McLean Hospital

2022 Community Health Needs Assessment Report

Approved by McLean Board of Trustees – September 15, 2022

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Mass General Brigham

McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

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I. EXECUTIVE SUMMARY

a. Introduction and Background

McLean Hospital has been meeting the needs of individuals and families with psychiatric illness since its founding in 1811. McLean offers a full spectrum of care spanning inpatient, acute and longer-term residential, partial hospitalization (day treatment) and outpatient services. McLean also offers specialized academic and clinical programs for children and adolescents, as well as dedicated services for older adults with Alzheimer's disease, other dementias and late onset mental illness. For nearly two decades, McLean has expanded its clinical reach beyond Belmont to communities throughout Massachusetts. McLean operates satellite programs in Boston, Cambridge, Lincoln, Middleborough, Petersham, and Princeton, while providing emergency psychiatric coverage to hospitals in Attleboro and Plymouth and inpatient and ambulatory psychiatric consultative services in an Attleboro hospital.

As the largest psychiatric clinical care, teaching, and research affiliate of Harvard Medical School, McLean Hospital's mission is as follows:

McLean Hospital is dedicated to improving the lives of people and families affected by psychiatric illness. McLean pursues this mission by:

- Providing the highest quality compassionate, specialized and effective clinical care, in partnership with those whom we serve;
- Conducting state-of-the art scientific investigation to maximize discovery and accelerate translation of findings towards achieving prevention and cures;
- Training the next generation of leaders in psychiatry, mental health and neuroscience;
- Providing public education to facilitate enlightened policy and eliminate stigma.

McLean's values are as follows:

We dedicate ourselves each and every day to McLean's mission of clinical care, scientific discovery, professional training and public education in order to improve the lives of people with psychiatric illness and their families.

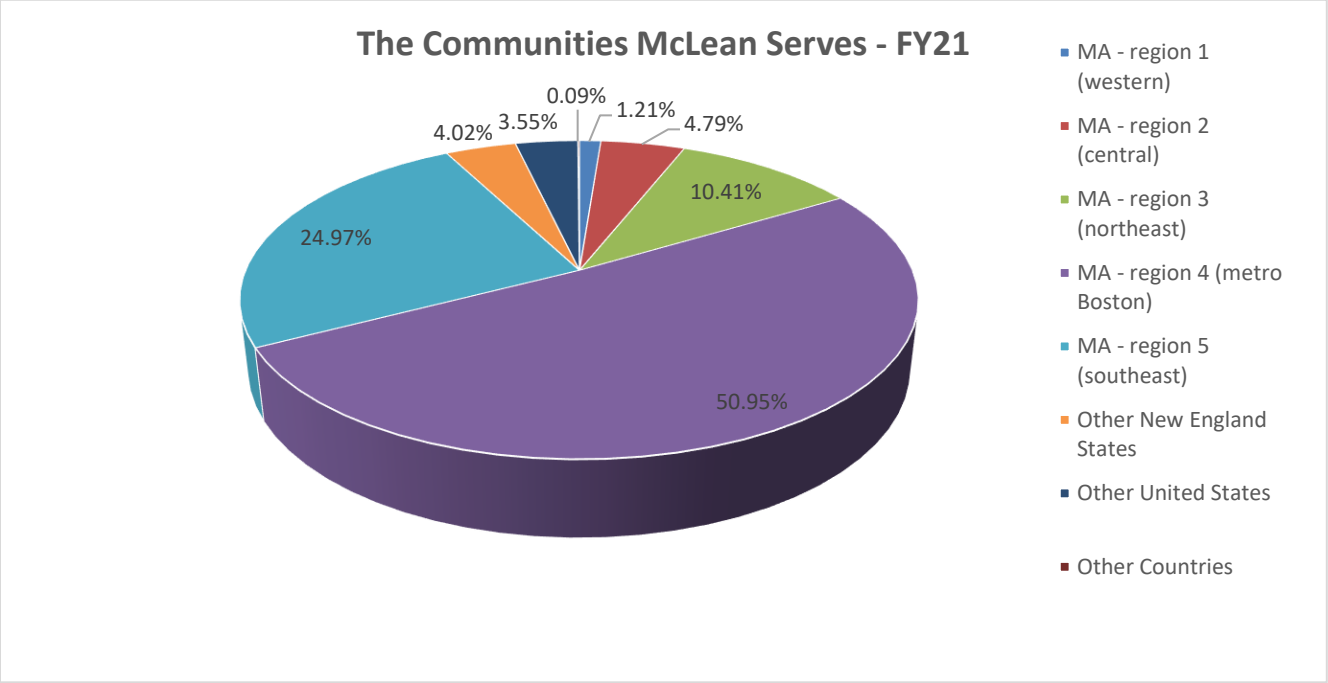
In all of our work, we strive to:

- Conduct ourselves with unwavering integrity;
- Demonstrate compassion and respect for our patients, their families and our colleagues;
- Foster an environment that embraces diversity and promotes teamwork;
- Achieve excellence and ever-better effectiveness and efficiency through innovation.

In Fiscal Year (FY) 2021 (October 1, 2020 – September 30, 2021)*:

- McLean discharged 5,598 inpatients and provided 77,933 inpatient days of care, 56,931 residential days of care, 13,376 partial hospital days and 61,939 outpatient/ambulatory visits.
- Between September and December 2021, McLean opened 37 beds in 3 new inpatient units (2 adult; 1 adolescent) at our new Middleborough location, bringing the total inpatient beds licensed by the state Department of Mental Health to 309 across McLean's Belmont and Middleborough campuses.
- 51% of inpatients came from the metropolitan Boston area and 25% came from southeastern Massachusetts.
- >88% of McLean's patients used insurance, with managed care as the largest category of payers, followed by government payers.

* *FY2021 data is provided herein as this report has been compiled prior to the completion of FY2022 in September 2022.*



Data based on discharged inpatients, FY2021

		FY2021	%
Communities	MA - region 1 (western)	68	1.21%
	MA - region 2 (central)	268	4.79%
	MA - region 3 (northeast)	583	10.41%
	MA - region 4 (metro Boston)	2852	50.95%
	MA - region 5 (southeast)	1398	24.97%
	Other New England States	225	4.02%
	Other United States	199	3.55%
	Other Countries	5	0.09%
	Total	**5598**	**100.00%**

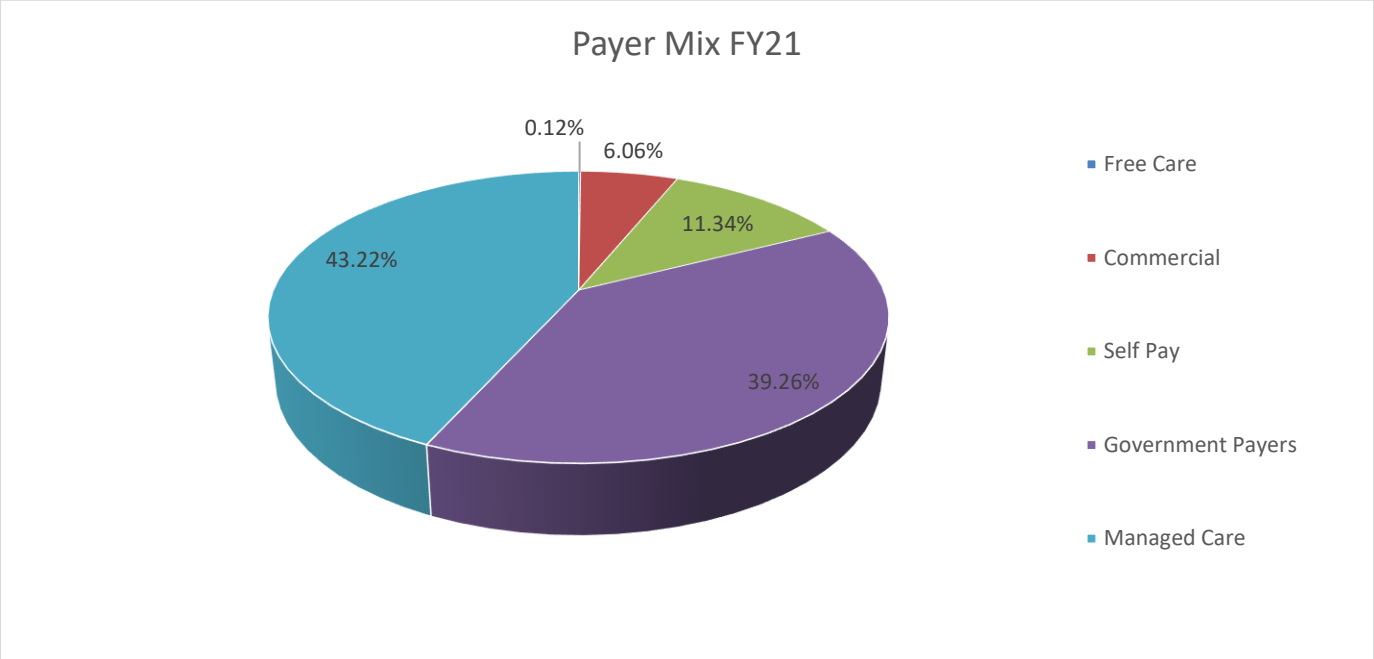
Data based on discharged inpatients, FY2021

Demographics		FY2021	%
Age	less than 13	0	0%
	13 to 17	46	1%
	18 to 34	2602	46%
	35 to 64	2407	43%
	65 to 74	377	7%
	75 and older	166	3%
	Total	**5598**	**100%**

Gender	F - Female	2854	51%
	M - Male	2740	49%
	U - Undisclosed	3	0%
	X - Unspecified	1	0%
	Total	**5598**	**100%**

Race	Asian	186	3%
	Black	450	8%
	Hispanic/Latino	15	0%
	Native American	17	0%
	Other	276	5%
	Pacific Islander	7	0%
	Unavailable	263	5%
	White	4384	78%
	Total	**5598**	**100%**

FY2021 Discharged Inpatients



Data based on gross revenue for all patients, FY2021.
Payer mix chart includes patients with primary insurance plan code of free care.
FY2021 total free care (gross revenue): $3,291,355.

** FY2021 data has been provided as this report was compiled prior to the completion of FY2022 in September 2022.*

		FY2021	%
Payer Mix	Free Care	$390,825	0.12%
	Commercial	$20,093,068	6.06%
	Self Pay	$37,603,730	11.34%
	Government Payers	$130,133,685	39.26%
	Managed Care	$143,249,554	43.22%
	Total	$331,470,862	100.00%

Data based on gross revenue for all patients, FY2021.
Payer mix chart includes patients with primary insurance plan code of free care.
FY2021 total free care (gross revenue): $3,291,355.

b. Regulatory Requirements

The federal Affordable Care Act requires health care institutions to conduct a community health needs assessment (CHNA) every three (3) years in communities in which they have licensed facilities, to submit the report to the Internal Revenue Service, and to post the report publicly on the hospital website by the last day of the fiscal year in which the CHNA is conducted (September 30 for Mass General Brigham hospitals including McLean Hospital). The Massachusetts Attorney General has a similar requirement. A Community Health Improvement Plan (CHIP) detailing how the hospital will engage with the community to address the prioritized issues must be completed and posted by February 15 of the following year.

While health care institutions are required to conduct CHNAs and CHIPs, they are permitted to prioritize which communities and issues on which to focus as long as there is a clear rationale.

McLean Hospital's focus, as a freestanding psychiatric hospital, is individuals of all ages and their families across the state of Massachusetts who are affected by psychiatric illness and substance use disorders.

c. Methods - due to McLean's highly specialized mission and services, as well as where McLean patients at all levels of care live in Massachusetts, we rely on community, regional and state-wide public health and community needs assessments and feedback from the Community Health Network Area 17 (CHNA 17) which serves the communities of Arlington, Belmont, Cambridge, Somerville, Waltham and Watertown.

d. Target Population(s) – individuals of all ages and their families affected by psychiatric illness and substance use disorders

e. Key Data

According to the National Alliance on Mental Illness:

- 1 in 5 adults in the United States experience mental illness each year.
- In Massachusetts
  - 1.16M adults have a mental health condition.
  - 260,000 adults have a serious mental illness.
  - 66,000 children and adolescents from 12-17 years old have depression.
  - In February 2021, >42% of adults reported symptoms of anxiety or depression and >21% were unable to obtain needed counseling or therapy.
  - >273,000 people live in a community that does not have enough mental health professionals
  - 57% of adolescents from 12-17 years old who have depression did not receive any care in the last year.
  - 268,000 adults had thoughts of suicide in the last year.

Behavioral health boarding occurs when a patient must wait in a hospital emergency department or on a medical or surgical floor until a behavioral health inpatient bed is available. According to the Massachusetts Health and Hospital Association, there were 603 total behavioral health patients boarding across the state on August 1, 2022 – 443 adult, 88 geriatric and 72 pediatric patients.

According to the Massachusetts Department of Public Health, the 2021 opioid-related overdose death rate (32.6 per 100,000 people) is >6% higher than in 2016 (30.7 per 100,000 people) and is an 9% increase over 2020 (29.9 per 100,000 people).

- From 2014 to 2021, opioid-related overdose deaths in Massachusetts increased dramatically for Black and Hispanic residents. (See charts in Mass General Brigham System Priorities section of this report.)

According to the Massachusetts Center for Health Information and Analysis (CHIA):

- Forty-five percent (45%) of adults hospitalized in Massachusetts acute care hospitals had at least one comorbid behavioral health condition in FY 2018 (July 1, 2017-June 30, 2018).
- Over sixty percent (62%) of hospitalized adult Medicaid patients had a comorbid behavioral health condition.
- Patients with any behavioral health comorbidity had inpatient stays that were, on average, 1.4 days longer than patients with no behavioral health comorbidity (5.7 days vs. 4.3 days).
- Readmission rates for patients with any behavioral health comorbidity were nearly double the readmission rates for patients without a comorbid behavioral health condition (20.4% vs. 10.5%).

Black and Hispanic residents in Massachusetts are disproportionately affected by disparities in behavioral and mental health outcomes. See data breakdowns available at links in Reference section of this report.

f. Mass General Brigham System Priorities

Mass General Brigham (MGB) Community Health leads the MGB system-wide commitment to improve the health and well-being of residents in the Mass General Brigham priority communities most impacted by health inequities.

In addition to the priorities each hospital identifies that are unique to its communities, MGB has identified two system-level priorities: cardiometabolic disease and substance use disorder.

These priorities emerged from a review of hospital-level data and prevalent trends in population health statistics that show Black and Hispanic individuals are disproportionately affected by disparities in health outcomes and excess deaths related to these conditions.

MGB efforts within these two areas will aim to reduce racial and ethnic disparities in outcomes, with the goal of improving life expectancy.

g. Themes and Conclusions

Across these needs assessments, common themes related to mental health, behavioral health and substance use include the following:

- Mental health challenges, a pressing and urgent concern before the COVID-19 public health emergency, have been significantly exacerbated by the pandemic, with specific foci on depression, anxiety, trauma, and suicide.
- There are widespread concerns about substance misuse, including use of alcohol, prescription drugs and opioids, and the link between substance misuse and mental health issues.
- There are significant waiting lists for child, adolescent, adult and geriatric mental health services.
- Inpatient beds in freestanding psychiatric facilities and psychiatric units at general hospitals are operating at or above full capacity, resulting in long stays and boarding in hospital emergency departments and medical-surgical units by people requiring inpatient level of psychiatric care.
- Patient access to optimal continuum of behavioral and mental health care is seriously reduced by limited residential and community care capacity
- There are inadequate services for children, adolescents and elders, as well as underserved communities with residents with historically marginalized identities.
- There is a complex flow of patients through the behavioral health care system in Massachusetts, with fragmentation and limited coordination of services across provider organizations

- School systems are struggling to address the mental health needs of their students and families.
- There is significant need for greater integration of behavioral and mental health care and primary care services.
- There are serious shortages of licensed mental health professionals and frontline workforce across the state.
- There is a need for more public education, dialogue to destigmatize mental illness and substance misuse, as well as promotion of mental health wellness and resiliency.

h. Priorities - McLean's improvement plan will be informed by these prioritized needs identified in this community health needs assessment. Focusing on people and families affected by psychiatric illness and substance use disorders across eastern and central Massachusetts, encompassing CHNA 17 service areas and Middleborough, the CHIP will include:
   - Improving mental health access and capacity through innovative programs and better coordination
   - Decreasing lengths of stay in hospital emergency departments and medical/surgical units for patients with mental/behavioral health needs
   - Addressing the needs of underserved communities with residents predominately with historically marginalized identities
   - Supporting schools (K-12 and institutions of higher education) as they support students and families
   - Caring for uninsured and underinsured
   - Strengthening behavioral health workforce to address access and quality
   - Expanding public education and engagement to reduce stigma and promote mental health wellness and resiliency

i. Rationale for identified health needs not prioritized - McLean Hospital is prioritizing addressing behavioral and mental health needs as this is the hospital's specialized mission and expertise.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

a. **Purpose and Scope of Community Health Needs Assessment and Community Health Improvement Plan** - a community health needs assessment gives organizations extensive information about the community's current health status, needs, and issues. This information allows organizations to develop a community health improvement plan, prioritizing how and where resources should be allocated to best meet community needs.

b. **Data and Methods**

- McLean relies on community and state-wide public health and community needs assessments as well as data compiled by MGB. See references at end of this document (page 23).

- McLean is in regular communication and discussions focused on community mental/behavioral health needs and racial equity with Community Health Network Area (CHNA) 17, whose mission is to promote healthier people and communities by fostering community engagement, elevating innovative and best practices, advancing racial equity, and supporting reciprocal learning opportunities to address the needs of the most marginalized members of their communities.

c. **Target Population** - individuals of all ages and their families affected by psychiatric illness and substance use disorders within the Commonwealth of Massachusetts

d. **Population Characteristics –** behavioral/mental health needs of the residents of the Commonwealth of Massachusetts

According to the National Alliance on Mental Illness:

- 1 in 5 adults in the United States experience mental illness each year.
- In Massachusetts:
  - 1.16M adults have a mental health condition.
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- Readmission rates for patients with any behavioral health comorbidity were nearly double the readmission rates for patients without a comorbid behavioral health condition (20.4% vs. 10.5%).

Black and Hispanic residents in Massachusetts are disproportionately affected by disparities in behavioral and mental health outcomes. See data breakdowns available at links in Reference section of this report.

e. Community Health Issues & Outcomes; Key Themes

Common themes related to mental health, behavioral health and substance use include the following:

- Mental health challenges, a pressing and urgent concern before the COVID-19 public health emergency, have been significantly exacerbated by the pandemic, with specific foci on depression, anxiety, trauma, and suicide.
- There are widespread concerns about substance misuse, including use of alcohol, prescription drugs and opioids, and the link between substance misuse and mental health issues.
- There are significant waiting lists for child, adolescent, adult and geriatric mental health services.
- Inpatient beds in freestanding psychiatric facilities and psychiatric units at general hospitals are operating at or above full capacity, resulting in long stays and boarding in hospital emergency departments and medical-surgical units by people requiring inpatient level of psychiatric care.
- Patient access to optimal continuum of behavioral and mental health care is seriously reduced by limited residential and community care capacity
- There are inadequate services for children, adolescents and elders, as well as underserved communities with residents with historically marginalized identities.
- There is a complex flow of patients through the behavioral health care system in Massachusetts, with fragmentation and limited coordination of services across provider organizations
- School systems are struggling to address the mental health needs of their students and families.
- There is significant need for greater integration of behavioral and mental health care and primary care services.
- There are serious shortages of licensed mental health professionals and frontline workforce across the state.
- There is a need for more public education, dialogue to destigmatize mental illness and substance misuse, as well as promotion of mental health wellness and resiliency.

f. **Priorities** - McLean's improvement plan will be informed by these prioritized needs identified in this community health needs assessment. Focusing on people and families affected by psychiatric illness and substance use disorders across eastern and central Massachusetts, encompassing CHNA 17 service areas and Middleborough, the CHIP will include:
   - Improving mental health access and capacity through innovative programs and better coordination
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   - Supporting schools (K-12 and institutions of higher education) as they support students and families
   - Caring for uninsured and underinsured
   - Strengthening behavioral health workforce to address access and quality
   - Expanding public education and engagement to reduce stigma and promote mental health wellness and resiliency

g. **Rationale for identified health needs not prioritized:** McLean Hospital is prioritizing assessing and addressing behavioral and mental health needs as this is the hospital's specialized mission and expertise.

III. MASS GENERAL BRIGHAM SYSTEM PRIORITIES

Context and Priorities

Mass General Brigham (MGB) Community Health leads the MGB system-wide commitment to improve the health and well-being of residents in our priority communities most impacted by health inequities. MGB's commitment to the community is part of a $30 million pledge to programs aimed at dismantling racism and other forms of inequity through a comprehensive range of approaches involving our health care delivery system and community health initiatives.

While not required to conduct a CHNA under current regulations, Mass General Brigham's belief in the critical importance of system-wide, population-level approaches resulted in our decision to have every hospital conduct a 2022 CHNA. Having all our hospitals on the same three-year cycle will prove invaluable in our efforts to eliminate health inequities by identifying system-wide priorities that require system-level efforts.

In addition to the priorities each hospital identifies that are unique to its communities, Mass General Brigham identified two system-level priorities: cardiometabolic disease and substance use disorder. These priorities emerged from a review of hospital-level data and prevalent trends in population health statistics. Our efforts within these priorities will aim to reduce racial and ethnic disparities in outcomes, with the goal of improving life expectancy.

Key Findings

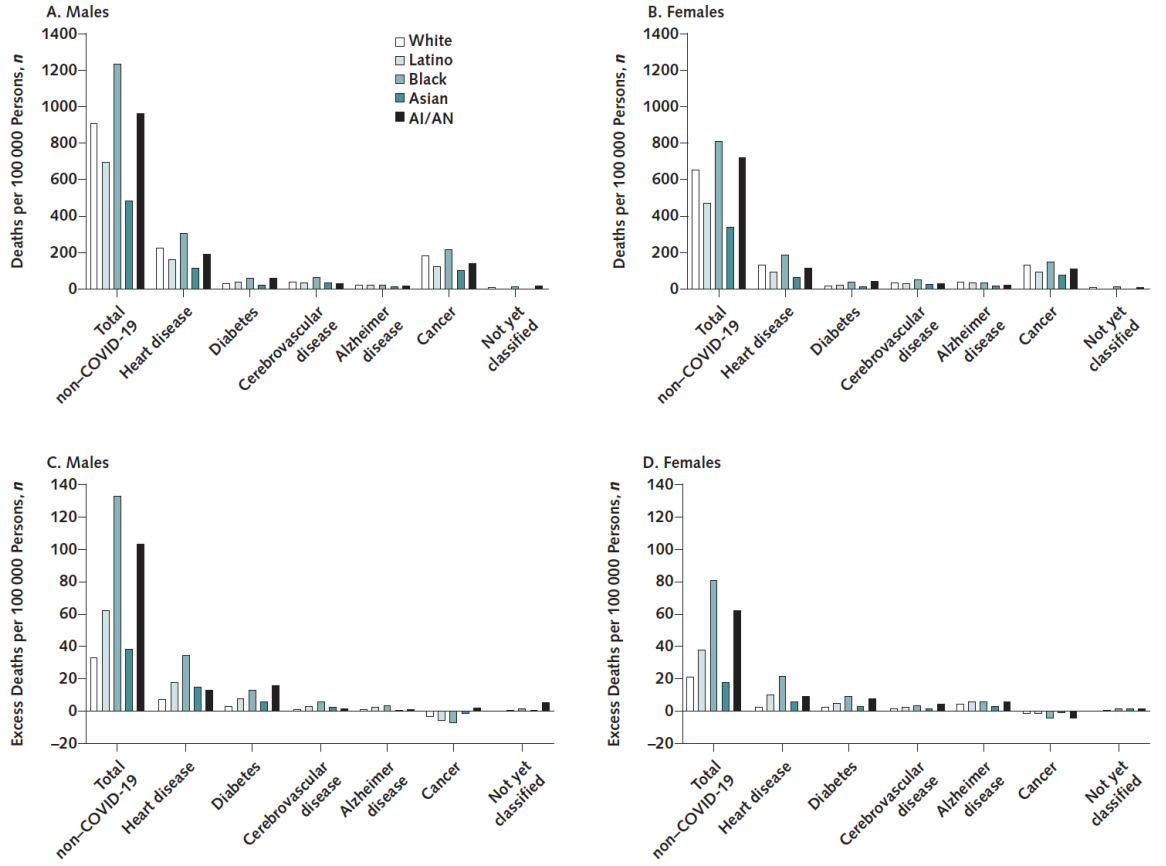
In a national study of deaths during the first wave of the COVID-19 pandemic (March to December 2020), researchers explored non-COVID deaths and excess deaths, defined as the difference between the number of observed and number of expected deaths.

Nationally, non-COVID deaths disproportionately affected Black, American Indian/Alaska Native, and Latino persons (A. and B.) (Graphic 1)[1]

Moreover, when looking at excess deaths, the inequities worsened (C. and D.). The greatest disparities are seen for heart disease and diabetes. Inequities also exist for all cancer deaths but not excess cancer deaths.

Graphic 1: Figure 3, Racial and Ethnic Disparities in Excess Deaths During the COVID-19 Pandemic, March to December 2020, Annals of Internal Medicine

Figure 3. Age-standardized non-COVID-19 cause-specific deaths per 100 000 persons in the United States in March to December 2020 among males (*A*) and females (*B*) and age-standardized non-COVID-19 excess cause-specific deaths per 100 000 persons among males (*C*) and females (*D*), by race/ethnicity.



AI/AN = American Indian/Alaska Native.

Massachusetts mortality data for 2019 reveal that heart disease and unintentional injuries, which includes drug overdoses, account for the second and third highest causes of death. As shown in Graphic 2, the highest number of deaths among individuals from birth to age 44 were the result of unintentional injuries. However, among those 45 years of age and older, heart disease accounts for the highest or second highest cause of death across age group.

Graphic 2: Table 6: Top Ten Leading Underlying Causes of Death by Age, MA 2019

Table 6. Top Ten Leading Underlying Causes of Death by Age, Massachusetts: 2019

	Age Groups (number of deaths)								
Rank	<1 year	1-14 years	15-24 years	25-44 years	45-64 years	65-74 years	75-84 years	85+ years	All
1	Short gestation and LBW[1] (57)	Unintentional Injuries[3] (20)	Unintentional Injuries[3] (186)	Unintentional Injuries[3] (1319)	Cancer (2781)	Cancer (3446)	Cancer (3430)	Heart Disease (5622)	**Cancer (12584)**
2	Congenital malformations (56)	Cancer (17)	Suicide (67)	Cancer (241)	Heart Disease (1585)	Heart Disease (1786)	Heart Disease (2581)	Cancer (2641)	**Heart Disease (11779)**
3	SIDS[2] (21)	Congenital malform (9)	Homicide (43)	Suicide (202)	Unintentional Injuries[3] (1138)	Chronic Lower Respiratory Disease[5] (632)	Chronic Lower Respiratory Disease[5] (893)	Stroke (1260)	**Unintentional Injuries[3] (4094)**
4	Complications of placenta (19)	Other infect (8)	Cancer (27)	Heart Disease (193)	Chronic liver disease (383)	Unintentional Injuries[3] (340)	Stroke (629)	Alzheimer's Disease (1128)	**Chronic Lower Respiratory Disease[5] (2842)**
5	Pregnancy Complications (13)	Homicide (8)	Heart Disease (7)	Homicide (77)	Chronic Lower Respiratory Disease[5] (350)	Stroke (331)	Alzheimer's Disease (415)	Chronic Lower Respiratory Disease[5] (941)	**Stroke (2463)**
6	Respiratory distress (8)	Ill-defined conditions-signs and symptoms[4] (7)	Injuries of Undetermined Intent[3] (7)	Chronic liver disease (62)	Diabetes (312)	Diabetes (300)	Unintentional Injuries[3] (381)	Unintentional Injuries[3] (709)	**Alzheimer's Disease (1662)**
7	Bacterial sepsis of newborn (7)	Influenza & Pneumonia (4)	Diabetes (6)	Ill-defined conditions-signs and symptoms[4] (37)	Suicide (281)	Nephritis (221)	Diabetes (358)	Influenza & Pneumonia (612)	**Diabetes (1386)**
8	Necrotizing entercolitis (6)	Suicide (3)	Influenza & Pneumonia (4)	Diabetes (29)	Stroke (212)	Septicemia (181)	Nephritis (339)	Nephritis (553)	**Nephritis (1280)**
9	Circulatory System (5)	Septicemia (2)	Ill-defined conditions-signs and symptoms[4] (4)	Stroke (29)	Septicemia (171)	Chronic liver disease (180)	Parkinsons (285)	Diabetes (381)	**Influenza & Pneumonia (1217)**
10	Intrauterine Hypoxia (4)	In situ neoplasms (2)	Chronic Lower Respiratory Disease[5] (2)	Injuries of Undetermined Intent[3] (26)	Nephritis (150)	Influenza & Pneumonia (179)	Influenza & Pneumonia (276)	Ill-defined conditions-signs and symptoms[4] (355)	**Septicemia (942)**
All Causes	**255**	**106**	**389**	**2,646**	**9,417**	**9,974**	**13,570**	**22,303**	**58,660**

Note: Ranking based on number of deaths. The number of deaths is shown in parentheses.

1. LBW: Low birthweight. 2. SIDS: Sudden Infant Death Syndrome. 3. Injuries are subdivided into 4 separate categories by intent: unintentional, homicide, suicide, and injuries of undetermined intent (deaths where investigation has not determined whether injuries were accidental or purposely inflicted). 4. Ill-Defined Conditions: Includes ICD-10 codes R00-R99. 5. The title of this cause of death has changed between ICD-10 and ICD-9. Chronic Lower Respiratory Disease (ICD-10 title) corresponds to Chronic Obstructive Pulmonary Disease (COPD) (ICD-9 title).

In Boston, heart disease mortality for Black and Hispanic residents was second only to COVID-19 in 2020.

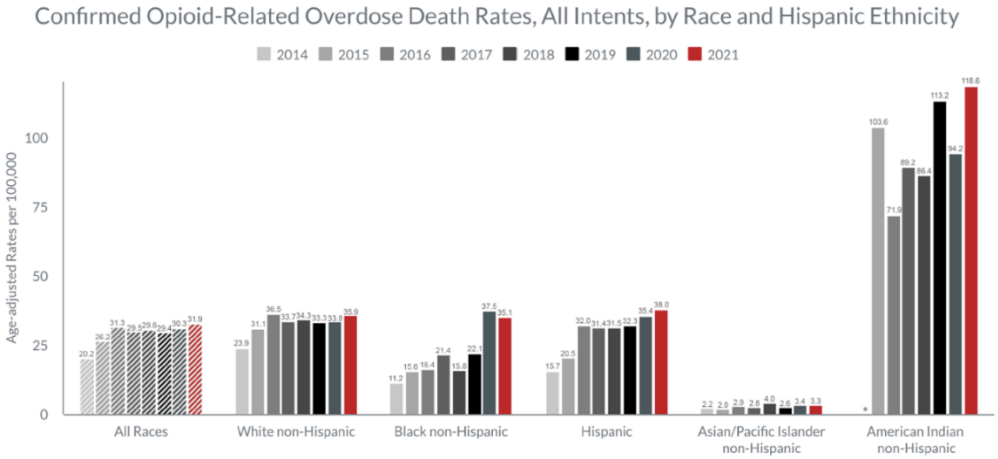
Table 2. Leading Causes of Mortality, by Boston and Race/Ethnicity, Age-Adjusted Rate per 100,000 Residents, 2020

	Boston	Asian	Black	Latino	White
1	**COVID-19** 138.4	**COVID-19** 95.1	**COVID-19** 238.1	**COVID-19** 143.5	**Cancer** 117.6
2	**Cancer** 117.4	**Cancer** 92.8	**Heart Disease** 183.6	**Heart Disease** 86.1	**Heart Disease** 113.1
3	**Heart Disease** 114.9	**Heart Disease** 55.4	**Cancer** 166.7	**Cancer** 78.8	**COVID-19** 103.5
4	**Accidents** 53.7	**Cerebrovascular Diseases** 22.2 †	**Accidents** 82.7	**Accidents** 59.5	**Accidents** 53.2
5	**Cerebrovascular Diseases** 27.4	**Accidents** 17.1 †	**Cerebrovascular Diseases** 52.8	**Diabetes** 27.4	**Chronic Lower Respiratory Diseases** 24.7

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2020
DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office
NOTES: Please be advised that 2020-2022 data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Massachusetts Department of Public Health strongly cautions users regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to small numbers of events; Dagger (†) denotes where rates are based on 20 or fewer deaths and may be unstable

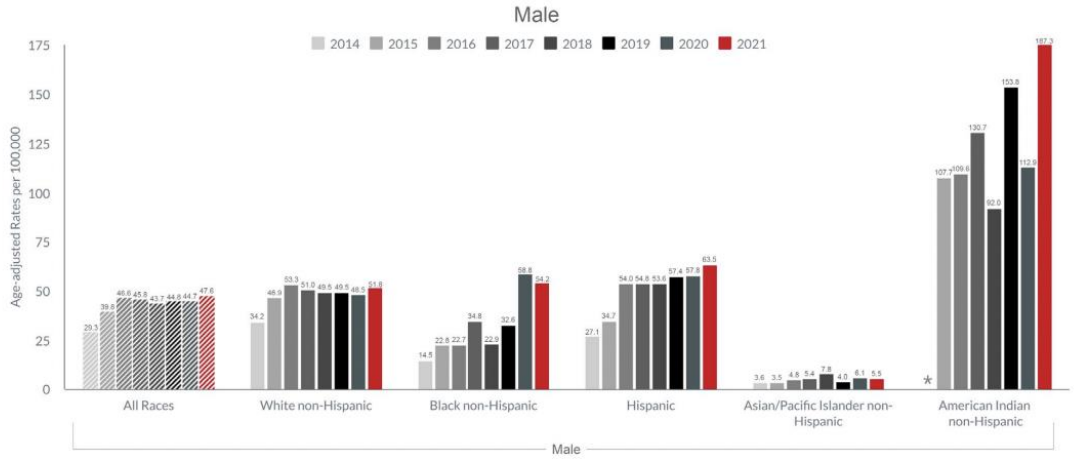
From 2014 to 2021, opioid-related overdose deaths in Massachusetts increased dramatically for Black and Hispanic residents (Graphic 3 and 4). Death rates for American Indian residents have consistently and significantly outpaced deaths rates for all other races.

Graphic 3: Massachusetts Opioid-Related Deaths, All



Data Source: MA Department of Public Health. https://www.mass.gov/doc/opioid-related-overdose-deaths-demographics-june-2022/download

Graphic 4: Massachusetts Opioid-Related Deaths, Males



Focus Areas

As Mass General Brigham develops and implements programming and supports that will reduce disparities in health outcomes for the two system priorities, our efforts will focus on the highest need communities across our hospital priority neighborhoods. We will also continue to support locally identified priorities at the hospital level.

IV. CONCLUSION

a. Summary of under resourced populations in the community

There are inadequate mental and behavioral health services across all levels of care (inpatient, residential, partial hospitalization/day treatment and outpatient) for children, adolescents, adults and elders in need. In addition, communities with residents predominantly with historically marginalized identities have been consistently underserved.

b. Priorities identified and how they address the needs of the community *-and-*

c. Next steps and considerations toward implementation plan

McLean's improvement plan will be informed by these prioritized needs identified in this community health needs assessment. Focusing on people and families affected by psychiatric illness and substance use disorders across eastern and central Massachusetts, encompassing CHNA 17 service areas and Middleborough, the CHIP will include:

- Improving mental health access and capacity through innovative programs and better coordination
- Decreasing lengths of stay in hospital emergency departments and medical-surgical unit for patients with mental/behavioral health needs
- Addressing the needs of underserved communities with residents predominately with historically marginalized identities
- Supporting schools (K-12 and institutions of higher education) as they support students and families
- Caring for uninsured and underinsured
- Strengthening behavioral health workforce to address access and quality
- Expanding public education and engagement to reduce stigma and promote mental health wellness and resiliency

V. KEY INFORMANT INTERVIEWEES:

CHNA17: Stacy Carruth-Sesia, Planning Director; Min Ma, evaluator

VI. REFERENCES

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