

ATTACHMENT G.2.C.IV.C RESUMES

- Cori Leech, Interim SKY Project Manager
- Sara Goscha, Interim SKY Executive Director
- Jeb Teichman, M.D., Interim SKY Medical Director
- Laura Valdez, SKY Quality Improvement Director
- Jeff Luce, LPC, Interim SKY Behavioral Health Medical Director
- William Johnson, Interim Utilization Manager
- Charlene Brown, M.D., M.P.H., Complex Care Adult and Child Psychiatrist

CORI LEECH – INTERIM SKY PROJECT MANAGER

Professional Experience

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| <i>Company:</i> | UnitedHealth Group – Minnetonka, Minnesota |
| <i>Title:</i> | Senior Implementation Manager |
| <i>Timeframe:</i> | June 2019 - Present |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Ensure all contract requirements are met in time for go-live ■ Manage project plan and deliverables for Community & State growth ■ Collaborate with cross functional and state leaders to execute on RFP |
| <i>Company:</i> | UnitedHealth Group – Minnetonka, Minnesota |
| <i>Title:</i> | Senior Project Manager |
| <i>Timeframe:</i> | July 2016 – October 2017 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Collaborate with cross functional teams to implement utilization management processes and procedures for newly obtained business within Community & State ■ Manage project plan and deliverables for Medicare and Medicaid clinical implementations ■ Execute clinical contract requirements to ensure compliance with applicable federal and state regulations ■ Identify areas for process improvement and streamlining across all clinical functional areas and implement innovative solutions for improving those areas |
| <i>Company:</i> | LifePlans, Inc. – Waltham, Massachusetts |
| <i>Title:</i> | Vice President Clinical Operations |
| <i>Timeframe:</i> | April 2015 – July 2016 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Oversee operations for all clinical services a nationwide clinical network ■ Ensure compliance and adherence to government regulations and NCQA guidelines ■ Monitor and improve quality of clinical documentation and care plans ■ Develop business solutions for insurance carriers seeking assistance in managing portions, or all of, their clinical services ■ Create innovative clinical models to meet current client needs and as standard package offerings for sales teams |

Education / Licensure / Credentials

- Bachelor of Science – Nursing, Sacred Heart University
- Registered Nurse, Massachusetts Department of Health and Human Services
- Long Term Care Insurance Designation, Massachusetts Department of Insurance

SARA GOSCHA – INTERIM SKY EXECUTIVE DIRECTOR

Professional Experience

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| <i>Company:</i> | UnitedHealth Group – Omaha, Nebraska |
| <i>Title:</i> | Director of Complex Care – Foster Care |
| <i>Timeframe:</i> | February 2018 – Present |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Develops clinical models, policies, procedures, financial models, and new services ■ Facilitates multi-disciplinary teams to enhance the service and coordination for children in the foster care system ■ Areas of expertise include: models of care, policy, thought leadership, and business development ■ Developed and implementing a new clinical model for children in foster care with a strong focus on quality and return on investment. Developed an innovative stratification model for children in foster care. ■ Wrote and set up operations related to tracking and meeting key performance indicators to ensure quality care metrics are met. ■ Strong focus on building key relationships across multiple MCO's to drive sustainable quality performance while also driving affordability to our state partners ■ Expert in person and family centered planning, strategic development and implementation science |
| <i>Company:</i> | Public Consulting Group – Omaha, Nebraska |
| <i>Title:</i> | Senior Consultant |
| <i>Timeframe:</i> | February 2014 – February 2018 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Served as a project manager, subject matter expert and implementation manager for projects in more than a dozen states. ■ Conducted organizational change management activities including readiness assessments, training, and communication planning for complex information technology infrastructure design. ■ Facilitated strategic planning sessions, and developed plans and action steps to carry forward goals of government agencies. ■ Develops and manages work plans to ensure projects comes in on time and on budget. Proficient in project management principles. ■ Expert in federal funding principles for child welfare and Medicaid programs. Consulted with a variety of government agencies including: Child Welfare Agencies, Medicaid Agencies, Adult Protective Service Agencies, Aging and Disability Agencies, Juvenile Justice Agencies, and Vocational Rehabilitation/Workforce Agencies. ■ Knowledgeable about federal and state laws pertaining to how states manage government programs and benefits for people. Strong leadership regarding employment and the relation to health outcomes for people with developmental disabilities. ■ Special training with people who are deaf, blind, and deafblind. |

- Thought leader for the building of consortiums of non-profit agencies to better streamline services and provide financial accountability.
- Strong belief in person centered decision making, provide training and leadership for person centered organizations.
- Supervised consultants, operations manager, and business analysts.

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| <i>Company:</i> | State of Nebraska – Department of Health and Human Services – Omaha, Nebraska |
| <i>Title:</i> | Projects Administrator for the Director of Children and Family Services |
| <i>Timeframe:</i> | February 2001 – February 2014 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Served as senior leader providing ongoing management of multiple projects, including child welfare, adult protective services and economic assistance. ■ Facilitated relationships with Federal Administration for Children and Families. ■ Developed, implemented, and managed budgets, contracts, and grants. ■ Ensured compliance with all Federal and State laws and regulations. Oversaw Federal Title IV-E program for the agency, including the Title IV-E Waiver. ■ Key member of senior management team implementing the Continuous Quality Improvement structure using data to inform program and financial decisions. ■ Managed federal grants through data informed decision making. ■ Evaluated existing agency policies and procedures and provided recommendations and development of new policies in accordance with best practice. ■ Served as Division’s liaison for the state legislature. ■ Collaborated with state legislators and reviewed and provided feedback for draft legislation. |

Education / Licensure / Credentials

- Bachelor of Science – Life Science, Kansas State University
- Certificate for Leadership Academy for Middle Managers – School of Social Work, Portland State University
- Certificate for Person Centered Thinking Training, Support Development Associates, LLC

JEB S. TEICHMAN, M.D. – MEDICAL DIRECTOR/ CHIEF MEDICAL OFFICER

Overview

Dr. Teichman is a board-certified pediatrician. He will be responsible for driving clinical innovation and developing strategic provider partnerships with a focus on strategies to address the opioid crisis, increase access to high quality addiction treatment and support integrated behavioral and physical health.

Professional Experience

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| <i>Company:</i> | UnitedHealthcare Community & State, Louisville, Kentucky |
| <i>Title:</i> | Chief Medical Officer |
| <i>Timeframe:</i> | 2019 – Present |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Makes clinical decisions related to the provision of care ■ Manages, influences and delivers communications of clinical decisions, programs, cases and results ■ Develops and implements initiatives requiring clinical expertise ■ Assesses and manages clinical operational capability in medical management ■ Educates others on clinical and operational topics and programs ■ Responsible for implementation and management of the quality improvement (QI) program, and leads and executes medical expense management and clinical quality activities ■ Collaborates with clinical operations staff, service coordinators and other staff to implement programs to support and meet clinical goals and contract requirements ■ Responsible for implementation and management of the quality improvement (QI) program, and leads and executes medical expense management and clinical quality activities ■ Collaborates with clinical operations staff, service coordinators and other staff to implement programs to support and meet clinical goals and contract requirements ■ Supports local market data-sharing activities, reviews completed data analysis and establishes a process for sharing data with hospitals and physicians ■ Monitors and tracks program performance indicators to validate that cost-effective care is provided with defined quality standards ■ Participates in audits when appropriate ■ Responsible for the development of corporate clinical care standards and medical practice guidelines and protocols ■ Completes peer-to-peer communications as required; manages/monitors the results of service coordination interventions to achieve utilization goals; and collaborates with service coordinators as necessary to maintain focus on achieving targets |
| <i>Company:</i> | Aetna Better Health of Kentucky d.b.a CoventryCares, Louisville, Kentucky |
| <i>Title:</i> | Medical Director Deputy Chief Medical Officer |

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| <i>Timeframe:</i> | Medical Director: January 2019 – May 2019 Deputy Medical Director: October 2017 – January 2019 |
| <i>Role and Responsibilities:</i> | <p><i>Medical Director</i></p> <ul style="list-style-type: none"> ■ Primary responsibility was utilization management, including concurrent review for pediatric and neonatal intensive care unit (NICU) admissions ■ Led the high-risk OB and NICU case management team ■ Authored our team approach model that we implemented for concurrent review, which includes concurrent review nurses, case managers and discharge planners ■ Lead the effort to implement the NICU utilization management/care management program in Pennsylvania and West Virginia and mentored their nurses and medical directors in managing NICU babies <ul style="list-style-type: none"> ● Within six months of implementation of the concurrent review program the average length of stay (ALOS) for NICU decreased by 0.7 days. Pennsylvania and West Virginia sas similar results ■ Assisted in the creation of the plan's case management program for pregnant women with substance use disorder (SUD) and their infants ■ Used both Interqual and Milliman ■ Worked in utilization management/care management for self-insured accounts <p><i>Deputy Medical Director</i></p> <ul style="list-style-type: none"> ■ Led a team of 5 medical directors ■ Supported the chief medical officer by filling in for him in his absence ■ Conducted outward facing duties with the state |
| <i>Company:</i> | Humana/CareSource – Louisville, Kentucky |
| <i>Title:</i> | State Medical Director, Kentucky Market |
| <i>Timeframe:</i> | December 2012 – August 2013 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ First state medical director for CareSource Kentucky ■ Leadership for case management (6 nurses) and ownership for Quality Assurance (one direct and one indirect report) ■ Chaired Quality Improvement Committee ■ Clinical face of the plan in state interactions with the State Technical Advisory Committee and weekly Operational Committee |
| <i>Company:</i> | MDwise Hoosier Alliance, AmeriHealth Merc – Louisville, Kentucky |
| <i>Title:</i> | Consultant |
| <i>Timeframe:</i> | October 2008 – January 2012 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Responsible for all NICU authorizations, concurrent review and pediatric prior authorizations for state wide Medicaid plan with 165,000 members. ■ Used both Interqual and Milliman ■ Mentored case manager nurse on NICU concurrent review ■ Lead a work group of market neonatologists in creating feeding and apnea guidelines |

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| <i>Company:</i> | Passport Health Plan, AmeriHealth Mercy – Louisville, Kentucky |
| <i>Title:</i> | Consultant |
| <i>Timeframe:</i> | August 2003 – June 2009 |
| | <ul style="list-style-type: none"> ■ Responsible for all pediatric appeals |

Education / Licensure / Credentials

- 1980-1983, University of Louisville, School of Medicine, Doctor of Medicine
- 1977-1979, University of Louisville, M.S. Anatomy
- 1971-1975: Adelphi University, B.A. Biology, magna cum laude
- Internship:
 - State University of New York at Buffalo; The Children’s Hospital of Buffalo, School of Medicine – Department of Pediatrics
- Residency:
 - State University of New York at Buffalo; The Children’s Hospital of Buffalo, School of Medicine – Department of Pediatrics
- Licensure and Certification:
 - Kentucky Board of Medical Licensure
 - State of Indiana, Health Professions Bureau
 - West Virginia
 - New York (inactive)
 - Pennsylvania (inactive)
 - 1997 – lifetime: Diplomat, American Board of Pediatrics
 - 1984 – Diplomat, National Board of Medical Examiners
 - Fellow, American Academy of Pediatrics
- Professional:
 - 2011, President, Clark County Medical Association
 - 2010 – 2012, Delegate, Indiana State Medical Association House of Delegates
 - 2007, President Medical Staff, Kosair Children’s Hospital
 - 2006-2011, Associate Clinical Professor of Pediatrics, University of Louisville School of Medicine
 - 1999-2006, Assistant Clinical Instructor of Pediatrics, University of Louisville School of Medicine
 - 1983 - 1986, Assistant Clinical Instructor, State University of New York at Buffalo School of Medicine, Department of Pediatrics

LAURA VALDEZ – SKY QUALITY IMPROVEMENT DIRECTOR

Professional Experience

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| <i>Company:</i> | UnitedHealthcare |
| <i>Title:</i> | Clinical Quality Director |
| <i>Timeframe:</i> | June 2019 – Present |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Transition from Medicaid plan to D-SNP only membership ■ Planning, development and implementation of strategic initiatives and interdepartmental quality improvement projects ■ Oversight of annual HEDIS, STARS, HOS, CAHPS and other health plan performance reports ■ Supervision of quality staff in quality management department ■ Oversight of critical incidents, quality of service and quality of care concerns |
| <i>Company:</i> | UnitedHealthcare |
| <i>Title:</i> | Specialty Programs Manager |
| <i>Timeframe:</i> | September 2015 – June 2019 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Oversight of the Transitions of Care, Maternal Child Health and Population Health programs ■ Ensured quarterly/annual reports prepared timely and accurately for the State of New Mexico, including program descriptions and evaluations ■ Development, oversight and completion of multiple performance improvement projects to improve metrics across various functional areas, meeting goals year over year ■ Supported successful preparation for State of New Mexico and NCQA audits ■ Development and launch new staff training for the Transitions of Care program from nursing facilities to community and hospital to home ■ Development of smoking cessation, perinatal home visiting, flu shot and medic alert campaigns |
| <i>Company:</i> | NurseAdvice New Mexico |
| <i>Title:</i> | Nurse Manager |
| <i>Timeframe:</i> | November 2011 – September 2015 |
| <i>Role and Responsibilities:</i> | <p>Responsible for the day-to-day operations of 24/7 nurse line, including:</p> <ul style="list-style-type: none"> ■ Recruitment, hiring, training and supervision of professional nursing team ■ Management of quality program, monitoring telephone and clinical service delivery to ensure adherence to quality standards; successfully prepared NurseAdvice for NCQA certification ■ Collaborated and assisted the Executive Director preparations oversight |

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| | <ul style="list-style-type: none"> audits ■ Prepared monthly reports to meet oversight, monitoring needs and contractual obligations |
| <i>Company:</i> | Evercare of New Mexico/UnitedHealthcare |
| <i>Title:</i> | Quality Management Manager |
| <i>Timeframe:</i> | May 2008 – October 2011 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Planned and implemented a quality management department for statewide new health plan for long-term care contracted by State of New Mexico ■ Development of positions, hiring and supervision of five employees, clinical and non-clinical ■ Developed and implemented policies and procedures ■ Implemented and maintained a quality plan in compliance with State of New Mexico and NCQA requirements ■ Obtained NCQA full accreditation for health plan and full compliance in State audit ■ Oversight and analysis of complaint and grievance data ■ Oversight of annual HEDIS, CAHPS and other health plan performance reports ■ Participated and provided leadership in planning, development and implementation of strategic initiatives and interdepartmental projects related to quality management ■ Reported quality improvement activities to internal committees, national quality committees as well as regional board ■ Collaborated with Medical Director to address quality of care issues ■ Oversight of delegation activities |
| <i>Company:</i> | Presbyterian Health Plan – Albuquerque, NM |
| <i>Title:</i> | Disease Management Coordinator |
| <i>Timeframe:</i> | April 2003 – May 2008 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Coordinated projects for diabetes, heart disease, kidney disease, congestive heart failure and asthma ■ Developed and implemented community initiative for diabetes in rural village ■ Developed member and provider surveys regarding perceived barriers; resulted in contracting changes to increase access ■ Piloted initiatives specific to barriers for diabetes care; improved HEDIS metrics year over year ■ Managed interdepartmental teams in collaboration with senior leadership and clinical practitioner to meet health improvement and financial targets. ■ Oversight of DM vendors with contract adjustments and/or corrective actions as needed ■ Responsible for basic analysis for cost savings, effectiveness of |

- interventions and population based-trends in assigned areas
- Created written materials for physicians, members and other customers
- Ensured state and regulatory requirements met performance and

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| <i>Company:</i> | Various |
| <i>Title:</i> | Various |
| <i>Timeframe:</i> | October 1977 – April 2003 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ October 2002 to April 2003: Clinical Research Coordinator, Urology Group of NM; Albuquerque, NM ■ July 2002 to October 2002: Clinical Process Improvement Manager, Lovelace Health Systems; Albuquerque, NM ■ September 2000 to July 2002: Accreditation Program Manager, Lovelace Health Systems; Albuquerque, NM ■ February 2000 to September 2000: Manager, Utilization Management; Lifemark, Inc.; Albuquerque, NM ■ June 1997 to February 2000: Utilization Coordinator, Medical Services Department; Lifemark, Inc.; Albuquerque, NM ■ October 1993 to June 1997: Case Manager, Utilization; FHP of New Mexico, Inc. ■ September 1990 to October 1993: Nurse Manager ICU, St. Joseph Medical Center; Albuquerque, ■ May 1986 to August 1990: General Duty Float Pool primarily Telemetry, Baptist Medical Center; Memphis, TN ■ January 1984 to January 1986: Nursing Supervisor, MacGreggor Medical Association; Houston, TX ■ June 1983 to January 1984: Charge Nurse, Pediatrics, Houston Northwest Medical Center ■ May 1982 to January 1983: Practical Nursing Instructor, Great Plains Area Vo-Tech School, Lawton, OK ■ January 1981 to May 1982: General Duty RN, Medical Call Pool; Comanche County Memorial Hospital; Lawton, OK ■ October 1977 to August 1980: Army Nurse Corps - General Duty Nurse, Reynolds Army Hospital; Ft. Sill, OK |

Education / Licensure / Credentials

- B.S.N., Walter Reed Institute of Nursing, University of Maryland Extension
- Maintains current Registered Nursing License in the state of New Mexico
- Nominated for New Mexico Nursing Excellence Award 2005

Professional and Community Affiliations

- 2013 - 2014: Health Insight New Mexico; served on Medication Navigation Project team
- 2016: NM Diabetes Advisory Council
- 2015- 2017: NM Council on Asthma
- 2015 - 2018: Chronic Disease Prevention Council

- 2015 - 2018: School Health Advisory Council

JEFF LUCE, LPC – INTERIM SKY BH MEDICAL DIRECTOR

Professional Experience

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| <i>Company:</i> | Optum Behavioral Health, Foster Care Product – Atlanta, Georgia |
| <i>Title:</i> | Senior Director |
| <i>Timeframe:</i> | March 2019 - Present |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Provides oversight of the behavioral health foster care product ■ Collaborates across departments and with other stakeholders to develop a differentiated foster care clinical model ■ Develops a financial model to support ongoing product development and refinement ■ Works to respond effectively to procurement opportunities connected to foster care |
| <i>Company:</i> | Centene – Atlanta, Georgia |
| <i>Title:</i> | Senior Director |
| <i>Timeframe:</i> | March 2017 – December 2018 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Implemented new discharge planning protocol resulting in readmission reduction in multiple states ■ Oversaw a major reorganization effort leading to significant overhead reduction and process standardization ■ Developed and executed a broad clinical quality push that led to length of stay and cost reduction ■ Integrated Utilization Management functions in five large states-- integrating behavioral health operations into physical health operations ■ Devised a clinical strategy focused on long lengths of stay (Inpatient Psychiatric) that resulted in significant savings on outlier cases (11+ days) ■ Spearheaded new communication push for a large, decentralized team including an internal podcast, weekly "top 5" email to all staff, and in-depth staff engagement interviews |
| <i>Company:</i> | Centene – Atlanta, Georgia |
| <i>Title:</i> | Regional Director |
| <i>Timeframe:</i> | January 2016 – March 2017 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Turned around a large state's Behavioral Health operation including 31% length of stay reduction, staff turnover reduction, and Provider concern reduction ■ Navigated large Medicaid Product expansions and state Medicaid procurement/re-procurement efforts ■ Developed broad oversight tools and methodologies to allow for ongoing scaling of the business |

- Built a new Utilization Management protocol which achieved 60% increase in UM production capacity without increasing staff size
- Acted as point person for on-site state Medicaid re-procurement readiness review
- Developed methodology to produce accurate and timely state-mandated reports

Education / Licensure / Credentials

- Master of Arts – Professional Counseling, Georgia State University
- Bachelor of Science – Business Administration & Entrepreneurship, Kennesaw State University

WILLIAM JOHNSON – INTERIM UTILIZATION MANAGER

Professional Experience

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| <i>Company:</i> | Optum Behavioral Solutions – Brookhaven, Georgia |
| <i>Title:</i> | Clinical Program Manager |
| <i>Timeframe:</i> | December 2013 - Present |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Traditional clinical program manager duties ■ Manage a team of 21 wellness recovery care advocates and medical behavioral integration (MBI) specialists who assist members with their plan of care while adhering to a multitude of standards: HEDIS, URAC, NCQA, etc. ■ Management and collaboration with MBI accounts: Mercer Health Advantage, Pfizer, Alcatel-Lucent, Georgia Department of Community Health and Pepsi Co. |
| <i>Company:</i> | Optum Behavioral Solutions – Brookhaven, Georgia |
| <i>Title:</i> | Senior Care Advocate (Team Lead) |
| <i>Timeframe:</i> | March 2010 – December 2013 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Investigated and addressed high profile complaints ■ Scheduled and conducted monthly team meetings ■ Completed and provided constructive feedback to staff regarding Q-finiti call audits ■ Staff development: new hire interviews, trainings, CAPs, staffings, etc. ■ Managed staff work schedules ■ Collaborated with other departments to address concerns ■ Subject matter expert: Linx, PUMA, SharePoint, Care One, River Valley Facets and Member And Customer Electronic Service And Support |
| <i>Company:</i> | Optum Behavioral Solutions – Brookhaven, Georgia |
| <i>Title:</i> | Care Advocate III |
| <i>Timeframe:</i> | February 2006 – March 2010 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Delegated case assignments ■ Deescalated crisis calls ■ Provided impartial statements regarding peers during performance review ■ Completed assigned tasks given by superiors, with little to no supervision ■ In addition to Care Advocate I duties ■ Subject matter expert: AARP, Life Solutions |

Education / Licensure / Credentials

- Master of Arts – Professional Counseling, Argosy University
- Bachelor of Arts – Psychology, Armstrong Atlantic State University
- License Professional Counselor (Lic.# LPC004241)

Professional and Community Affiliations

- OptumHealth Hero
- OptumHealth Employee of the Month
- Annual Customer Service Award Winner for Peachford Hospital

CHARLENE BROWN, M.D., M.P.H – COMPLEX CARE ADULT AND CHILD PSYCHIATRIST

Professional Experience

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| <i>Company:</i> | UnitedHealth Group – Lakeland, Tennessee |
| <i>Title:</i> | Psychiatrist |
| <i>Timeframe:</i> | February 2019 – Present |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Perform psychiatric consults for Tennessee stabilization program ■ Provide psychoeducational trainings for staff ■ Assist in the development collaborative care program |

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| <i>Company:</i> | Professional Care Services – Covington, Tennessee |
| <i>Title:</i> | Medication Assisted Treatment Director |
| <i>Timeframe:</i> | July 2018 – January 2019 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Developed program and hired for a buprenorphine treatment clinic to serve rural west Tennessee. ■ Assess and treat patients with opioid use disorder. |

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| <i>Company:</i> | Professional Care Services – Covington, Tennessee |
| <i>Title:</i> | Medical Director |
| <i>Timeframe:</i> | January 2015 – January 2019 |
| <i>Role and Responsibilities:</i> | <ul style="list-style-type: none"> ■ Performed essential administrative and leadership duties for the clinic including strategic planning for changes in Tennessee’s transition to value-based payment model and a new case management model ■ Supervised and provided education for nurse practitioners ■ Played a key role in transitioning clinical staff from paper documentation to the implementation of an electronic health record system |

Education / Licensure / Credentials

- Master of Public Health, Saint Louis University
- Medical Doctorate, University of Tennessee
- Bachelor of Science – Biology, Tennessee State University
- Board-certification in Psychiatry and Child and Adolescent Psychiatry