-Project Directors, John Eller and Jon Rubin, will lead the project and our team, in close collaboration with DCFS and the project team, to ensure adherence to the project work plan and budget, timely completion of tasks, and submission of high-quality and responsive deliverables. At all times throughout the project, our Arkansas DCFS partners will have access to the project manager, who will provide prompt responses to questions or needs.

Annalisa Baker, MSW, MPH, Project Manager, will work in concert with the HMA lead and will refine the project work plan, in collaboration with DCFS. The work plan will include activity definition, sequencing, and scheduling. Our project manager will provide day-to-day oversight of project activities to ensure all tasks and deliverables are completed and meet the requirements for the project, based upon input from all project stakeholders. Finally, our project manager will review and approve monthly invoices and ensure the project remains on budget and on schedule.

Collaboration Site. HMA anticipates leveraging our collaboration and conference infrastructure required to operate virtual teams for this project. Even before the COVID-19 epidemic ensued, HMA was effectively using this cloud-based infrastructure—powered by Microsoft SharePoint, Microsoft Teams, and Zoom—on numerous projects. To facilitate project management, along with the management and exchange of information and documents, we propose establishing and maintaining a project collaboration site. While we recommend Microsoft SharePoint for this purpose (we have employed SharePoint on numerous projects), we are flexible and can employ a different solution, upon request.

Using Zoom. To re-create our typical practices for in-person meetings, HMA will conduct virtual or phone-in meetings using Zoom, which comprises a variety of engagement features, such as breakout rooms, polling, chat features, and whiteboarding. Each HMA Zoom session includes a required meeting entry code, with a built-in password, and allows only those invited to participate, but without any user-required effort. We can also use the Zoom 'waiting room; safety

feature to direct participants to a virtual waiting room when they log in, where they wait until the coach or subject matter expert speaker admits them to the main call. This feature enables us to ensure that only invited participants attend the meeting.

Communications Plan. HMA will create a communications plan and provide communications support to DCFS to promote transparency and awareness of the project, both internally and externally, and to foster engagement of staff and stakeholders. Our approach employs an audience-centric strategy that includes tailored messages about the project to specific audiences, while also delivering consistent messaging about the project overall to all audiences.

HMA's approach also considers both proactive and reactive communications. To support these types of communications, we will collaborate closely with the DCFS team to anticipate communications needs and be prepared for those that are already identified and those that are likely to emerge during the project.

How Project Activities will be Controlled

The project begins with an initial kickoff meeting between HMA and the DCFS team to introduce the core team, discuss the approach to the scope of work, and to review and refine the project work plan and meeting schedule. We propose to conduct standing status meetings with DCFS every other week over the course of the first twelve months of the project and then move to a monthly cadence in Years 2 through 5 of the project, or at a frequency preferred by DCFS. Prior to on-site reviews, this frequency may change, as needed, to meet project needs. We will use these meetings to update DCFS partners on progress and to refine activities, as needed, address barriers encountered, and to obtain input on assessments, draft webinars, tools, and materials, and reports, with continuous monitoring and strategy recommendations to mitigate any perceived risks. Our project manager will distribute a meeting agenda prior to any scheduled meeting and all participants will be asked to review and provide feedback on the agenda in advance of the meeting. In addition to the scheduled status meetings, our project manager and project directors will be available, as needed, for consultation via email or phone. The project manager will assume the lead role in ensuring effective communications throughout this project.

Change Order Process. Because a project's progress can change in scope over time, we incorporate a change management process into our project plan. This process enables us to remain flexible, understanding that changes that may occur, while carefully considering the impact of the changes. If our project manager or the department project lead identifies a need for a change, we evaluate the impact of the change to cost, risk, schedule, and scope and discuss with the State. If the change is approved, our project manager updates the project documentation, as necessary, and ensures changes are communicated to the teams and stakeholders.

Approach to Deliverables. Equally important to setting up the project is the preparation and transfer of deliverables. Throughout this engagement, the HMA team continually collaborates with DCFS to achieve the desired result. We prepare and coordinate all information gathered, reviewed, and validated through our project tasks. These components collectively align to create the final deliverables HMA presents to our State project partners at Arkansas DCFS.

HMA develops and reviews a deliverable expectations document (DED), which outlines the format and content of our final deliverables during project initiation. During initial meetings with the DCFS project team, HMA collaborates with DCFS identified staff to identify which task order deliverables will benefit from the pre-submission of a DED. These documents afford DCFS the opportunity to influence the development of deliverable templates at an early stage. This process avoids misunderstandings and missed expectations for all parties.

In addition, HMA identifies incremental check points with DCFS to confirm the information we are capturing fully meets or exceeds its needs. These checkpoints are typically completed during our status meetings. We do not consider a deliverable complete until it meets all agreed-upon specifications. The final deliverable includes components of all phases and is presented in a non-proprietary format.

How Progress will be Captured and Reported

Over the years, HMA has created a variety of tools to enhance our project management. Provided in **Appendix B** are samples of several HMA project management artifacts that may be used as part of this engagement. Samples include:

- Status/progress report
- Issue log
- Decision log
- Communications log
- Risk register

HMA currently utilizes Deltek's Vantagepoint software for all project accounting. Vantagepoint is a robust accounting system with a strong reporting platform and includes features to properly account for project funds and project expenses. It also provides the ability to transmit invoices and documentation to outside billing systems. A unique project code will be created this contract and all hours and expenditures will be tracked in Vantagepoint. Project activity is reviewed and approved monthly by the project manager prior to invoice submission and project budgets are closely monitored on a bi-weekly basis.

How Proposed Staffing will Coordinate and Interact to Achieve Objectives

Co-Project Directors, John Eller and Jon Rubin, will be responsible for ensuring coordination on all aspects of this significant project. At least one of them will be on-site for each service area review. Jon Rubin will be responsible primarily for QSPR efforts, as described in this proposal, and John Eller will be responsible primarily for oversight of the intensive in-home services review. Quality Assurance Lead, Uma Ahluwalia, will assure ongoing communication between the co-directors.

HMA assumes there will be DCFS-appointed project leadership members who will work closely with the HMA leaders and our core team. To ensure effective communication, we will partner with this leadership to define the communication plan to ensure our approach meets DCFS needs and preferences. As part of our work, a key component of our project management methodology is internal controls and comprehensive documentation. We ensure meetings include agendas and minutes that reflect action items, risks, and issues, and provide routine status reports for project team members and leadership to ensure all deliverables and responsibilities are met timely, on budget, and with attention to quality. Understanding that proactive escalation and risk communication are preferable to unpleasant surprises, this approach assists with early identification of project risks and constraints, strategies for proactively countering potential obstacles, and mechanisms to identify, alleviate, and resolve issues before they become barriers to the successful and timely completion of work.

Problem resolution is a collaborative process wherein we partner with our client(s) to develop and implement solutions promptly. The project manager resolves any concerns as they arise. We focus on resolving problems at the lowest level possible without disrupting the project schedule and employ procedures to address problems requiring higher-level intervention.

While the RFP focuses on a final report, we propose to submit a series of interim briefings in memo or PowerPoint format throughout this project. These interim briefings will mature into final

report components key to the new model as they are developed. This also affords increased accountability and validation by DCFS around our progress, findings, and recommendations as they develop. In addition, this process provides more space for working with project leadership to develop solid, defensible strategies and recommendations that are more likely to succeed. We anticipate these smaller briefings will serve as building blocks for the final report.

In addition, as part of our routine project management activities, HMA will deliver a more discussion-based version of monthly status reports as bi-weekly project meetings with DCFS. These meetings are often best guided by slide decks, as opposed to lengthy written documents.

While initial meetings will focus on our initial activities, as the project progresses, these status reports will evolve into more than simple status reports and will:

- Confirm project progress against key milestones and deliverables
- Discuss past and upcoming activities, including meetings
- Provide results of data analysis
- Ask any clarifying questions
- Identify and troubleshoot emerging risks to project success
- Share updated information on next steps relevant to the project
- Discuss and validate initial findings and observations
- Share thinking and opportunities for validation and discussion

Appendix A. Resumes



Jonathan Rubin, MSW
Principal
Philadelphia, Pennsylvania

Range of Experience

- Experienced human services leader with an adaptive leadership style navigating teams through ever-changing economic and societal community challenges
- Identifying and analyzing problems, assessing the root causes of concerns, and developing innovative, effective plans for solutions
- Demonstrated exceptional skills for facilitating strategic planning and systemic improvements toward desired outcomes
- Implementing plans while systematically evaluating progress and the impact of effort
- Building relationships while inspiring others to perform
- Training and developing the skills of staff and transferring learning to field experiences
- Developing, implementing, and managing effective communication plans
- Stewardship of organizational resources and effective budgeting and funds allocation

Professional Experience

Health Management Associates, Inc., January 2023–present

- Subject matter expert for child welfare and juvenile justice systems and services
- Focuses on human services and behavioral health program integration and outcomes
- Engages public- and private-sector clients to support various system initiatives and strategic efforts to achieve client goals

Department of Human Services, Harrisburg, PA, Deputy Secretary, Office of Children, Youth and Families, November 2019–December 2022

- Direct responsibility and oversight of statewide performance relative to goals for a \$1.8 billion program of child welfare and juvenile justice services in Pennsylvania
- Facilitated development and implementation planning of Pennsylvania's Five-Year Family First Prevention Services Plan
- Served as a member of Pennsylvania's Juvenile Justice Task Force, appointed by Governor Wolf
- Worked regularly with advocates, provider agencies, and legislators on all issues related to child welfare and juvenile justice
- Worked collaboratively with the secretary of human services and with other Department of Human Services agencies, including the Office of Mental Health and Substance Abuse Services, the Office of Child Development and Early Learning, the Office of Developmental Programs, and the Office of Income Maintenance, to ensure services supported underserved populations and were accessible
- Initiated the Office of Children, Youth and Families' first Strengthening Equity Workgroup to critically self-assess internal performance related to diversity, equity, and inclusion issues

- Provided press briefings and responded to media requests as needed for relevant issues
- Testified in front of the Pennsylvania legislature regarding budget and topical updates as requested
- Worked closely with county agencies to implement all aspects of child welfare practice
- Worked with the federal Administration for Children and Families on annual reviews and program improvement plans
- Oversaw the licensing and inspection of more than 600 Pennsylvania residential provider programs
- Oversaw the performance of five state-run secure juvenile justice services programs

Director of Housing and Human Services, May 2014–November 2019

- Direct responsibility and oversight for providing public human services for Bucks County, including child welfare, aging, housing, mental health, drugs and alcohol, Medicaid behavioral health services, and intellectual disability services; collaborated with other departments, including courts, corrections, and health, to meet community needs
- Direct responsibility and oversight of the Human Services Block Grant and county, state, and federal funding totaling more than \$200 million; implemented the delivery of the Human Services Development Fund component of block grant funding
- Worked directly with county commissioners and the COO to develop a division strategy and plan and implement system improvements
- Met with community leaders, elected officials, and members of the public to support building vibrant communities and find solutions for supporting and strengthening individual and family wellness

Deloitte Consulting LLP, Philadelphia, PA, Senior Consultant, October 2013–May 2014

- Served as a subject matter expert for the Pennsylvania Child Welfare Information Solution
- Served as the technical point of contact for the Pennsylvania Office of Children, Youth, and Families as well as Pennsylvania's county technology systems, ensuring clear communications for the child welfare system for this highly technical project
- Managed the subject matter expert team in the Camp Hill office serving the Pennsylvania Enterprise to Link Information for Children Across Networks project; the subject matter expert team provides support to such projects as Keys to Quality, Provider Self Service, and Child Care Licensing in Pennsylvania
- Wrote child welfare proposals, including for projects in Colorado and Montana

American Public Human Services Association (APHSA), Washington, DC, Director of Organizational Effectiveness and Leadership Development, June 2013–October 2013

- Directly responsibility and oversight of staff and the achievement of departmental goals for the Organizational Effectiveness Department
- Sought and obtained new clients and grants appropriate for achieving the APHSA mission and improving human service outcomes nationally
- Maintained a high level of practice among all organizational effectiveness consultants, providing significant value to APHSA members
- Functioned as a member of the APHSA executive team, influencing agency strategy and the achievement of the mission
- Supported APHSA membership through the provision of direct service consulting efforts toward organizational effectiveness outcomes
- Served as a member of the editorial board for Policy and Practice Magazine, determining key areas of human service practice to highlight for this national publication

- Served as a staff liaison to the National Staff Development and Training Association, providing support to this national association of university partners and training professionals

Organizational Effectiveness Consultant, April 2008–June 2013

- Provided leadership, management, organizational effectiveness, supervision, and frontline practice improvement consulting services to help state and local public human service agencies improve performance and capacity
- Provided on-site consulting services with intact management/work teams; projects included on-site work in Arkansas, Colorado, Hawaii, Michigan, Minnesota, New Jersey, New Mexico, Pennsylvania, and Texas
- Surpassed the origination of work and contracting goals for developing new work relationships and income each year of employment by at least 10 percent
- Facilitated the development of tools for lawmakers and administrators for improving child welfare performance through the Positioning Public Child Welfare Guidance
- Led the "Raise the Locals Voice" initiative of the National Council of Local Human Service Administrators, creating a national model for collaboration and information sharing among human service agencies
- Served as an editorial board member for Policy and Practice Magazine, determining key areas of human service practice to highlight for this national publication

Child Welfare Training Program, Mechanicsburg, PA, Acting Director, September 2007–March 2008

- Served as acting director, responsible for overall leadership, management, and administration of the Pennsylvania Child Welfare Training Program; responsibilities included assurance of the full completion of deliverables outlined in the intergovernmental agreement between the University of Pittsburgh and Pennsylvania's Department of Public Welfare
- Oversaw more than 50 staff and the completion of an annual work plan; agency maintained an \$11 million budget and provided more than 2,000 annual training days
- Enhanced working relationships with Pennsylvania's county children and youth agencies and Pennsylvania's Office of Children, Youth and Families

Practice Improvement Specialist, January 2005–September 2007

- Consulted with county child welfare programs to assist the development of seamless, integrated, and best practice services for children and families
- Provided technical assistance for specialized projects designed to improve agency performance and outcomes for children; facilitated organizational needs assessment and change planning efforts as the team leader for the southeast region
- Accomplishments included the development of a "case weighting" system for Berks County, the implementation of "Family Group Conferencing" in Chester County, and the development of strategic plans for system integration throughout the southeast region

Bucks County Children and Youth, Doylestown, PA, Child Protective Services Manager, February 2001–January 2005

- Served as manager for a team of five supervisory staff and 24 social work staff who performed intake and child protective services
- Major responsibilities included the provision of high-quality in-home assessments and investigations, the delegation of work assignments, facilitated case management services, and organized and approved maintenance of records

- Achieved 100 percent of efficiency improvement and cost reduction goals as developed in conjunction with Bucks County's Management by Objective Program

Child Protective Services Supervisor, March 1992–February 2001

- Supervisor for a unit of professional social workers who completed Child Protective Services investigations and ongoing General Protective Services to the Bucks County community

Social Worker, June 1990–March 1992

- Social worker who provided in-home services to families within Bucks County

Select Presentations

"Start with Why," National Staff Development and Training Association Annual Conference, Columbus, OH, October 2018.

"The Human Services Value Curve," National Association of Counties Conference, Washington, DC, February 2016.

"Strengthening Supervision Through a Child Welfare Practice Model," Children's Bureau Conference, Washington, DC, April 2012.

Select Publications

"Transforming Workforce Capacity through a Child Welfare Practice Model: lessons from the Field," *Policy and Practice Magazine*, February 2013.

"Field Works: Setting Your Organizational Aim," *Policy and Practice Magazine*, February 2011.

"Organizational Effectiveness Strategies for Child Welfare," Co-author of a textbook, Chapter 11 from *Contemporary Issues in Child Welfare Practice*. Springer Press, 2013.

Awards/Recognition

Dennis Marion Award for contributions to Behavioral Health Services in Pennsylvania, May 2019

Education

Master of Social Work, Temple University

Bachelor of Arts, Social Work, Pennsylvania State University



John K. Eller, IV, MBA, BSW
Principal
Washington, DC

Range of Experience

- More than 23 years of public service serving as a director of social services and chief administrative officer/county manager
- Served as social services director in the largest county in North Carolina
- Combined 19 years of either direct or indirect oversight of child welfare programs, including child protective services, foster care, adoption, family preservation and support, independent living services, and licensure/approval of foster and adoptive families
- Experience with behavioral health programming and services for youth and families
- Former child welfare and social worker

Professional Experience

Health Management Associates, Inc., January 2023–present

- Engages public- and private-sector clients to support various system initiatives and analytic and strategic efforts to achieve client goals
- Focuses on human services and behavioral health integration
- Subject matter expert in public social work services

Mecklenburg County Government, Charlotte, NC, Director of Social Services, October 2020–December 2022

- Oversaw a budget of more than \$216 million
- Provided effective governance of personnel and operational management for more than 1,300 staff
- Facilitated team building, while encouraging responsibility, accountability, and decision-making
- Recruited, coached, developed, and supported staff so workforce efforts aligned with strategic objectives and performance metrics
- Partnered with internal and external stakeholders to understand key initiatives and benchmark information
- Interacted with elected officials, government officials, regulatory authorities, advocacy groups, civic partners, associations, special interest groups, the private sector, and residents regarding programs and leveraged relationships to develop new opportunities for current/future partnerships
- Assisted with problem definition, data gathering and analysis, the development and analysis of alternatives, and recommendations to create and execute policies that yielded improvements that achieved common goals and objectives
- Developed data dashboards and tracking tools to ensure data integrity to forecast performance

- Led the development and identification of continuous quality improvement to identify opportunities, set priorities, manage initiatives, and leverage resources to execute change through system redesign and reengineering
- Identified emerging best practices, policy issues, and anticipated opportunities
- Oversaw risk mitigation planning and processes for the resolution of issues
- Analyzed and interpreted laws, legal codes, court procedures, precedents, government regulations, rules, and the political climate
- Monitored, analyzed, and advised leadership about public policy and regulatory issues
- Developed and managed initiatives, programs, and support that aligned with the strategic business plan and funding priorities
- Used strategic planning to conduct resource allocation, human resources modeling, and the coordination of people and resources
- Ensured quality standards for customer service and the evaluation of customer satisfaction to modify business practices and improve processes based on feedback received
- Assessed complex problems and reviewed related information to identify the strengths and weaknesses of alternative solutions, costs, and benefits of potential actions, evaluate options, and reach conclusions about how to develop and implement solutions
- Saw short- and long-term projects through completion
- Led RFP processes with procurement to develop new opportunities for current and future partnerships
- Convened partners to obtain the Senior Friendly Mecklenburg Designation
- Led the department to become the first public Department of Social Services agency in North Carolina to launch simulated/virtual reality training for child welfare staff and oversaw the following federal/state programs:
 - Behavioral Health/Clinical Services
 - Hospital-Based Economic Services Staff
 - Child Protective Services/In-Home Services/Foster Care/Adoptions/Post Care
 - Adult Protective Services/In-Home Services/Guardianship/In-Home Aide Services/Adult Day Care/Caregiver Support/Senior I&R Hotline
 - Long-Term Care Services/Special Assistance (group home monitoring and referrals)
 - Senior Nutrition (Congregate Sites and Meals on Wheels)
 - Non-Emergency Medical Transportation (NEMT) and General Transportation (second-largest provider next to the Charlotte Area Transit System)
 - Pre-K, Child Care Subsidy, and Early Childhood Programming
 - Economic Services (Food Assistance [SNAP], Medicaid, Work First [TANF], and Energy Assistance) and Emergency Response and Disaster Management (shelter operations)

Davie County Government, Mocksville, NC, County Manager, January 2017–October 2020

- Provided effective governance, supervised personnel, and oversaw the operational management of all county offices/departments (562 staff) and boards/commissions under the general control of the Board of County Commissioners
- Ensured the ethical adherence of county government
- Prepared/submitted/oversaw an annual budget of more than \$78.7 million
- Ensured fiduciary responsibility for sound financial oversight, maintained a strong bond rating, ensured the board had information to set an informed and appropriate tax rate, ensured financial internal controls, and partnered with the Local Government Commission regarding financial health

- Partnered with economic development regarding opportunities, challenges, and incentives to attract business in a balanced and intentional way
- Partnered with the school superintendent on budgeting and performance metrics for the utilization of county funding
- Partnered with the sheriff on public safety needs and support
- Partnered with local municipalities/towns regarding collective goals
- Made prudent recommendations regarding programs/services and policy to the board for consideration to further the strategic goals of the county
- Responded to board requests for reports and information concerning county programs and services
- Prepared a five to 10-year capital improvement plan for all facilities to prepare for future growth
- Assessed/developed/recommended/interpreted/enforced public policies, ordinances, orders, regulations, resolutions, contracts, and referendums to ensure that federal/state laws, codes, and requirements were met with integrity and executed
- Facilitated team building, while encouraging responsibility, accountability, and decision-making at all levels of a matrixed governance model to increase innovation
- Recruited and developed an engaged and emotionally intelligent workforce to retain and align the organization's human capital with the strategic objectives of the governing body
- Championed collective impact models and coalition-building that promoted alignment and shared leadership in holistic service delivery
- Anticipated the probability and impact of external influences on the organization, using strategic decision-making and continuous improvement
- Served as a liaison with all constituents to convene, communicate, and facilitate relationships and understanding between and among individuals/groups
- Assisted with problem definition, data gathering and analysis, the development and analysis of alternatives, and recommendations to create and execute policies that yielded improvements that achieved common goals and objectives
- Developed data dashboards and tracking tools to ensure data integrity to forecasted performance
- Conducted ongoing strategic planning processes and legislative agendas with the Board of Commissioners to advance strategic initiatives, projects, and/or legislative policy changes
- Aligned public- and private-sector community strategic planning efforts to ensure continuous improvement to "move the collective needle"
- Worked with legislators on various bills to provide information as requested to maintain strategic relationships; provide perspective, education, and guidance; and conduct fact-checking before messaging and communications
- Served as the senior public affairs liaison and senior point of contact to interact with elected officials, government officials, regulatory authorities, advocacy groups, civic partners, associations, special interest groups, the private sector, residents, the press, and members of state/local boards and commissions to conduct legislative analysis

Catawba County Government, Hickory, NC, Social Services Director, 2008–2017

- Oversaw a budget of more than \$50.3 million
- Provided effective governance of personnel and the operational management of all Department of Social Services programs (430 staff)
- Implemented NCFast (Pilot County)
- Used a balanced scorecard approach to ensure the alignment of outcomes with the budgeting process

- Convened partners to develop the county's Aging and Adult Strategic Planning/Agenda and Children's Strategic Planning/Agenda
- Drafted language for several state and federal bills to help assist social services programs and oversaw the following programs:
 - Family NET (integrated mental health provider for child welfare), CEO
 - Community Action Agency (poverty prevention), CEO
 - Residential services director for four group homes
 - Backpack program for hungry children
 - School social work services
 - Hospital-based economic services staff
 - Child Protective Services/In-Home Services/Foster
 - Care/Adoptions/Post Care
 - Child Advocacy Center
 - Adult Protective Services/In-Home Services/Guardianship
 - Community Alternatives Program
 - Long-Term Care Services/Special Assistance (group home monitoring and referrals)
 - Senior Nutrition (five Congregate Sites and Meals on Wheels)
 - NEMT
 - Early Childhood Clinical/Developmental Support
 - Child Day Care Subsidy
 - Child Support
 - Economic Services (Food Assistance [SNAP], Medicaid, Work First [TANF, and Energy Assistance)
 - Emergency Response and Disaster Management (shelter operations)
 - Continuous Quality Improvement Unit

Community Involvement/Board Affiliations/Membership in Professional Organizations

- International County/City Management Association, Member
- National Association of County Administrators, Member
- National Association of Counties (NACo), Member
- Mecklenburg County Smart Start, Board of Directors
- Mecklenburg County, NC, Pre-K Board
- Mecklenburg County, Early Childhood Education Committee
- National Association of County Human Services Administrators (a NACo affiliate), Board of Directors
- American Public Human Services Association, Member and Local Council Member
- NC United Way, Board of Directors
- NC Association of County Directors of Social Services, Executive Committee Member and Past President
- NCFAST Executive Advisory Committee
- Davie County Economic Development Commission, Board of Directors
- Davie County Center for Violence Prevention, Board of Directors
- Davidson and Davie Community College Foundation Board
- Smart Start of Davie County, Board of Directors
- Family Promise of Davie County (Homeless Prevention), Board of Directors
- Mocksville Rotary Club-Member
- Ignite Davie (K–14 Educational and Workforce Development Initiative), Executive Board
- Western Piedmont Workforce Development, Board of Directors

- Regional Federally Qualified Health Clinic, Gaston Family Services (now Kintegra), Board of Directors
- Catawba County Child Advocacy and Protection Center, Board of Directors
- Catawba County Community Child Protection and Fatality Prevention Team, Board of Directors (Past Chair)
- Catawba County Partnership for Children/Smart Start, Board of Directors
- Newton Conover Rotary Club, Member
- Discovery Church, Leadership Team Member and Director of Congregational Care
- NC Association of County Commissioners, Health and Human Services Steering Committee and Legislative Goals Committee, Member
- National/NC Association of Social Workers, Member

Awards/Recognition

- Appointed to the NC Child and Family Improvement Initiative, 2022
- Appointed by NCDHHS to the Child Welfare Reform Task Force, 2021
- Appointed to the Medicaid Transformation State Foster Care Plan Design Team, 2021
- International City and County Management Association Credentialed Manager, 2019
- Reappointed by Governor Cooper to serve on the NC Human Resources Commission (Commissioner), 2018
- Appointed as a member of the NC Institute of Medicine, 2015
- Appointed to serve on the NC Institute of Medicine's Task Force on Alzheimer's Disease and Related Dementia, 2015
- Appointed to the UNC Jordan Institute's Collective Impact Steering Committee, 2015
- Elected president of the NC Association of County Directors of Social Services, 2014
- Named Top 10 Under 40 in Hickory/Catawba County, 2013
- Appointed by Governor McCrory to serve on the NC Human Resources Commission (Commissioner), 2013
- Appointed to serve on the NC Institute of Medicine's Health Reform: Medicaid Work Group, 2012
- National Guardianship Association Outstanding Member Award, 2010
- Elected president of the NC Guardianship Association, 2010
- Appointed by the General Assembly to the NC Joint Study Commission on Aging, 2008–2009 and 2009–2010
- Presidential Volunteer Service Award Recipient (Awarded by President George W. Bush), 2007
- NC Association of County Directors of Social Services Outstanding New Director of the Year, 2005

Education and Certification

Master of Business Administration, Queens University, McColl School of Business

Bachelor of Social Work, Appalachian State University

International City/County Managers Association, Gettysburg Leadership Institute

International City/County Managers Association, Local Government 101 Course for Public Administrators

Dale Carnegie-Public Speaking Course Graduate (Charlotte, NC)

Senior Executive Institute Graduate, University of Virginia-Weldon Cooper Center for Public Service (Charlottesville, VA)

Leadership Charlotte-Graduate (Charlotte, NC)



Uma Ahluwalia, MSW, MHA

Managing Principal
Washington, DC

Range of Experience

- Respected healthcare and human services professional offering extensive experience leading key growth initiatives in demanding political and legislative environments
- Known as an expert in delivering innovative, reliable, cost-effective solutions and public policy strategies that improve operations and productivity in fast-paced environments
- Committed, enthusiastic, and people-oriented with a proven progressive career reflecting strong leadership qualities who builds and leads highly motivated teams that follow a collective impact approach
- Highly praised for work ethic, problem-solving and communication skills, and the successful delivery of work

Professional Experience

Health Management Associates, Inc., December 2018–present

Supporting client engagement activities across health and human services enterprises

- Engage public- and private-sector clients to support various system initiatives and analytic and strategic efforts to achieve client goals
- Support business development and grant-writing activities
- Develop a strong business services and revenue generation framework that aligns with the values of equity and service

Montgomery County Department of Health and Human Services, Director, 2007–2018

Responsible for all aspects of agency management across the health and human services spectrum; span of control extended to public health programs, emergency preparedness, early learning, financial assistance, child welfare, childcare, aging and disabilities, behavioral health, and supportive housing

- Leveraged a \$317 million budget to run county services while developing Affordable Care Act responsive strategies, focused on addressing social determinants in public and behavioral health
- Drove business process automation to create a modern, integrated, interoperable, and responsive care system impacting patients across six hospitals in the areas of behavioral health, chronic disease, maternal and child health, early childhood initiative, and workforce development
- Strategically managed more than 700 public-private partnerships valued at \$120 million across the department and ongoingly addressed contract reform
- Implemented initiatives that created an effective learning environment and ensured employee best practices were institutionalized for 1,700 staff members
- Ensured effectiveness of equity initiatives that impacted one million residents, 30 percent of whom are ethnic and foreign-born residents

- Tracked metrics related to collective impact initiatives within the local community, driving systemic change that improved population-wide health in chronic disease (diabetes, hypertension, and cancer), behavioral health, maternal and child health, childhood initiative, and workforce development

Child and Family Services Agency, District of Columbia, Interim Director, 2005–2007

Managed support service programs for child welfare, Child Protective Services, foster care, adolescent and young adult programming, and adoptions

- Directed all aspects of the agency with 900 employees; implemented programs and managed a \$250 million+ budget
- Managed private and public partnerships and improved relationships by creating strong messaging and content to manage the political and legislative environments
- Carried out stakeholder's child welfare reform agenda by increasing the timeliness of child abuse and neglect investigations, met permanent home and treatment placement benchmarks, and positioned the agency to exit the LaShawn consent decree
- Supported workforce development issues in a strong union environment by building strong labor management partnerships and investing in workforce training, creating an accountability-based, data-driven delivery system

State of Washington Department of Social and Health Services, Assistant Secretary, Children's Administration, 2003–2005

Functioned as a member of the secretary's cabinet, spearheading the statewide integration of the agency's human services activities

- Led child welfare services in Washington with a \$500 million budget; successfully developed and launched a reform agenda to improve child welfare practices impacting more than 5,600 children
- Negotiated settlement agreements with plaintiffs on class action lawsuits to support improvements in child welfare practice
- Managed 3,000 staff members, 75 percent being unionized members
- Collaborated with national foundations to model the development of evidence-based practice in child welfare

State of Maryland Office of the Governor, Special Assistant to the Chief of Staff, 2001–2003

Supported the chief of staff and oversaw all the operations of the executive department, including personnel, procurement, finance, information systems, and correspondence

- Managed the immediate office team of five for the chief of staff, providing support and resources
- Communicated all health and mental health developments to the governor and chief of staff; interfaced with hundreds of administrative staff, legislators, advocates, and stakeholders to prepare briefing memos delivered to 20+ people as the governor's health policy liaison
- Coordinated with multiple agencies and steered the implementation of a Supreme Court decision that required the state to de-institutionalize the population of people who are disabled and place them in need-appropriate settings regardless of cost
- Contributed to in-depth data collection to support reengineering the state's Department of Health and Mental Hygiene

Professional Affiliations

Current Affiliations:

- Center for Adoption Support and Education, Board Member
- Stewards of Change Institute, Board Member
- National Children's Alliance, Board Member
- University of Maryland, School of Public Health, Member, Community Advisory Board
- University of Maryland School of Social Work, Member and Vice Chair, Dean's Board of Advisors
- Holy Cross Hospital, Board Member
- HIMSS Global Health Equity Network

Prior Affiliations:

- Center for the Study of Social Policy, Vice Chair of the Board
- National Association of County Human Services Association, Board Member
- National Association of Public Child Welfare Administrators Executive Committee, Member
- Public Health Transformation Workgroup, Steering Committee Member
- Public Health Informatics NACCHO, Workgroup Member
- Locals Council within APHSA, Executive Committee Member
- Locals Policy Council for APHSA, Member
- Children's Vanguard, Published Author
- Social Work, Published Author
- Washington State Commission on Foster Care, Co-Chair

Education

Master of Social Work, University of Delhi, India

Master of Health Services Administration, George Washington University

Bachelor in World History, University of Delhi, India



Jim McEvoy, MHSA

Data Analytics Resources Director
Lansing, Michigan

Range of Experience

- More than 14 years of experience developing systems and data collection techniques for measuring the outcomes of interventions
- Supports the development of RFPs to purchase systems on behalf of clients
- Develops detailed design requirements for systems implementation
- Uses data and analytics to support policy and operational decision-making for state Medicaid agencies, payers, providers, and foundations
- Convenes discussions with multi-sector stakeholder groups on solving operational challenges in publicly funded healthcare
- Provides third-party review and best practices research to corrections health clients

Professional Experience

Health Management Associates, Inc., April 2017–present

- Supports a variety of state government, payer, and provider clients in achieving their objectives by supporting the intersection of data analytics, integration, and collection with policy and operational support
- Utilized claims data to support a third-party review of claims data for a corrections health provider in Michigan
- Performed utilization analysis of non-emergency medical transportation delivery within state government using claims and eligibility data
- Calculated numerous Healthcare Effectiveness Data and Information Set quality measurements to support a state government's health home reporting to the Centers for Medicare & Medicaid Services; co-led the development of a financial analysis proving the efficacy of a health home program
- Supported the development of a tool to describe key characteristics of the serious mental illness population for numerous states
- Worked with multiple states to promote and document sustainability planning for their State Innovation Model programs
- Provided strategic guidance and operational support to a nonprofit health plan in Michigan for their care management technical system
- Built and operated the COVID-19 tracker for a corrections agency; the tool counts the cases and contact tracing of inmates; reporting is used for informing the general public regarding COVID-19 status in the facilities
- Performed a network analysis study of primary care access and out-of-network utilization of emergency department visits in Los Angeles County
- Assisted in technology planning and the development of an RFP for a state Medicaid agency's health information exchange platform

UnitedHealth Group, Lansing, MI

Senior Information Technology Data Analyst, 2010–March 2017

- Managed cross-functional teams of up to 10 developers, programmers, and analysts; developed applications in an environment of constantly competing priorities among different business units
- Led teams across broad technical and business disciplines; focused teams on business objectives and tracked progress to ensure project milestones were completed on time and with the desired results
- Mitigated risk factors through the careful analysis of data and a flexible technical solution set; anticipated and managed change effectively in rapidly evolving business environments; coordinated business knowledge among different business units
- Defined processes and tools best suited to each project; moved between agile and waterfall approaches depending on project specifics and client goals; created detailed project roadmaps, plans, schedules, and work breakdown structures

Representative projects:

- Systems engineering: led the design, development, and rollout of approximately 40 extract, transform, load (ETL) processes and one dozen web applications for clients with the State of Michigan
Results: completed projects up to one month ahead of schedule to client acclaim
- Custom software developments: managed all phases of the software development life cycle for a dozen custom solutions
Results: delivered software solutions that contributed to the State of Michigan saving \$1 million a day in the Medicaid program; coordinated with customers after rollout to continue the ongoing maintenance cycle
- Database developments: guided teams in the development of relational database management systems and web applications for clients within the State of Michigan
Results: improved the consistency, intelligence, and accessibility of data
- Data integration: combined data sets within the Michigan Department of Health and Human Services (MDHHS) enterprise data warehouse to develop CareConnect360, a tool provided by MDHHS to assist users throughout the state in delivering integrated care at the individual and population levels
Results: CareConnect360 has approximately 1,000 active users and serves seven different business units inside of MDHHS
- Systems implementations: directed rollouts of new software and systems for clients at the State of Michigan
Results: ensured defect-free releases through careful planning, testing, and quality assurance efforts

Systems Analyst, 2006–2009

- Responsibilities included: maintenance of approximately 18 ETL processes, lead programmer for Java application, senior developer for multiple .NET applications, requirements gathering, and rollout

Phoenix Workgroup Computing, Holt, MI, Programmer, 2005–2006

Education

Master of Health Services Administration, University of Michigan

Bachelor of Science, Psychology, Michigan State University



Karis Burnett, BS

Data Analyst, Wakely, an HMA Company
Denver, Colorado

Range of Experience

- SQL, Python, and Microsoft Office
- Customer service, leadership, and public speaking
- Social media, event planning, and time management

Professional Experience

Wakely Consulting Group, an HMA Company, January 2022–present

- Manages 42 publicly available healthcare-focused databases across three different servers and communicates the content of these data sets across the company
- Curates public data into useful tables for consultants and analysts using Python and SQL
- Parses data from multiple different files (JSON, .T01, XML, GZ, .DAT)
- Creates effective data visualizations
- Creates and automates three different reports in Excel using Visual Basic algorithms
- Analyzes claims and cost share reconciliation data
- Provides ad hoc analysis in support of 15 consulting engagements
- Provides support for broker consulting services, including incurred but not reported data input and analysis, as well as Wakely pricing model data input

Administrative Assistant, April 2019–January 2022

- Managed the culture committee budget for two years and allocated funds to 10 different organizations
- Assisted with coordinating 20 RFPs and ensured proposal requirements were met
- Assisted with marketing (used Google Analytics to gauge website views and target market acquisition)

Offbeat LLC, Assistant Manager, February 2018–April 2019

- Interviewed, hired, and trained 22 employees for the restaurant
- Created the weekly schedule for a team of 15 for front and back of house operations
- Ensured licensing and health and safety compliance
- Assisted with social media promotions and marketing on Facebook, Twitter, and Instagram

doTerra International, Wellness Advocate/Brand Partner, October 2010–January 2018

- Achieved the rank of Elite by achieving annual team sales of \$60,000
- Grew the sales team to 22 members
- Developed skills in public speaking; presented to groups of up to 30 people
- Developed successful marketing and advertising campaigns

Education

Bachelor of Science, Business Management, Colorado State University Global Campus
Data Analytics Certificate, University of Denver



Annalisa Cusi Baker, MSW, MPH

Associate Principal
New York, New York

Range of Experience

- More than 18 years of behavioral health and social service delivery experience
- Clinical practice skills in cognitive behavioral therapy and trauma systems therapy
- Strategic thinker and facilitator who leads strategic planning and coalition-building projects for value-based service delivery
- Champion of cross-systems collaboration to improve behavioral health outcomes
- Experienced program designer that has led to successful funding awards for nonprofit organizations that serve a range of populations, including the justice-involved, maternal and child health, and foster care

Professional Experience

Health Management Associates, Inc., November 2015–present

Member of HMA's behavioral health team who provides policy and operational expertise to nonprofit providers, government agencies, and a variety of healthcare stakeholders to navigate value-based financing and integrate behavioral health quality metrics and best practices into healthcare system reform efforts.

Recent project work includes:

- Manage and facilitate strategic planning activities with state governments and community behavioral health agencies
- Provide technical assistance and conduct financial and strategic analysis for behavioral health providers that are transitioning into value-based service delivery related to Medicaid managed care, home and community-based services, and Substance Abuse and Mental Health Services Administration certified community behavioral health centers
- Secured nearly \$18 million in federal, state, and local grant funding for community-based organizations over the last seven years
- Designed a crisis stabilization program for community behavioral health providers in response to a funding opportunity
- Led a New York Delivery System Reform Incentive Payment Performing Provider System to develop a value-based payment implementation evaluation process and scoring methodology for its network partners
- Provided implementation support and training for a digital/telehealth solution for a major Brooklyn hospital network.
- Provided technical assistance to facilitate networking capacity and infrastructure development for community-based organizations to establish a foundation for their roles in value-based service delivery
- Developed training and supervision recommendations for an NYC-based homeless outreach program design and grant writing for community-based organizations and health plan procurements
- Conducted state policy analyses related to the behavioral healthcare delivery system
- Conducted community needs assessments

NYC Department of Health and Mental Hygiene, New York, NY

Bureau of Mental Health, Director of Administration and Operations, March 2014–November 2015

- Managed and oversaw finance, strategic planning, analysis, reporting activities, policy coordination, and personnel activities of bureau operations
- Involved in the compliance and performance management of more than 300 service contracts, which comprised an approximately \$300 million budget
- Managed three staff members

Director of Health Integration, April 2012–March 2014; Health Integration Coordinator, September 2010–April 2012

- Managed a team of nine staff to increase the capabilities of primary care and mental health providers to integrate health and mental healthcare
- Activities included managing the HEAL 17 project, a \$10 million New York State grant to improve the quality of care for individuals with mental illness through technology that links patient-centered medical homes and specialty mental health practices

Astor Services for Children and Families, Bronx, NY, Site Supervisor, June 2009–February 2010; Staff Social Worker, June 2006–June 2009

- Managed the launch of a partnership among Astor and a foster care program to increase children's access to mental health services; provided psychotherapy to children with severe emotional disturbance

NYC Department of Health and Mental Hygiene, Division of Financial and Strategic Management, New York, NY, Special Assistant to the Deputy Commissioner, October 2002–May 2006

- Managed projects for the division, including the contact database for agency partnerships, business automation, organizational/operational restructuring, and quality management operations

New York Network Management, LLC, Brooklyn, NY, Network Operations Consultant, June 2002–October 2002

- Designed and implemented an operations infrastructure for handling billing, collections, and claims

Select Publications

Baker, A., Filiault, A., and Rubin, J. (2021). The Value of Community Behavioral Health Providers & Their Networks. NYS Council for Community Behavioral Healthcare and New York State Collaborative of BH IPAs.

Acknowledged in a Letter to the Editor: Mandel-Ricci, J., Bresnahan, M., Sacks, R., and Farley, S.M. "Training Mental Health Professionals to Treat Tobacco Dependence." *Psychiatric Services* 64, no. 5 (2013): 497.

Select Presentations

Ahluwalia, U., Baker, A. (2022). "Children's Wellbeing and the Intersect with Medicaid and Child Welfare," National Council for Mental Wellbeing, NatCon22 Conference, Washington, DC.

Baker, A., and Peartree, D. (2022). "Supporting Staff in a Hybrid World," National Council for Mental Wellbeing, NatCon22 Conference, Washington, DC.

Baker, A., and Renaud, T. (2014). "Maternal Depression," presented to the NYC Child Care Resource and Referral Consortium, New York, NY.

Baker, A. (2013). "Health Integration," presented to internal bureau staff at the NYC Department of Health and Mental Hygiene, April 11, 2013, Long Island City, NY.

Baker, A., and Rick, D. (2011). "Depression and HIV," presented at the NYC Department of Health and Mental Hygiene, Brooklyn District Public Health Office, October 26, 2011, Brooklyn, NY.

Baker, A. (2011). "Integrating Tobacco Dependence Counseling and Treatment into Mental Health Programs," presented to the Centers for Disease Control and Prevention, September 21, 2011, Long Island City, NY.

Cusi, A., Codrington, J., Helme, J., and Rosado, J. (2008). "A Grass Roots Approach to Building a Collaborative and Culturally Sensitive Mental Health Agency in the Bronx," presented at Lehman College's 25th Anniversary Conference on Urban Social Work, November 18, 2008.

Cusi, A., Abramovitz, R., Carroll, S., Dino, M., and Gould, B. (2008). "Cross Systems Trauma Treatment: How a Joint Mental Health-Foster Care Project is Changing the Way Clinicians and Caseworkers Think and Practice," presented at the Manhattan Child and Adolescent Services Committee Conference, June 2, 2008, New York, NY.

Education, Certification, and Licensure

Master of Social Work, New York University, Shirley M. Ehrenkranz School of Social Work

Master of Public Health, Health Policy and Management, Columbia University, Mailman School of Public Health

Bachelor of Arts, English/Pre-Medical, University of Scranton

Licensed Clinical Social Worker, August 2011 (not active)



Erin Henderlight, MPP
Principal
Washington, DC

Range of Experience

- National health and human services expert with more than 15 years of experience in policy, program, and solution design, innovation, and strategic alignment of projects to business objectives
- Adaptive and collaborative relationship builder with the ability to excel and encourage excellence in others in fast-paced, ambiguous, and demanding environments

Professional Experience

Health Management Associates, Inc., February 2022–present

Benefits Data Trust (BDT), Remote, Director of Policy, 2021–2022

- Developed, refined, and executed BDT's policy and systems change agenda with a focus on streamlining public benefits access and advancing equity
- Strengthened the organization's role as a thought leader in benefits transformation and access through:
 - Cultivating revenue streams and sustainable sources of funding for the organization's policy, technical assistance, and research offerings, which includes revenue of \$775,000 in 2021 and a 2022 revenue pipeline of almost \$2 million
 - Developing and nurturing relationships with state and national policy leaders, academics, and partner organizations
 - Providing technical assistance to state agencies and the evolution of BDT's products to meet changing needs
- Provided supervision and coaching to and support for the professional development of BDT's talented and experienced policy and research team

Public Consulting Group, Inc., Remote, North Carolina-Based, Senior Advisor, 2015–2021; Senior Consultant, 2013–2015; Consultant, 2011–2013

- Delivered strategic leadership, comprehensive subject matter expertise, and operational management to 30+ health and human services engagements across the country, leading teams to thoroughly analyze complex systems (and system needs) to develop and implement actionable improvement strategies. Expertise includes:
 - Federal and state human services funding, requirements, policies, and implications for operationalizing changes
 - Effective organizational change, implementation science, continuous improvement, and sustainability efforts, with the goal of building profound and lasting change in organizations
 - Meaningful community/stakeholder engagement, coalition building, and the development and leveraging of strategic partnerships

- Qualitative and quantitative information collection and analysis—along with a realistic understanding of the limitations of data—to meet federal performance measures and/or internal objectives
- Budgeting, cost allocation, and revenue maximization
- Performance management, benchmarking, and dashboards
- Systems procurement and/or implementation, including integrated eligibility and child welfare management systems
- Built, nurtured, and deepened authentic relationships to provide national trends, promising practices, varied perspectives, and tailored solutions to clients
- Oversaw projects involving federal, state, and local dollars, managing complex multimillion-dollar budgets, ensuring projects were invoiced and paid timely, and providing reporting to funders/stakeholders, as needed
- Managed (and leveraged) diverse project teams of up to 20 consulting and direct service staff, providing coaching, professional development, clear expectations, and a primer for a healthy team culture to ensure high-quality work products from all members
- Developed the firm's growing veterans' services consulting portfolio, including developing relationships with all 56 state and territory directors, as well as federal partners, to understand, capture, and provide solution(s) to meet needs; produced a revenue stream of more than \$1.25 million in less than five years

Buncombe County Health and Human Services, Asheville, NC, Human Services Planner/Evaluator, 2005–2011

- Managed strategic change efforts, including leading teams of staff as they developed and implemented plans to streamline services across county departments, engaging community partners for more efficient and effective service delivery, and integrating services. This also included directing internal adjustments to staffing, processes, and service delivery based on measurable data and focused on outcomes. These efforts resulted in cost avoidance/savings to the county of more than \$3.2 million for fiscal years 2006–2011.
- Provided programmatic and personnel leadership through the delivery of technical assistance to staff to ensure all programs met expected outcomes; programs met 98 percent of federal and state outcomes for four consecutive fiscal years
- Developed and oversaw budgets and the budgeting process by working in tandem with all Health and Human Services program areas to ensure adequate resource allocation, justifying resources and working to maximize reimbursement streams from many sources. This also included developing, analyzing, and monitoring contracts and fiscal/performance measures to ensure departments and partners operated efficiently and within their allocation(s).
- Provided leadership for special projects, including integration efforts and system implementations

US Naval Research Laboratory, Research Physicist, Washington, DC, 1999–2003

- Led efforts to create techniques for the analysis, visualization, and reduction of UV remote-sensing data
- Published in *Radio Science* (2004), *Astrodynamics* (2003), *Geophysical Research Abstracts* (2003), as well as presented at the European Geophysical Union annual meeting (Nice, France, 2003). Research can be found under E.E. Henderlight

Awards/Recognition

Productivity Award, North Carolina Association of County Commissioners, 2008–2009 and 2009–2010

Hunter Champion, American Public Human Services Organization (APHSA), 2011

Education

Master of Public Policy, Social and Health Policy Concentrations, Duke University

Bachelor of Science, Physics, Rhodes College



Doris B.B. Tolliver, JD, MA
Principal
Indianapolis, Indiana

Range of Experience

- Provide administrative oversight, budget development and management, and legal compliance to ensure organizational efficiency, fiscal responsibility, and programmatic results
- Develop and execute strategic plans at the organizational and programmatic levels, establishing intermediate benchmarks, assigning responsibility, and ensuring realistic timelines
- Lead field-deployed human resources teams to deliver workforce results, including streamlining the hiring processes, recruiting and retaining top talent, increasing employee satisfaction, and mitigating employment risks
- Drive organizational use of data to guide planning and operations, including using disaggregated data to monitor organizational outcomes by subpopulations (e.g., race, ethnicity, gender, age)
- Design and deliver training, workshops, and strategies that create diverse and inclusive organizations and promote equitable service delivery

Professional Experience

Health Management Associates, Inc., September 2020–present

- Provide technical assistance, thought leadership, and procurement support to health plans seeking to address racial and health equity and the social drivers of health
- Develop and implement strategies to promote equitable policies and programming and build inclusive cultures in public and community-based organizations
- Provide strategic planning, practice improvement, and project support to public child welfare agencies and adjacent partners

Annie E. Casey Foundation, Indianapolis, IN, Senior Fellow, Child Welfare Consultant, 2017–2020

- Supported county and state governmental agencies with strategy development, implementation support, and technical assistance to enhance organizational policies, practices, and service delivery
- Improved the hiring process, which reduced staff vacancies by more than 50 percent in less than one year
- Introduced organizational practices that reduced racial disparities in the county child welfare agency

Indiana Department of Child Services, Indianapolis, IN, Chief of Staff, 2013–2017

- Led strategic and daily operations of one of the largest administrative agencies in the State of Indiana, providing direction to the agency executive leadership team and ensuring a diverse and inclusive organizational culture

- Oversaw strategy that increased federal funding for the child welfare case management system by more than \$2 million annually
- Restructured a large organization of more than 3,000 to support a continuous quality improvement culture and proactively respond to a changing workforce landscape, ensuring a diverse workforce and an inclusive organizational culture
- Masterminded development of an analytics tool that improved permanency outcomes for children in foster care

State of Indiana, Indianapolis, IN, Human Resources Director, 2009–2013

- Supported the Indiana Department of Child Services, working with executive leadership to support key business initiatives for the 4,000-employee organization
- Implemented hiring and retention practices, resulting in the timely filling of employee vacancies and a decrease in staff turnover
- Launched manager training and development and improved organizational climate, reducing the number of employee complaint filings and findings against the agency

State of Indiana, Indianapolis, IN, Human Resources Business Consultant, 2008–2009; Employee Relations Specialist, 2007–2008; Human Resource Generalist, 2007

- Provided strategic and transactional human resources support, including recruitment, employee relations, Human Resource Information System management, and leadership development

Tulsa Welding School, Jacksonville, FL, Student Advisor/Registrar

United Way, San Jose, CA, and North Charleston, SC, Allocations Director, Allocations and Evaluations Specialist

Community Involvement and Board Affiliations

Founding Board Member, Circle City Prep Charter School, December 2015–present

Board Member, Families First, January 2018–present

Board Member, Choices Coordinated Care Solutions, January 2020–present

Education and Certifications

Juris Doctor, Indiana University Robert H. McKinney School of Law

Master of Arts, Human Resources Management, Webster University

Bachelor of Arts, Psychology and Sociology, University of California, Davis

Attorney, licensed and in good standing, State of Indiana, June 2013–present

Executive Certificate in Information Sharing, Georgetown University, McCourt School of Public Policy

Senior Professional in Human Resources, HR Certification Institute, 2009–2015



Caitlin Thomas-Henkel, MSW

Principal

Philadelphia, Pennsylvania

Range of Experience

- Dedicated leader with 18 years of experience in state government and nonprofits, providing clinical care to underserved populations and supporting leading-edge providers and states in advancing the implementation of policy, payment, and delivery system reforms to improve outcomes
- Expertise in delivery system and payment reform, primary care, and behavioral health integration responses to the opioid epidemic, with a specific focus on effective care management strategies
- Dedicated to helping communities address systemic challenges and find new ways to overcome them
- Experience designing policies that advance access to underserved populations, such as individuals involved with the criminal justice system, people with substance use disorder or co-occurring disorders, at-risk children and youth, and people affected by homelessness
- Experience providing technical support to state agencies in the design and development of comprehensive housing and services for people with serious and persistent mental illness and/or substance use disorders

Professional Experience

Health Management Associates, Inc., April 2019–present

- Providing technical assistance and support to a state behavioral health agency in the design and development of comprehensive housing supports and services for people with serious and persistent mental illness and/or substance use disorders
- Delivering technical assistance to primary care and behavioral health providers in multiple formats, including 1:1 practice-level technical assistance both on-site and virtually, as well as regional and statewide events
- Conducting a literature review and qualitative interviews of providers focused on the challenges, barriers, and opportunities to advancing policies and prescribing medications for opioid use disorder to people with opioid use disorders in office-based settings
- Conducted a literature review of best practices related to clinical interventions, social determinants of health, new generation technologies, and reimbursement methodologies that impact adherence and other methods of ensuring appropriate drug utilization that will improve the total cost of care
- Providing training and technical assistance to health systems and providers in stakeholder engagement, future state, training, and implementation support of the Collaborative Care Model

Center for Health Care Strategies, Senior Program Officer, 2014–April 2019

- *Transforming Complex Care*: Led the day-to-day project management of a multisite demonstration aimed at refining and spreading effective care models that address the medical and social needs of individuals
- *Community Management of Medication Complexity, Innovation Lab*: Managed the day-to-day functions of a multisite demonstration aimed at spreading community-based innovations to improve outcomes among low-income populations, especially those with complex medical, behavioral, and social needs
- *Rhode Island Accountable Entities Learning Collaborative*: Managed the day-to-day operations of the statewide learning initiative with a focus on advancing the capacity and alignment of Medicaid accountable care organizations and managed care organizations' care coordination efforts, stakeholder engagement, and ability to deliver value-based care to people with behavioral health disorders
- *State Innovation Model (SIM)*: Provided technical assistance to states designing and testing new care delivery and payment models as part of the Center for Medicare & Medicaid Innovation's SIM initiative
- *New Jersey Medicaid Transformation*: Provided technical assistance to New Jersey Medicaid and the Department of Mental Health and Addiction Services in the development of an office-based addiction treatment model in primary care, federally qualified health centers, and certified community behavioral health clinics; assisted in the research of other state models, benefit design, stakeholder meetings, and implementation

Rhode Island Office of the Senate President, Deputy Director of Policy, 2011–2014

- Assisted the policy director in overseeing and managing six staff; drafted healthcare legislation for the Senate health and human services committee
- Worked collaboratively with colleagues and community stakeholders/advocates to research, identify best practices, and negotiate policy recommendations to support and advance statewide policy change
- Developed messaging, talking points, and correspondence for senators at commission hearings, key events, and other supportive communication materials

City of Providence, Director of the Mayor's Substance Abuse Prevention Council, 2007–2011

- Managed a staff of five consultants and the annual federal grant and city-funded budget
- Provided key direction and leadership for overarching health policy initiatives for the nationally renowned Tobacco-Free Providence campaign
- Led a city substance abuse coalition of 20 community-based organizations
- Worked in collaboration with local police, colleges and universities, and schools on grant initiatives
- Designed and implemented environmental strategies
- Provided leadership on overall campaign initiatives (paid and earned media)
- Established the policy agenda for reducing access to alcohol, tobacco, and other drugs among youth

Stoughton Youth Commission, Substance Abuse Prevention Coordinator, 2004–2007

Bi-County Collaborative, Therapeutic Professional, 2003–2005

Toward Independent Living and Learning, Intensive Family Support Manager/Project Engage Coordinator, 2002–2003

Select Publications

C. Thomas Henkel, S. Turner, and B. Freda. Opportunities to Enhance Community-Based Medication Management Strategies for People with Complex Health and Social Needs. Center for Health Care Strategies, June 2018.

S.L. Turner and C. Thomas-Henkel. Solving the Medication Complexity Conundrum through Community-Based Solutions. Center for Health Care Strategies Blog, June 27, 2018.

M. Schulman, John O'Brien, M. Pierre-Wright, and C. Thomas-Henkel. Exploring Value-Based Payment to Encourage Substance Use Disorder Treatment in Primary Care. Center for Health Care Strategies and Technical Assistance Collaborative, June 2018.

C. Thomas-Henkel and M. Schulman. Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations. Center for Health Care Strategies, October 2017.

M. Schulman and C. Thomas-Henkel. Integrating Community Health Workers into Care Teams: Lessons from the Field. Center for Health Care Strategies Blog, March 17, 2017.

C. Thomas-Henkel. Transforming the Complex Care Workforce: Emerging Strategies. Center for Health Care Strategies Blog, February 22, 2017.

C. Thomas-Henkel and J. Lloyd. Taking Complex Care Innovations to Scale. Center for Health Care Strategies Blog, August 2, 2016.

C. Thomas-Henkel and J. Lloyd. Mitigating Provider Burnout and Fatigue. CMMI State Innovation Model Publications for States, July 2016.

C. Thomas-Henkel and K. Heflin. Community Care Teams: A Promising Strategy to Address Unmet Social Needs. Center for Health Care Strategies Blog, March 3, 2016.

C. Thomas-Henkel and A. Hamblin. Opportunities to Improve Models of Care for People with Complex Needs. Center for Health Care Strategies, November 2015.

Select Presentations

C. Thomas-Henkel. *Emerging Complex Care Innovations*. Society of Actuaries, September 2017

C. Thomas-Henkel. *Improving Models of Care for High-Need, High-Cost Populations*. Vermont Learning Collaborative Webinar, March 2016

C. Thomas-Henkel. *Community Care Teams: State Approaches to Deliver Patient-Centered Care*. CMMI SIM Learning System Webinar, May 2016

C. Thomas-Henkel. *Stakeholder Engagement and the Legislative Process*. Rhode Island Women's Fund, November 2013

C. Thomas-Henkel. *Best Practice Strategies*. Senate Youth Violence Prevention Taskforce, May 2012

C. Thomas-Henkel. *How to Effectively Strategize and Mobilize Community Tobacco Policy*. Rhode Island Tobacco Policy Network, May 2011

C. Thomas-Henkel. *Environmental Strategies for Community Work*. Drug and Alcohol Treatment Association (DATA) of Rhode Island, October 2010

C. Thomas-Henkel. *Changing the Culture of Binge Drinking*. National Association of Social Workers, Rhode Island, November 2009

C. Thomas-Henkel. *Underage Drinking Effective Community Interventions*. Rhode Island State House Representation to Acting US Surgeon General Rear Admiral Galson, September 2009

C. Thomas-Henkel. *Mobilizing your community using the Communities That Care Framework®*. Regional Centers for Healthy Communities Network, April 2008

C. Thomas-Henkel. *Strengthening Families Program: Implementation Strategies and Best Practice*, March 2007

C. Thomas-Henkel. *Fostering Healthy Behaviors in Youth; Utilizing a Risk and Protective Factor Framework*. Regional Centers for Healthy Communities Network, December 2006

C. Thomas-Henkel. *Prescription Drug Misuse: Signs and Symptomology*. Massachusetts Community Health Network Association, February 2006

C. Thomas-Henkel. *Plan Your Work, Work Your Plan*. National Underage Drinking Education and Training Center, August 2006

C. Thomas-Henkel. *Writing a Successful SAMHSA Drug Free Communities Grant*. Regional Centers for Healthy Communities Network, March 2006 and March 2007

Education

Master of Clinical Social Work, certificate in Macro Practice, Boston University

Bachelor of Science, Child Development, University of New Hampshire



Deborah Witham, MSW, LMSW, Esq.

Principal
Washington, DC

Range of Experience

- Results-oriented executive with experience in 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

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 (2014–2017)

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

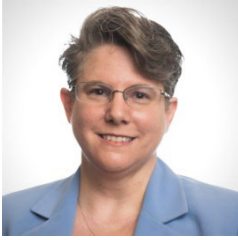
Community Involvement

- 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



Alicia Franklin, LICSW, MSW

Principal

Tallahassee, Florida

Range of Experience

- Senior executive in healthcare and social services with broad and comprehensive experience in public, private, and nonprofit organizations
- Transformational leader specializing in integrated care models through modernizing processes, systems, methodologies, policies, and organizational behavior to achieve outstanding outcomes
- Demonstrated success in dramatically improving affordability, clinical quality, and staff engagement
- Collaborative leader, coach, and mentor who understands how to drive and build business
- Known for improving quality of care, reducing costs, and improving morale and employee engagement

Professional Experience

Health Management Associates, Inc., April 2022–present

Harborview Medical Center, Seattle, WA, Behavioral Health Service Line Administrator, August 2020–April 2022

- Directed and ensured the clinical quality of the \$80 million psychiatric service line of the region's only Level I trauma center
- Led successful efforts to decrease the average length of stay by 40 percent; decreased the use of restraints by 97 percent while maintaining a low re-admission rate
- Dramatically improved the clinical quality of the service line in the first year
- Reduced voluntary staff turnover by 43 percent (7.8 percent voluntary turnover rate of more than 480 behavioral health staff)
- Project managed the Blue Health Intelligence work to facilitate the redesign of the statewide behavioral health crisis system to establish 988 as the behavioral health 911 equivalent in Washington State

Crisis Connections, Seattle, WA, CEO and Executive Director, April 2017–August 2020

- Grew organizational revenue from \$5.7 million to \$12.5 million in three years and expanded crisis line services to eight additional counties
- Transformed the call center, increasing call answer rates to 95 percent answered in less than 30 seconds, increasing call capacity management by more than 200 percent, and reducing call wait times and abandonment rates to meet standards
- Modernized all clinical and business operations, finance, and human resource systems, including an agency-wide rollout of the first electronic health record the organization had ever used
- Led a successful rebranding effort for a more than 50-year-old nonprofit to create a name and brand that were more reflective of the mission and scope of work

COPE Health Solutions, Seattle, WA, Vice President, December 2016–April 2017

- Built Pacific Northwest consulting team to support healthcare organizations in their transformation to value-based purchasing, with a special emphasis on 1115 Medicaid demonstration waiver projects
- Developed the Behavioral Health Specialty Department to support states and healthcare entities in their transformation of carved out behavioral healthcare programs to integrated whole person health approaches to care

Optum Pierce Behavioral Health, Pierce County, WA, AVP Clinical Operations, September 2015–December 2016

- Set the clinical priorities and oversaw all clinical operations for the \$120 million Medicaid managed care behavioral health continuum for Pierce County's 800,000 residents and \$40 million in Medicaid and Medicare funding for the statewide health homes program
- Led the innovation that the reduced inpatient psychiatric re-hospitalization rate from 25 percent to less than nine percent within a year and a half
- Supervised a clinical manager, 11 care managers, and three Washington health homes staff who oversaw all operations of the lead entity for Washington health homes fee-for-service operations in four of six regions in Washington State (contract oversight of 22 care coordination organizations)
- Led the clinical services areas through three successful external quality review audits for the organization

Select Publications

Steinfeld, B., Franklin, A., Mercer, B., Fraynt, R., and Simon, G. "Progress Monitoring in an Integrated Health Care System: Tracking Behavioral Health Vital Signs." *Adm Policy Ment Health* 43, no. 3 (May 2016): 369–78, doi: 10.1007/s10488-015-0648-7.

"Finding Your Way Through Grief," published in 2003, Grief Inc.

"Footsteps Through Grief," published in 2003, Grief Inc.

"The Other Side of Grief," published in 2003, Grief Inc.

"When a Loved One Dies: Walking through Grief as a Teenager," published in 2002, Paraclete Video Productions

"A Place for Me," published in 1996, Big A and Co.

"Am I Still a Sister," published in 1986, Big A and Co.

Community Involvement/Board Affiliations/Membership in Professional Organizations

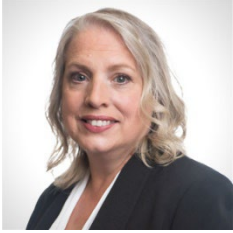
- King County Behavioral Health Provider Association, President, 2019–present
- The Compassionate Friends, Board of Director Member, 2016–2020

Education and Certification

Master of Science, University of Texas

Bachelor of Social Work, Missouri State University

Licensed Independent Clinical Social Worker, 2004–present



Roxanne Kennedy, DSW, LCSW

Principal

Tallahassee, Florida

Range of Experience

- Experience managing medical expenditures with a multimillion-dollar budget
- Operational and administrative leadership in behavioral health settings
- Project management
- Strong communication skills
- More than 18 years of experience maintaining the business functions of a private practice
- Experienced researcher of physical and behavioral health integrated care models

Professional Experience

Health Management Associates, Inc., March 2022–present

Beacon Health Options of Pennsylvania, Seven Fields, PA, Vice President/CEO, January 2020–March 2022

- Maintained operational and administrative leadership for Pennsylvania's HealthChoices (Medicaid public behavioral health system) programs, including five contracts for 12 county programs
- Managed medical expenditures with a \$45 million budget
- Oversaw Pennsylvania departments, including information systems, clinical operations, clinical support, reporting, workplace services, account management, program integrity, value-based payment, provider relations, claims payment, and quality management
- Provided strategic leadership for engagement center and regional planning, budgeting, pricing, and clinical operations to ensure high-quality services for customers and other stakeholders while staying within budget
- Provided administrative oversight of special projects and all contract deliverables

Beacon Health Options, Linthicum, MD, Vice President/CEO, February 2019–December 2019

- Maintained operational and administrative oversight for the Maryland Plan (Medicaid public behavioral health system) departments, including information systems, clinical operations, clinical support, reporting, workplace services, account management, and quality management
- Managed medical expenditures with a \$22 million budget
- Provided strategic leadership for engagement center and regional planning, budgeting, pricing, and clinical operations to ensure high-quality services for customers and other stakeholders while staying within budget
- Administered the coordination of both Medicaid and state/grant funding for behavioral health services, including mental health, substance use disorders, gambling services, autism spectrum disorder services, housing services, laboratory services, hospital and emergency room diversion, and jail data links
- Provided administrative oversight of special projects and all contract deliverables

State of New Jersey, Trenton, NJ

Director of Behavioral Health Management, March 2016–January 2019

- Operationalized the \$128 million rate increase for mental health and addiction services for both Medicaid and other state and federally funded programs
- Led the creation of an equalization in the Medicaid substance use disorder benefit, which increased the federal financial participation by approximately \$20 million

Executive Director of Behavioral Health, November 2011–February 2016

- Produced policy and oversaw behavioral health services for New Jersey's 1.7 million Medicaid beneficiaries, which is approximately \$2.8 billion of the state's spending
- Through state plan amendments and waivers with the Centers for Medicare & Medicaid Services, increased the federal financial participation of behavioral health services in the New Jersey Medicaid program

State Planner/Communications Coordinator, March 2007–November 2011

- Produced, submitted, and facilitated the application of an approximately \$11 million New Jersey Mental Health Block grant from the Substance Abuse and Mental Health Services Administration
- Coordinated, participated in, and managed the New Jersey Mental Health Planning Council's activities
- Reviewed and responded to complaints and concerns from constituents and other stakeholders addressed to the department commissioner and the Office of the Governor
- Prepared presentations for the assistant commissioner and department commissioners' speaking engagements
- Monitored and provided interdepartmental communications for pertinent information and press inquiries

Program Analyst, Central Office, March 2005–March 2007

- Monitored state-contracted agencies for compliance within the terms of the state's policies and regulations
- Carried out program development assistance for state psychiatric institutions and community mental health centers
- Audited contracted facilities with other licensing authorities to ensure compliance with contractual agreements and regulatory procedures
- Participated in the negotiation of contract terms with provider agencies for the development of programs with appropriate funding
- Met with all contracted providers in the assigned county to review system issues and analyze relevant data

Social Worker 1, Trenton Psychiatric Hospital, January 2004–March 2005

- Participated in a multidisciplinary team to develop treatment plans and goals for each patient
- Conducted group therapy
- Completed social histories and assessments to further enhance treatment planning for patients
- Developed appropriate discharge plans for patients leaving the inpatient setting

Psychotherapist and Owner, Private Practice, Yardley, PA, August 2002–March 2019

- As a psychotherapist, provided counseling to individuals, adolescents, families, and couples

- Collaborated with other professionals involved in the care of clients as indicated and permissible
- Business functions of lease contracts, insurance agreements, billing, accounting, personnel, and schedule coordinating

Supervisor of Care Management, Magellan Health, Newtown, PA, January 2000–December 2003

- Assisted the executive director and clinical management in developing the organization's strategic and operational goals, as well as reviewing budget allocations
- Supervised a care management staff of 14 social workers and nurses
- Recruited and interviewed perspective candidates for clinical positions and ensured that orientation and training was provided
- Assessed and assisted in meeting the training needs of clinicians
- Collaborated with management to develop policies and procedures
- Developed a training program for new staff
- Developed and maintained a training program for existing clinical staff
- Collaborated with other departments to ensure the accuracy and efficiency of clinical department performance
- Provided external training to contracted customers as indicated
- Regularly monitored the performance of care management staff and completed annual performance reviews
- Provided counseling, coaching, and disciplinary actions as needed
- Coordinated quality assurance activities under the direction of clinical management

Psychiatric Screener/Mobile Outreach Worker, Trenton, NJ, November 1990–December 2001

- Certified Mental Health Screener in New Jersey from 1991 to 2001
- Participated in multidisciplinary treatment decisions while providing on- and off-site crisis intervention to children, adolescents, adults, and their families
- Provided individual/family counseling and case management; performed mental health assessments and evaluations; and provided treatment, counseling, and support for those experiencing traumatic loss
- Facilitated the appropriate linkage to both inpatient and outpatient treatment services
- Educated the community about the needs of consumers of mental health services

Education

Doctor of Clinical Social Work, University of Pennsylvania

Dissertation: Evaluating the Effectiveness of Integrated Care Models for Individuals with Serious Mental Illness

Master of Social Work, Temple University

Bachelor of Social Work, Temple University

Licensure

Licensed Clinical Social Worker in Pennsylvania, May 2002

Licensed Clinical Social Worker in New Jersey, May 2005



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

Rutgers University, Trenton, NJ, COO, 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 Prison 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 police 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



Courtney Thompson, BS

Consultant

Denver, Colorado

Range of Experience

- More than 14 years of experience as a professional in the field of psychology
- Expert knowledge in Applied Behavior Analysis (ABA) therapy, psychiatric emergency department, and child development
- Skilled in behavioral observation and individualized care for children with autism and related developmental disabilities
- Behavior reduction, verbal de-escalation, and intervention specialist
- Strong communicator focused on building rapport and direct patient care

Professional Experience

Health Management Associates, Inc., June 2022–present

Children’s Hospital of Colorado, Broomfield, CO, Pediatric Behavioral Health Specialist, March 2020–May 2022

- Provided direct patient care and safety, including supervising and managing children and adolescents under the direction of a registered nurse
- Provided expertise in verbal de-escalation, behavioral observation, and individualized care
- Participated in clinical rounds and maintained communication with unit and department leadership
- Served as a committee member for the Professional Governance Council and chair of the Behavioral Health Committee

Adam’s Camp, Nantucket, MA, Behavioral Therapist and Camp Counselor, June 2015–June 2020

- Provided clinical skills, instruction, and behavior reduction protocols based on the principles of ABA therapy to children with autism and related developmental disabilities
- Implemented ABA strategies and interventions
- Provided behavioral observation and documentation

Family Priority, LLC., Williamsburg, VA, Behavioral and ABA Therapist, July 2016–May 2017

- Provided clinical skills, instruction, and behavior reduction protocols based on the principles of ABA therapy to children with autism and related developmental disabilities in the home
- Implemented ABA strategies and interventions
- Provided behavioral observation and documentation

Education

Bachelor of Science, Psychology, Virginia Commonwealth University



Robert Muschler, MPA
Senior Associate
Minneapolis, Minnesota

Range of Experience

- Experience designing, facilitating, and project managing comprehensive strategic planning and strategic restructuring processes for nonprofit organizations
- Experience in both qualitative and quantitative data collection methods, including data analysis, survey design and administration, interview and focus group facilitation, and staff and community engagement sessions
- Expert in developing community needs assessments for early education and other providers to support data-informed decision-making
- Comprehensive experience working in the fields of behavioral health, early education, and youth development

Professional Experience

Health Management Associates, Inc., January 2020–present

- Develops strategic plans, working closely with nonprofit and public-sector leadership and staff to identify and align organizational priorities and enhance impact
- Assists organizations in exploring the full range of strategic restructuring opportunities, from collaboration to merger/acquisition, as well as designing and facilitating a rigorous due diligence process
- Develops comprehensive community needs assessments by conducting comprehensive data collection and analysis
- Supports organizations in developing complex grant applications
- Collects and synthesizes qualitative and quantitative program, financial, and other organizational data through document analysis, surveys, interviews, focus groups, and staff and community engagement sessions
- Builds and maintains strong working relationships with client staff, executive teams, and boards of directors

NPO Solutions, Los Angeles, CA, Consultant, June 2015–December 2019

- Provided management consulting support to Los Angeles County-based nonprofit organizations, with an emphasis on strategic planning, strategic restructuring (mergers/acquisitions), community needs assessments, fund development strategy, and board development
- Collaborated with nonprofit staff members, executives, and governing boards in facilitating strategic planning and strategic restructuring processes that encompass extensive data collection and synthesis, group process facilitation, and presenting and writing
- Developed community needs assessments for client organizations; conducted comprehensive data collection and analysis, synthesized findings, created comprehensive reports, and trained staff and leadership on data utilization

- Oversaw the coordination and writing of complex grant solicitations to public/private sector funders on behalf of client organizations

Daniel Pearl Foundation, Los Angeles, CA, Program Director, 2014–2015

- Managed the development and implementation of the foundation's programs
- Oversaw the creation of public relations and marketing plans
- Assisted in developing and executing annual fundraising campaigns
- Assisted in managing the accuracy of financial and donor records
- Developed grants to support program activities

Operation Progress, Los Angeles, CA, Program Assistant, 2013–2014

- Contributed to developing, implementing, and evaluating the organization and its programs
- Oversaw the student application process
- Assisted in developing marketing, media, and branding content and strategy
- Created newsletters, board updates, and website content, as well as other written materials
- Built, altered, and maintained a Salesforce database and organization website

Initiative Foundation, Little Falls, MN, Community Development Associate, 2012–2013

- Facilitated discussions and assisted communities in planning, visioning, and training related to community and economic development
- Researched, analyzed, and presented data to inform decision-making
- Participated on grant review teams
- Served as an Initiative Foundation representative at city and community meetings

Community

Young Nonprofit Professionals Network of the Twin Cities, Board Member

Young Nonprofit Professionals Network of Los Angeles, Former Board Member

Education

Master of Public Administration, Nonprofit Management, University of Southern California

Bachelor of Arts, Planning and Community Development, Sociology, St. Cloud State University



Nicole Lehman, MSW

Senior Consultant

Chicago, Illinois

Range of Experience

- Healthcare professional specializing in the improvement, development, and growth of multifaceted, high-paced managed care organizations
- Organization-wide subject matter expert (SME) on implementing regulatory guidance and complying with state, federal, and quality audits
- Experience in health plan management, state regulations, budget planning and administration, and report writing
- National Committee for Quality Assurance and Healthcare Effectiveness Data and Information Set SME

Professional Experience

Health Management Associates, Inc., July 2022–present

L.A. Care Health Plan, Los Angeles, CA, Director, Behavioral Health Services, November 2017–June 2022

- In addition to all the duties performed as director of operations, responsible for all department staff and programs, including clinical, provider outreach, autism services, transgender health, and institutions for mental disease
- Oversaw a department staff of 30 employees, including licensed clinical social workers, licensed marriage and family therapists, board-certified behavior analysts, bachelor-level specialists, and coordinators
- Built and maintained a direct network of more than 70 providers

Director of Operations, Behavioral Health Department, February 2014–November 2017

- Oversaw and conducted departmental operations of behavioral health programs in accordance with state regulations, including Knox-Keene Health Plan implementation
- Served as an SME in the Department of Managed Health Care, the Department of Health Care Services, the Centers for Medicare & Medicaid Services, and the Mental Health Parity and Addiction Equity Act
- Ensured the quality and effectiveness of departmental programs and services by establishing reporting standards across programs
- Increased utilization across all lines of business, including Medi-Cal/Medicaid, Medicare/Dual Eligible Special Needs Plan, Cal MediConnect (CMC), and Market Place
- Provided professional supervision and consultation to assigned staff to ensure effective operational performance
- Monitored compliance with federal, state, and county contracts
- Developed policies, procedures, audit criteria, standards, and benchmarks for behavioral health services, children and youth services, and general managed care organization services and benefits
- Developed, integrated, and maintained new county and statewide benefits

CalOptima, Orange County, CA, Manager, Behavioral Health Integration, February 2013–February 2014

- Collaborated on efforts to fully integrate behavioral healthcare services
- Promoted and measured improvements in health outcomes for behavioral health services
- Assisted with community outreach and education for both providers and members
- Acted as a liaison to community and governmental providers serving dual eligible populations
- Served as a liaison for CMC managed behavioral healthcare organization establishment and maintenance

Education

Master of Social Work, University of Southern California

Bachelor of Arts, Psychology, California State University, Fullerton



Kathryn Ngo, MPH, RN

Project Manager

Los Angeles, California

Range of Experience

- More than nine years of working within the foster youth community, advocating for, mentoring, and supporting foster youth to gain independent living skills for a smoother transition out of care
- Public health background with global health and applied epidemiology research experience, including environmental health, social determinants of health, correctional health, and community health
- Clinical nurse training in community health clinics and hospital settings
- Clinical research experience in diabetes and peripheral illnesses

Professional Experience

Health Management Associates, Inc., January 2022–present

- Lead an interdepartmental team to complete projects on time, to specifications, and with accuracy and efficiency
- Provide project management and project support through creating and managing timelines, coordinating with the project team, and communicating with clients and stakeholders
- Design and implement surveys and focus groups with stakeholders
- Coordinate with leadership across all strategic focus areas and lines of business, including behavioral health, community strategies, delivery systems, quality and accreditation, Medicare, Medicaid managed care, data and analytics, justice-involved services, HMA's Institute on Addiction, and more
- Organize presentations, memos, and reports for leadership and clients
- Act as a liaison between the company, customers, and vendors

Emory University and Children's Healthcare of Atlanta, Atlanta, GA, Clinical Research Coordinator—Global Health Department, October 2019–August 2021

- Type 2 diabetes research team member who investigated a biomarker that may allow for earlier detection
- Recruited participants through a variety of community outreach events and activities
- Screened patient medical records for eligibility and scheduling; maintained close contact with all potential recruits and assessed participant engagement with the study

Bassett Unified School District, La Puente, CA, Instructional Health Assistant (Substitute)—Multiple Handicapped, March 2018–August 2021

- Taught special needs students with multiple handicaps school curriculum while reinforcing good behavior
- Assisted students with basic and special healthcare needs and daily living activities, sanitation, and hygiene

**Emory Department of Pediatrics and Children's Healthcare of Atlanta, Atlanta, GA,
Clinical Research Assistant—Emory Biomedical Research, January 2020–May 2020**

- Study looked at the risk of developing Type 2 diabetes in kidney transplant recipients
- Conducted patient chart review using EPIC system
- Entered data collected into REDCAP system

**Rollins School of Public Health, Emory University Research Lab Assistant—
Epidemiology Department, Atlanta, GA, February 2019–March 2020**

- Worked in a lab that studied the relationship between peripheral illness and neuropsychological symptoms.
- Conducted biomedical research, including human investigations and assaying blood from human samples, and other general lab duties

**Heritage Park, Irvine, CA Community Services Leader I—Recreation, Physical Fitness
and Child Services, April 2018–August 2018**

- Led team with youth recreation programs
- Supervised K–6 children's activities and maintained a safe environment
- Tutored youth on homework and practiced their reading and writing skills
- Created and facilitated arts and crafts sessions

**Community Advanced Practice Nurses, Atlanta, GA, Clinic Coordinator, August 2017–
December 2017**

- Completed patient intake and answered phone calls
- Created and updated patient electronic medical charts
- Conducted case management for clients and outpatient referral services
- Performed back-office tasks: vitals, urinalysis, STD testing, and other duties

**Orangewood Foundation, Santa Ana, CA, Peer Mentor, Independent Living Program,
January 2013–August 2017**

- Provided one-on-one and group mentoring to current and former foster at-risk youth ages 16–21
- Delivered independent living workshops on education, daily living, career, and relationships
- Adjusted the curriculum based on a youth's unique needs, such as mental health, behavioral health, and learning ability
- Facilitated small group discussions and referred youth to appropriate resources and community programs

Community Involvement

- Foster Youth Advocate, Motivational and Inspirational Speaker and Educator, March 2013–present
- Public Health Educator, August 2015–present
- Gates Millennium Scholar and APIASF, Presenter, Mentor, and Ambassador, April 2012–present
- California Youth Connection (CYC), Foster Youth Advocate, January 2012–August 2017
- Orange County Department of Education, Orange, California, Foster Youth Advocate and Liaison, February 2015–August 2015

Education and Certification

Master of Public Health, Global Health, Community Health Development, Emory University, Rollins School of Public Health

Bachelor of Science, Nursing, Emory University, Woodruff School of Nursing

Bachelor of Arts, Asian Studies, minor in Global Health, University of California, Los Angeles

Genetic and Molecular Epidemiology Certificate, Emory University, Rollins School of Public Health

HIV Prevention Research Advocate, Black AIDS Institute (BAI)



Sarah Johnson, BS, CHES

Research Associate

Provo, Utah

Range of Experience

- Secondary research through landscape assessments and literature reviews
- Data cleaning and structuring, dashboarding, and visualization
- Qualitative research and analysis, including interviews, surveys, and photovoice
- Public health program evaluations (quantitative and qualitative)

Notable Projects at Leavitt Partners, an HMA Company

National Association of Chronic Disease Directors (NACDD): Mayors for Vaccines Evaluation

- Develops and maintains a series of interactive data dashboards for the evaluation of a national vaccine promotion campaign funded by the Centers for Disease Control and Prevention. Supported the development of the evaluation plan that incorporates both quantitative and qualitative research methods.

NACDD: Medicaid Coverage 2.0

- Supports NACDD's efforts to increase Medicaid coverage of the National Diabetes Prevention Program. Drafts, revises, and publishes educational content for a public diabetes prevention webpage and supports states participating in various learning cohorts focused on increasing access to the National Diabetes Prevention Program.

Episcopal Health Foundation: Aggregated Precision Investment Feasibility Study

- Assists in conducting high-level interviews to explore the feasibility of an innovative social determinants of health investment model. Synthesizes findings from interviews and assists in determining potential paths forward for the client.

National Governors Association: Diabetes Learning Labs

- Planned and delivered a series of learning labs on diabetes prevention and management policy for state health department representatives. Designed content based on subject matter expertise and secondary research, including agendas, slide decks, resource documents, and summaries for both internal and external use.

NACDD: Building Resilient Inclusive Communities

- Leavitt Partners developed a ranked geographic model to assist states in determining where to allocate funding to equitably improve food and nutrition security, improve safe spaces for physical activity, and increase social connectedness in the time of COVID-19. Conducted an extensive literature review and assisted in the drafting and revising of an article for publication that outlined the model methodology.

Professional Experience

Leavitt Partners, an HMA Company, Junior Associate

- Supports client work by conducting research, informing strategic recommendations, and creating client deliverables
- Focus on issues related to public health, chronic disease prevention, and health equity

Brigham Young University Public Health Department, Research Assistant

- Designed and implemented a multifaceted research study on female commuter safety on college campuses
- Developed data collection tools, conducted interviews, and analyzed data using qualitative methods

Brigham Young University Public Health Department, Qualitative Data Collection and Analysis Teaching Assistant

- Supported and maintained a course curriculum on qualitative research methods
- Facilitated an engaging environment conducive to participation-based learning
- Provided students with timely and constructive feedback on written research reports

Risk Management for Brigham Young University, Health and Safety Specialist

- Created educational health and safety trainings for university-wide use that were made available to more than 30,000 students and staff
- Managed the university's health and safety programs for concussions and vehicle accidents and produced monthly reports for department leadership
- Taught monthly CPR and first aid courses to students and faculty while serving as a liaison between the university and the American Red Cross

Center for Change Treatment Center, Patient Care Technician

- Provided hands-on support to patients with severe eating disorders as they participated in one of the nation's leading eating disorder recovery programs
- Maintained accurate and detailed patient records to ensure patients received proper treatment from the medical team

Education and Certification

Bachelor of Science, Public Health with a Minor in Statistics, Brigham Young University

Certified Health Education Specialist (CHES), ID #36953



Anya Yermishkin, BAS

Research Associate

Minneapolis, Minnesota

Range of Experience

- Four years of experience supporting individuals with complex healthcare needs, including a wide range of cognitive and physical disabilities
- Experienced in legislative policy and academic services
- Extensive skills in data management and administrative duties
- Client relations and conflict resolution

Professional Experience

Health Management Associates, Inc., June 2022–present

Psick Capitol Solutions, Inc., St. Paul, MN, Legislative Assistant, March 2022–June 2022

- Monitored legislative action ranging from the environment to tax policy in the Minnesota State House and Senate
- Produced detailed committee summaries for 15 clients by tracking daily legislation, fiscal decisions, and policy movement throughout the 2022 session
- Maintained a comprehensive understanding of clients' interests in active legislation by adjusting to client-specific needs
- Cultivated professional relationships through consistent communication to best identify and bolster clients' desired outcomes
- Completed all assigned tasks remotely and in a timely manner, maintained a highly organized work environment, and provided customized updates while navigating the unpredictable environment of a partially virtual legislative session

UnitedHealthcare Group, Minnetonka, MN, Customer Care Advisor, June 2021–February 2022

- Provided holistic family support to members with complex medical needs
- Responsible for the end-to-end resolution of issues related to claim adjustments, authorizations, and appeals
- Served as an ongoing direct point of contact for more than 50 families, delivering compassionate support to create a positive and memorable experience
- Made decisions independently and solved problems in a fast-paced environment using sound judgment, critical thinking, and collaboration with internal and external business partners

TRIO Upward Bound, Minneapolis, MN, Assistant to the Academic Services Coordinator, Lead Tutor and Teaching Assistant, September 2017–May 2021

- Collaboratively enhanced and articulated curriculum for first-generation, low-income high school students, both in class and individually during tutoring sessions
- Educated more than 90 students on ACT testing strategies and personal career development to reinforce college preparedness

Continuous Quality Improvement Reviews

- Aided the academic services coordinator with various administrative duties, including general office organization, data input and management, direct parent and student communications, and curriculum archiving

Education

Bachelor of Applied Science, Health Services Management, University of Minnesota

Appendix B. Project Management Artifacts

Status/Progress Report

PROJECT MANAGEMENT ARTIFACT TEMPLATES - STATUS/PROGRESS REPORT				
<i>Consolidated status report - as of:</i>		<i>xx/xx/xx xxxx</i>		
#	Subject Area <i>Project phase/activity/task</i>	Accomplishments to Date	Tasks In Progress/Planned	Status Indicator (R/Y/G)
1		xx/xx - xx/xx - xx/xx -		
2				
3				

Issue Log

PROJECT MANAGEMENT ARTIFACT TEMPLATE - ISSUE LOG									
<i>Last updated xx/xx/xx xxxx</i>									
#	Date	Issue / Question	Raised by	Response Needed From	Due Date	Status	Closed Date	Notes/Response	Need Decision (Y/N)?
1									
2									
3									

Decision Log

PROJECT MANAGEMENT ARTIFACT TEMPLATES										
PROJECT DECISION LOG										
Decision Log #	Decision Point Description	Related Issue(s) #	Issue Summary	Alternatives Discussed	Summary of Alternative Pros/Cons	Decision	Key Action Items - Item # and Description - Projected Start and Completion Dates - Action Item Owner	Chronology		
								Date Issue(s) First Identified	Date Issue(s) First Discussed	Date of Decision
1										
2										
3										

Communications Log

PROJECT MANAGEMENT ARTIFACT TEMPLATES - COMMUNICATIONS LOG										
AS OF: XX/XX/XX										
Ref #	STATUS	Work Plan WBS ID	Type of Communication	Individual(s) Contacted	Input/Feedback Requested	Chronology				
						First Request to Client	Second Request to Client (if Appl.)	Date Needed - Latest Possible	Date Received - Actual	Notes
1										
2										
3										

Risk Register

HMA/MMS - Montana MMIS/Medicaid Fiscal Agent/PBM/DSS Proposal									
PROJECT RISK REGISTER									
<p>* a High: Risk that has the potential to greatly impact project cost, project schedule or performance. a Medium: Risk that has the potential to slightly impact project cost, project schedule or performance. a Low: Risk that has relatively little impact on cost, schedule or performance.</p>						RISK ASSESSMENT			
<p>A: "Weather" B: "Bad weather may delay the project by 1 week"</p>						<p>- Not Addressed - Open - Closed</p>	Risk - Low	Risk - High	
Date Risk Reported	Risk Description/Statement		Projected Impact	Risk Reported By	Action Needed From/Bs	Current Status	Risk Impact*	Probability of Occurrence	Risk Score
S1 2-07 (Mon)	Current project skill set may not be adequate to complete all project work - current development team working in a Windows environment; current requirements are for a LINUX environment.		If required skills are not identified or obtained, project schedule may slip and possibly prevent the accomplishment of project goals.			Open	High	Medium	3
1									
2									
3									

Continuous Quality Improvement Reviews

As of: 2011 02 11 1400

RISK MANAGEMENT STRATEGY					ADDITIONAL INFORMATION	
- Acceptance - Avoidance - Mitigation - Contingency - Transfer (if appl.)						
Risk Response	Response Strategy	Response Strategy Owner	Trigger(s)	Urgent?	General Notes/Comments	
Mitigation	1. Find internal resource that meets required skill set or train existing resources on LINUX. 2. Find resource that meets required skill set through external hiring sources.		1. Four weeks prior to scheduled start date if no resource is identified with required skill set.			