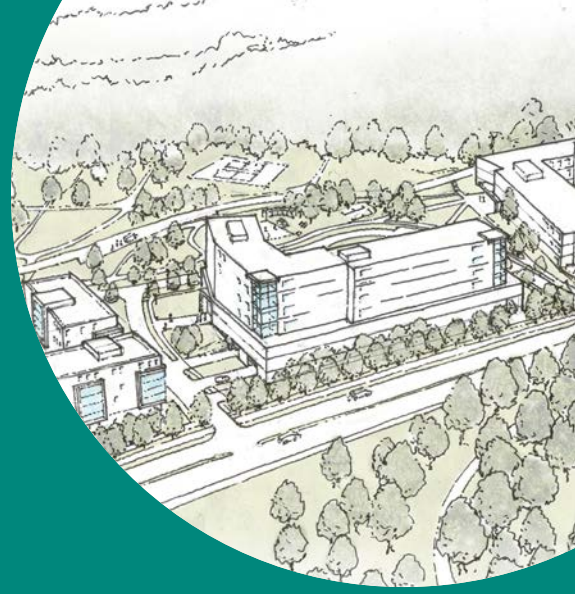
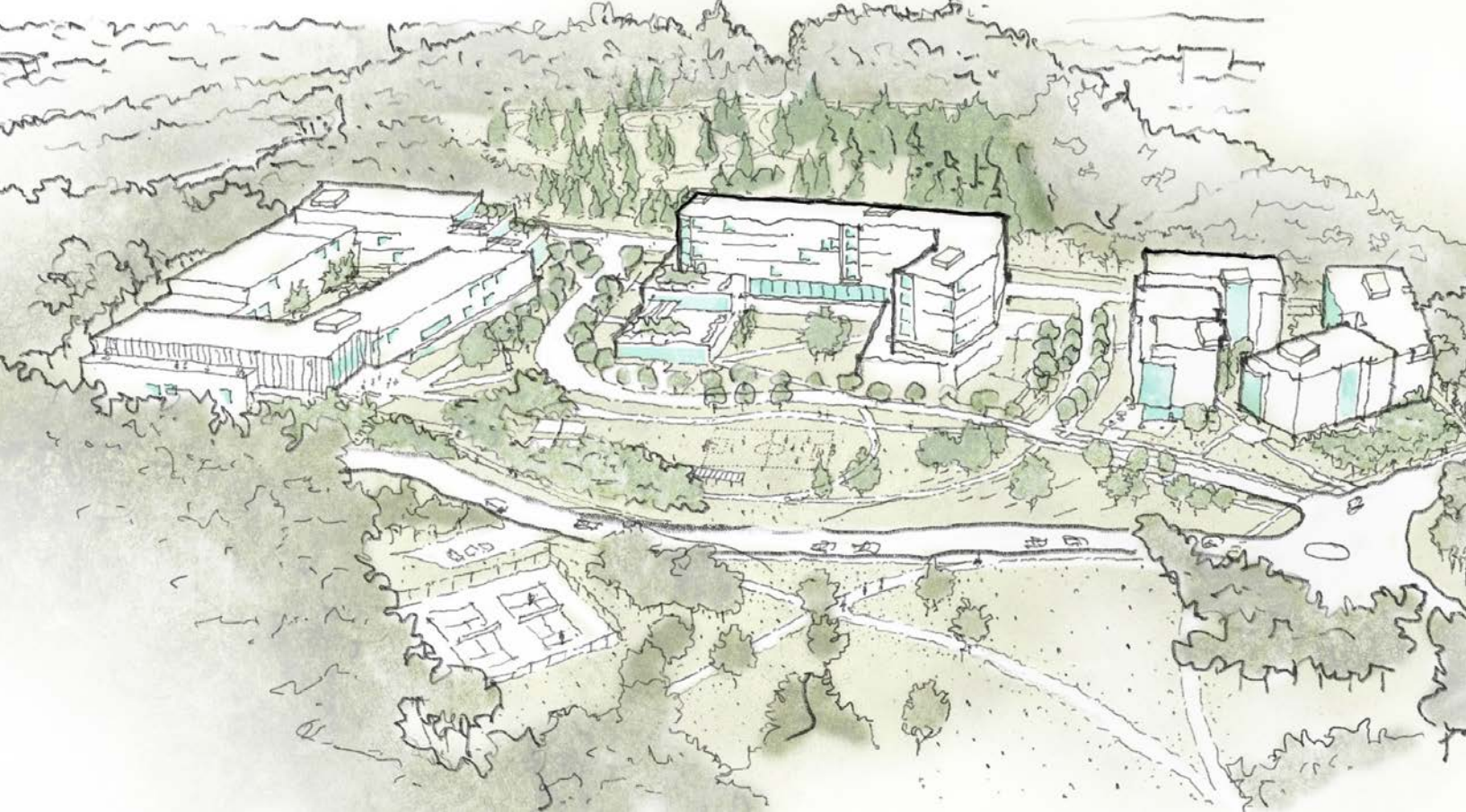


REDEVELOPMENT OPPORTUNITY:

Shattuck Campus at Morton Street

RFP RESPONSE





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Separate Document: Letters of Support

An additional document containing letters of support from community members is included in this package.

6-2

Cover Materials

- A. Letter of Transmittal
- B. Proposal Cover Sheet
- C. Bid Deposit
- D. Proposal Checklist



The primary teaching affiliate of the
Boston University School of Medicine

August 18, 2022

Shattuck Campus at Morton Street
c/o Office of Real Estate Division of Capital Asset Management
Attn: Ginger Cross
One Ashburton Place, 14th Floor Reception, Room 1411
Boston, Massachusetts, 02108

RE: Letter of Transmittal

Dear Ms. Cross:

On behalf of Boston Medical Center (BMC) and all of our Coalition partners, I am honored to submit this proposal to the Division of Capital Asset Management in response to its June 14, 2022 Request for Proposals (RFP) for the redevelopment of the Shattuck Campus at Morton Street. To mount this response, BMC has assembled a committed team of Boston architects and real estate developers, as well as a team of best-in-class providers of behavioral health and supportive housing services. Members of this coalition share in our common vision for the redeveloped campus, whose overarching purpose is to address the grave public health impacts of homelessness and addiction. Our provider team includes Bay Cove Human Services, Pine Street Inn, Victory Programs, Health Care Resource Centers, and Boston Healthcare for the Homeless Program. BMC has also partnered with Jamaica Plain Neighborhood Development Corporation and The Community Builders, highly regarded developers, owners, and operators of supportive housing, to build more than 400 units of supportive housing.

As the foremost provider of health care services to the most vulnerable—and resilient—populations in the Boston area, BMC deeply understands the intersecting crises of homelessness and addiction and their root causes. While we have made great progress at BMC in developing programs and models of care to address individual needs, there is an urgent need for scalable solutions as the current systems of care for addressing housing insecurity and homelessness, substance use disorders, serious mental illness, and medical conditions are fragmented, under-supplied, and under-resourced. Few if any patients have access to housing and comprehensive, coordinated behavioral health care in a single location.

Our proposal is the result of a data-driven approach coupled with decades of experience in the core treatment areas identified in the RFP. We propose to eliminate the proximate failure points in today's fragmented systems of care by co-locating, integrating, and right-sizing the number of behavioral health treatment beds to increase continuity of care and reduce bottlenecks. We will also add critical forms of housing for individuals and families experiencing homelessness, both before and after they engage in clinical treatment. Our vision for the redeveloped campus calls for an uninterrupted, fully integrated continuum of care embracing patients wherever they find themselves in their recovery journeys. We also see incredible opportunity to integrate these essential services in the healing environment of Franklin Park, and we plan to both return land to the park and create porous boundaries between parkland and services.

As envisioned by BMC, our partners, and the Commonwealth of Massachusetts, the redeveloped campus will offer an unprecedented solution to the crisis of homelessness and behavioral health disorders in the Boston area in a single location by treating behavioral health disorders and homelessness in an integrated care continuum operating under a unified management structure. We look forward to joining forces with the Commonwealth in this exciting and rare opportunity to solve one of Boston's greatest and most persistent humanitarian crises.

Sincerely,

A handwritten signature in black ink that reads "Kate Walsh".

Kathleen E. Walsh

EXHIBIT A

PROPOSAL COVER SHEET
Shattuck Campus at Morton Street RFP

This form must be completed and submitted with your proposal. Please ensure your envelope is marked:

“PROPOSAL: Shattuck Campus at Morton Street”

Name of Proposer: Boston Medical Center Corporation

Address: One Boston Medical Center Place

Telephone: (617) 414-5880

The Proposer has read, understands, and agrees to comply with the terms and conditions set forth in the RFP. The Proposer has submitted, to the best of their knowledge, all items outlined in Exhibit B (Proposal Checklist) and understands that failure to respond to any of these items may constitute an incomplete submission.

Signature of Duly Authorized Representative[s] of Proposer:

Please print clearly

Signature: *Kathleen Walsh*

Signature: _____

Name: Kathleen E. Walsh

Name: _____

Title: President and CEO

Title: _____

Date: August 9, 2022

Date: _____

FOR YOUR PROTECTION SAVE THIS COPY



One Citizens Drive
Riverside, RI 02915-3000

\$ 10,000.00

Message: Shattuck bid

TEN THOUSAND AND 00/100

COMMONWEALTH OF MA
ONE ASHBURTON PLACE
BOSTON, MA 02301

Drawer: Citizens Bank, N.A.

**NON NEGOTIABLE
AGENT COPY**

If you have any questions, please contact our Customer Service area anytime at 1-800-922-9999.

43B11 Rev1 2/15 M 7423515-D

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

Citizens Bank
One Citizens Drive
Riverside, RI 02915-3000

Aug 11, 2022

\$ 10,000.00
DOLLAR ONE ZERO COM ZERO ZERO ZERO PER ZERO ZERO

PAY TEN THOUSAND AND 00/100

TO THE ORDER OF COMMONWEALTH OF MA
ONE ASHBURTON PLACE
BOSTON, MA 02301

MEMO: SHATTUCK BID

Issued by Citizens Bank, N.A.

Drawer: Citizens Bank, N.A.

Chris Dunstan

Security Features Details on Back

Note: this is a scan of the bid deposit. Please see the original bid deposit in the separate envelope attached to this RFP Response package.

Exhibit B: Proposal Checklist

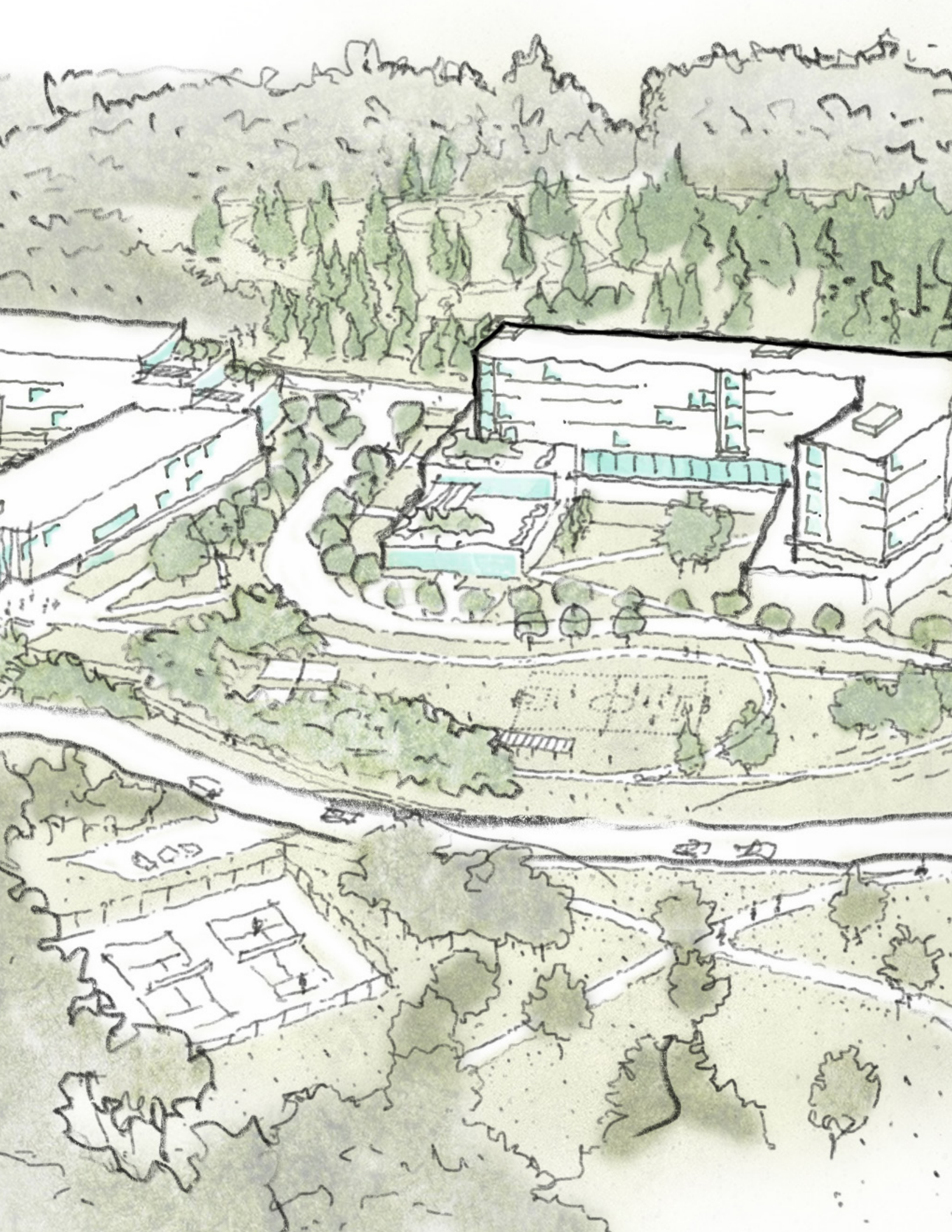
All submissions must include the following materials and information, as more fully outlined in Section 6 of the RFP:

6-2 Cover Materials		
A	Letter of Transmittal	
B	Proposal Cover Sheet	Exhibit A
C	Bid Deposit	\$10,000.00 bid deposit
D	Proposal Checklist	Exhibit B
6-3 Project Vision		
A	Project Narrative	Detailed narrative description of the redevelopment concept
B	Health Access and Equity	Detailed narrative of proposed efforts
C	Design Goals	Detailed approach to addressing the Vision Plan’s design goals
D	Site Planning & Implementation	Conceptual site plan and detailed project approach
E	Phasing	Detailed phasing plan, including a development schedule
F	Commonwealth Scope	Identify any requested Commonwealth predevelopment scope
G	Redevelopment Timing	Address optimal timing of commencement of development
6-4 Public Health Program and Implementation		
A	Program Description	Detailed public health program (by phase as applicable).
B	Interim Operating Plan	Transition plan for existing vendor-run programs
C	Operating Assumptions / Commonwealth Operating Role	- Detailed all-phase operating assumptions - Identify any Commonwealth role in the operation of the Campus
D	Long-Term Project Controls	Describe plan to ensure long-term provision of required services
6-5 Transaction Details, Financing and Proposal Feasibility		
A	Ground Lease Proposal	Required ground lease term and ground rent proposal
B	Financing	Sources, uses and financing strategy by phase and element
6-6 Proposer Team and Experience		
A	Team Roles	Team description, including service provider partners
B	Experience	Relevant past project experience
C	Equity, Diversity, and Inclusion	All-phase cultural competence

6-3

Project Vision

- A. Project Narrative
- B. Health Access and Equity
- C. Design Goals
- D. Site Planning & Implementation
- E. Phasing
- F. Commonwealth Scope
- G. Redevelopment Timing

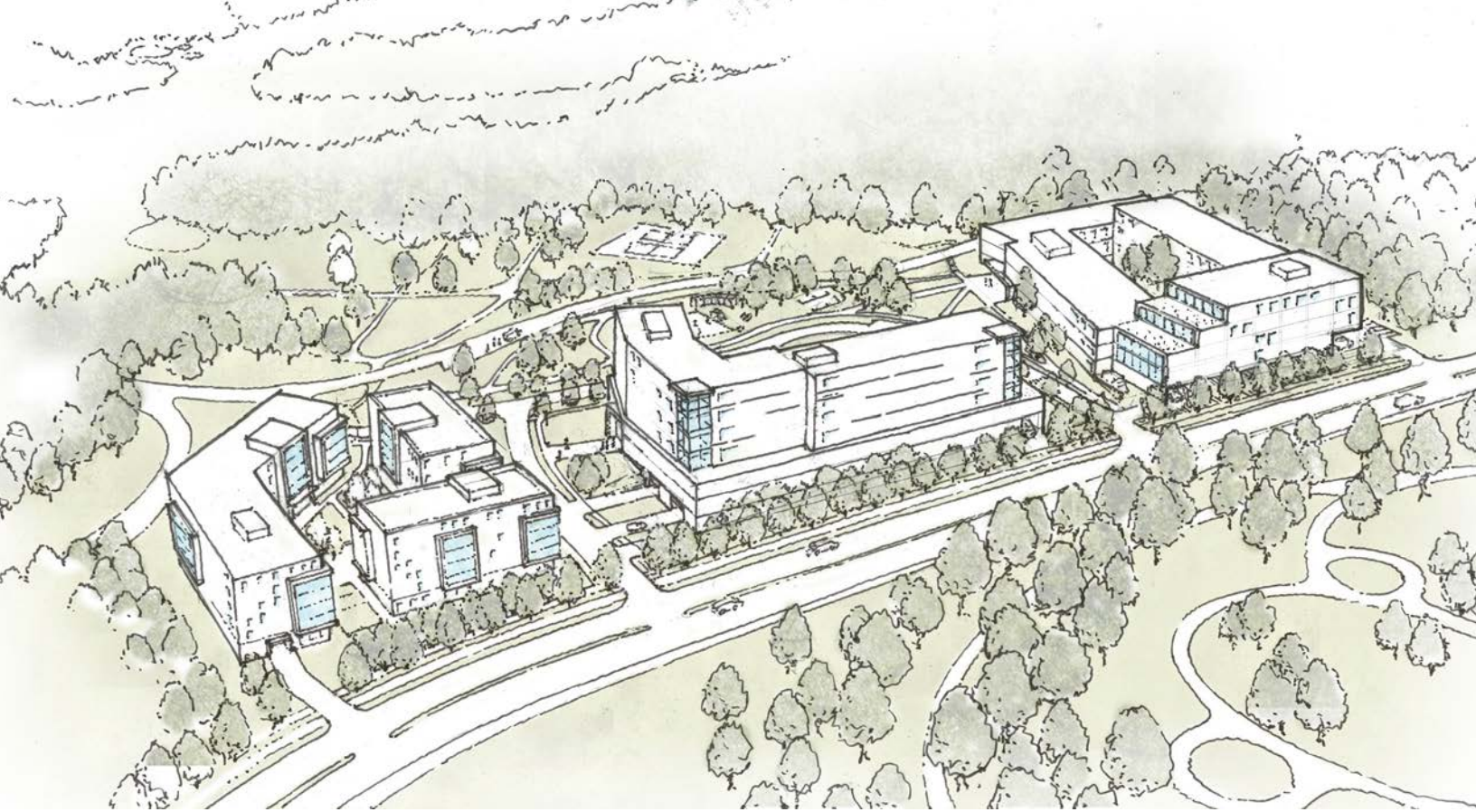


A. Project Narrative



Boston Medical Center, a leading provider of health services to the Commonwealth's most underserved populations, has assembled a team of best-in-class service providers and supportive housing developers, owners and operators for the proposed redevelopment of the Shattuck Hospital campus. This team, collectively the Shattuck Coalition, includes Service Provider Partners already operating on the Shattuck Campus: Bay Cove Human Services, Pine Street Inn, Victory Programs, Health Care Resource Centers (HCRC), and Boston Healthcare for the Homeless Program. The Coalition's Developer Partners, Jamaica Plain Neighborhood Development Corporation and The Community Builders, are highly regarded developers, owners and operators of supportive housing, and propose to build 200 units of individual supportive housing and 205 units of family supportive housing on the redeveloped site. Through this combination of services and supportive housing, we will provide a comprehensive suite of programs designed to advance healing, recovery and health, and address the adverse public health impacts of homelessness, addiction and racism.

Our proposal is the result of a data-driven approach coupled with decades of experience in the core treatment areas identified in the RFP. Our vision for the redeveloped campus calls for an uninterrupted continuum of care – featuring a comprehensive set of inpatient services, outpatient resources, emergency housing, and permanent supportive housing opportunities designed to improve outcomes over the long-term.



Concept for Site Redevelopment from Left to Right: Family Supportive Housing, Emergency Shelter and Individual Supportive Housing, and Clinical Services Buildings

The Shattuck Coalition is comprised of Boston Medical Center, The Community Builders, Jamaica Plain Neighborhood Development Corporation, Pine Street Inn, Bay Cove Human Services, Victory Programs, Health Care Resource Centers, and Boston Healthcare for the Homeless Program. This team brings together a set of Development Partners and Service Provider Partners with unparalleled experience in delivering the programs and resources the Commonwealth is seeking in the redevelopment effort. We have described our team and our vision in the following pages.

Boston Medical Center (BMC), the largest safety-net hospital in New England, is the foremost provider of health services to people experiencing homelessness, low-income people, and people who identify as racial and ethnic minorities in the Boston area. As such, BMC deeply understands the

interlocking crises of homelessness, substance use disorders, and serious mental illness in the region, a tragic nexus associated with immense human suffering. As Lead Proposer, BMC will coordinate overall planning efforts for both the physical campus and the integrated continuum of behavioral health, medical and psychosocial services to be provided on-site. With its Shattuck Coalition partners, BMC is uniquely qualified to serve as Lead Proposer for the Shattuck redevelopment project based on our decades of experience with the population of focus, our experience completing large capital projects, and our nationally-recognized expertise in devising and implementing effective models of care for people with substance use disorders (SUDs) as well as mental health conditions, including serious mental illness (SMI). Our Service Provider Partners, all active on the Shattuck campus today, are experts in each step of the SUD/SMI treatment continuum. Our proposal has been developed to minimize disruptions to existing services as we work towards a future facility that will

be a modern, permanent home for these vital programs.

We will realize the full potential of the site through our Developer Partners, The Community Builders and Jamaica Plain Neighborhood Development Corporation, along with Pine Street Inn, an organization leading the way in addressing short- and long-term homelessness. The Community Builders and Jamaica Plain Neighborhood Development Corporation bring decades of experience developing affordable and supportive housing in and around Boston, and will put this expertise to use delivering more than 400 units of supportive housing on the redeveloped Shattuck site.

Point-in-time estimates place the number of people experiencing homelessness across the Commonwealth at 17,975 in 2022.¹ In Boston, the 42nd Annual Homeless Census revealed a total of 2,889 people in families and 1,659 single adults, for a total of 4,548 people experiencing homelessness—equivalent to 25.6% of the state's

homeless census.ⁱⁱ Substance use disorders (SUDs) and serious mental illness (SMI) are both highly prevalent among people experiencing homelessness. As described in the following narrative, our preliminary analyses revealed that, of a sample of 3,034 BMC members residing within 20 miles of Shattuck admitted to inpatient detoxification services for the 12 months ending March 2021, two-thirds (66%) were unhoused, more than half (57%) suffered from SMI, and nearly half (44%) were both unhoused and diagnosed with SMI. We must view homelessness, SUD, and mental illness as interlocking issues that need to be treated in a coordinated manner.

Racial and ethnic minority groups are disproportionately affected by these issues. In 2020, 45% of people experiencing homelessness in the US were Black or African American

and 22% were Hispanic or Latino.

ⁱⁱⁱ That same year, only 13.6% of the US population was Black/African American, and 18.9% was Hispanic/Latino.^{iv}

Homelessness, SUDs, and SMI have extraordinary costs for the individuals experiencing them as well as for society more broadly. Chronic conditions like hypertension, diabetes, respiratory diseases, and cardiovascular disease are more prevalent among people experiencing homelessness than in the general population and are often untreated, reducing life expectancy by a substantial margin.^{v,vi} People experiencing homelessness also face an increased burden of infectious diseases, including HIV, TB, Hepatitis C, and sexually transmitted infections.^{vii, viii} The toll exacted by homelessness weighs heavily not only on individuals, but on communities and government

budgets responsible for covering the cost associated with countless policing hours, nights spent in jails and prisons, and emergency department visits.

Although there are many contributing factors, these intersecting crises are fundamentally driven by longstanding gaps in our systems of care as well as our approach to treating them as distinct conditions. Programs addressing housing insecurity and homelessness, SUDs, SMI, and medical conditions tend to be fragmented, under-supplied, and under-resourced. While some programs may be integrated to a limited extent in certain facilities, a typical care journey requires multiple visits to multiple locations operated by multiple providers, each with incomplete information and relationships. There are too many places where vulnerable people can fall between the cracks. Few if



any patients have access to housing and comprehensive, coordinated behavioral health care in a single location. Moreover, patients and providers must grapple with an undersupply of certain programs.

New approaches are urgently needed. Nationally, as economic inequality has increased in recent decades, so have “deaths of despair” from drug overdoses, suicide, and alcoholic liver disease.^{ix} Compounding the problem, the onset of the COVID-19 pandemic in 2020 resulted in widespread job loss, increasing the wealth gap and contributing to a 15% increase in homelessness, as well as a sharp increase in alcohol sales.^{x, xi, xiii} In 2020, the nation experienced a 27% increase nationwide in opioid-related mortality.^{xiii} In Massachusetts—with one of the higher opioid mortality rates in the nation—the opioid-related mortality rate jumped from 29.9/100,000 population in 2020 to 32.6 /100,000 in 2021, an increase of 8.8%.^{xiv} The challenge impacts both individuals and families: from 2007 to 2021, only one state experienced a greater increase in sheltered family homelessness than MA.^{xv} Family homelessness is a leading driver of public health crises for young people’s physical, mental and behavioral health.

The Shattuck Coalition partners stand ready to address the challenges causing this crisis, and BMC is prepared to serve as the Lead Proposer and Master Contractor for the redevelopment of the Shattuck Campus at Morton Street. Accordingly, we are pleased to submit this proposal in response to the Request for Proposals (RFP) issued on June 14, 2022, by the Division of Capital Asset Management and Maintenance (DCAMM) of the Commonwealth of Massachusetts.

As envisioned by both the Shattuck Coalition and the Commonwealth of Massachusetts, the redeveloped campus will offer an unprecedented solution to the crisis of homelessness and behavioral health disorders in



the Boston area in a single location by treating behavioral health disorders and homelessness in an integrated care continuum operating under a unified management structure. We propose to eliminate the proximate failure points in today’s fragmented systems of care by co-locating, integrating, and right-sizing the number of behavioral health treatment beds to increase continuity of care and reduce bottlenecks, and by adding critical forms of emergency and permanent supportive housing to support people experiencing homelessness before and after clinical treatment.

Importantly, the proposed development includes 200 units of individual supportive housing and 205 units of family supportive housing, which will provide the critical foundation necessary to allow

individuals and families that have experienced the devastating health effects of homelessness and SUDs to access the services and resources they need to address the physical and behavioral health difficulties that homelessness creates for young people and adults.

Immediately below, we describe our collaborative approach to this landmark project, for which we have assembled a field-leading set of providers and developers. In the remainder of this section, we provide high-level overviews of the preliminary analyses we performed as the basis for our “right-sizing” of facilities and services, our vision for the integrated care continuum and housing, and our vision for the redeveloped campus itself.

Understanding of the Commonwealth's Vision, Goals, and Core Elements

In the Shattuck RFP, the Commonwealth lays out its vision and goals for the proposed redevelopment project. The Coalition partners have planned for the intentional use of healing green landscaped areas, including more trees and native plant species. It will also feature bike paths, enhanced options for transportation, and pedestrian connections to the surrounding Franklin Park. The campus will be integrated visually and functionally with the neighborhood, with softer edges to open views of Franklin Park. Walkability and accessibility will be optimized, with multi-modal access to and through the campus. The redeveloped campus will retain opportunities for vertical additions for expansion of future public health uses.

The RFP also describes Design Goals for the redeveloped campus. Specifically, new buildings are required to use high-quality, sustainable materials and colors reflecting the natural environment. Their scale and character will complement the natural topography, integrate with the site, and promote a sense of welcome and healing. Renewable energy sources, green roofs, Dark Sky Best Practices, and Net Zero design principles will be incorporated into all buildings. Our proposed methods for achieving the Commonwealth's Design Goals are described in Section 6-3.C, Design Goals.

Finally, the RFP delineates four Core Elements that the successful bidder must address in the course of project planning and implementation. The first two of these elements, relating to the physical campus, are that 1) the successful bidder must construct a minimum of 75 to 100 new units of new permanent supportive housing on-site; and 2) a significant proportion



of the campus must be publicly available. We address these two Core Elements in Section 6-3. D, Site Planning and Implementation. Based on our decades of experience with the population of focus, BMC and its Service Provider Partners understand and agree that a stock of stable permanent supportive housing for the population of focus will not only fill an enormous gap in the continuum of care, but serve as the foundation upon which patients with SUDs and/or SMIs can begin to rebuild their lives, in partnership with their care providers.

The two remaining Core Elements specify that 1) the redeveloped campus will be home to an integrated

continuum of behavioral health services across levels of care, along with wraparound services, and 2) the successful bidder will be required to create a permanent location for the existing outpatient treatment program (OTP), which is currently operated by HCRC and housed in the Lemuel Shattuck Hospital; serving 300-400 patients daily, the OTP offers MAT with methadone, buprenorphine, naltrexone, and suboxone. On-site services must minimally include Acute Treatment Services (ATS) or inpatient detoxification; Clinical Stabilization Services (CSS), or short-term (2-week) rehabilitation/stabilization and transitional services; an Opioid Treatment Program (OTP) including Medications for Addiction Treatment



(MAT); outpatient counseling, and primary care services. Our methods for accomplishing these two Core Elements are described in Section 6-4, Public Health Program and Implementation.

Finally, throughout the proposed redevelopment process, the successful bidder will be required to implement a Stakeholder Engagement Plan. In keeping with RFP requirements, the stakeholders involved in executing the plan must include consumers and represent the diverse voices of the community. As the site falls under Mattapan zoning, with key connections to Jamaica Plain and Dorchester, ongoing engagement with those communities will be critical

to the project's permitting process. Stakeholder engagement will be crucial to ensuring that the principles of diversity, equity, and inclusion inform and infuse all facets of the proposed redevelopment project, including the design and development of the physical campus and the integrated continuum of behavioral health care and wraparound services.

As detailed in the ensuing pages, the Shattuck Coalition plans to exceed several of the minimum requirements specified in the RFP, most notably by increasing the number of permanent supportive housing beds and building out the behavioral health care continuum to encompass more levels of care and to offer programs tailored to the needs of dual-diagnosis patients with SUDs and SMI. We have based these enhancements to the required program on our extensive preliminary analyses, described below.

Our Collaborative Approach to Achieving the Commonwealth's Goals

In assembling the coalition for this proposed development, BMC has joined forces with five Service Provider Partners and two Developer Partners, as well as a supporting consultant team, to develop the present proposal. Our Service Provider Partners include BMC, Bay Cove Human Services, Pine Street Inn, Victory Programs, Health Care Resource Centers (HCRC), and Boston Healthcare for the Homeless Program. Note: Bay Cove, Victory Programs, HCRC, Healthcare for the Homeless, and Pine Street Inn currently have a presence on the campus. Their services will continue uninterrupted throughout all phases of the redevelopment project. Our Developer Partners are Jamaica Plain Neighborhood Development Corporation and The Community Builders.

To support their vision, we have identified a Consultant Team consisting of diverse, well-qualified and seasoned firms including a Master Planner (Stull & Lee), Healthcare Architect (CannonDesign) a Housing Architect (Jonathan Garland Enterprises and Prellwitz Chilinski Associates), a Landscape Architect (Klopfer Martin Design Group), a Civil and Traffic Engineer (Nitsch Engineering), and a Geotechnical Engineer (Haley & Aldrich). In addition, BMC has contracted with Leggat McCall Properties, a major Boston-based real estate developer, to oversee coordination of development activities of the coalition, and act as manager for the development of BMC facilities.

In response to the Shattuck RFP, our Service Provider Partners have developed plans to minimize disruptions in existing services while progressively phasing in an integrated continuum of care for the highest-need adults in our catchment area—individuals with SUDs and SMI and their family members, particularly those who are unstably housed or experiencing homelessness. These plans are fully described in Section 6-4 of the present proposal, Public Health Program and Implementation. The work of the Coalition will continue, under BMC's oversight, as we undertake our proposed needs assessment and care planning processes and finalize the organization and staffing of our behavioral health services continuum and supporting services. We aim to create a unified care continuum with clear points of entry. Centralized management of operations and a common governance structure will help to ensure the quality of care across all levels and types of services once the redeveloped Shattuck project is fully operational.

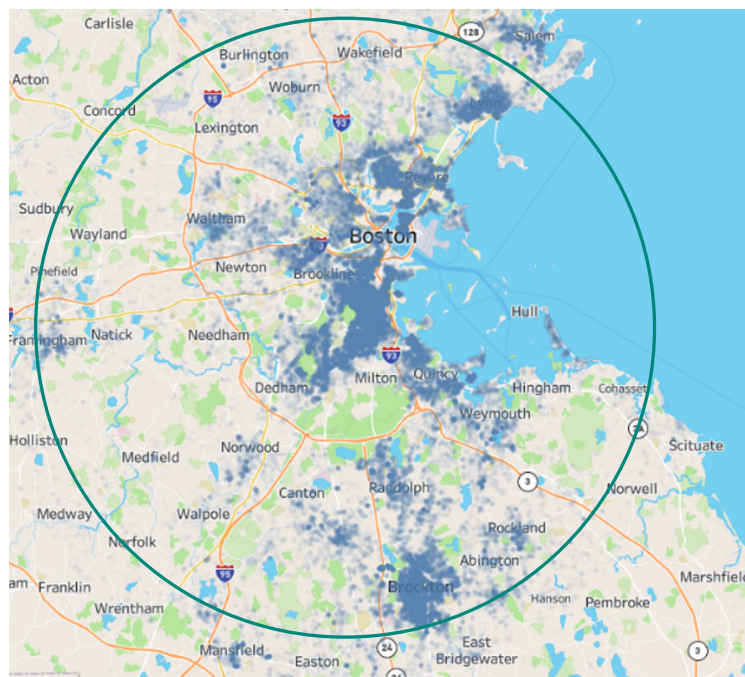
The Shattuck Coalition believes that creating long-term solutions to homelessness requires a three-legged stool of housing, health services and other non-medical supports. Our Developer Partners bring demonstrated expertise in developing affordable housing that integrates supportive services into every aspect of design and operations. Their long track records include some of the most complex redevelopments of public land in the City of Boston, often in collaborative ventures, such as at Jackson Square and more recently at the Mildred Hailey Apartments. Both organizations and their leadership bring decades of experience in integrating essential health and social services into their housing. Our proposed approach combines addressing immediate needs for clinical support and individual supportive housing, as well as family supportive housing designed as an upstream solution that will help immunize a cohort of young people from the negative health impacts of homelessness. It is our hope that through this combination of services, our proposal represents a path forward that is both responsive to the current crisis and preventative, creating an opportunity to break the cycle.

The Shattuck Coalition will also ensure that the Commonwealth’s vision for the physical campus is realized to the extent possible. The statement of work for each of our consultant team firms, developed immediately after the issuance of the RFP on June 14, required them to fully review and understand the DCAMM RFP and appendices, continue to attend weekly meetings, produce conceptual site plans, and contribute to the project narrative and conceptual budget. The results of these planning processes are presented in our proposed approach to the Commonwealth’s Design Goals, Site Planning and Implementation, Phasing, Commonwealth Scope, and Redeveloping Timing (Sections 6-3.D through 6-3.G).

Data-Driven Approach to Campus Design

To begin planning our RFP response, we conducted a preliminary analysis of data for 19,380 patients residing in the Shattuck catchment area between March 2019 and February 2020, all of whom were insured by BMC’s health plans. We defined the catchment area by drawing a 20-mile radius circle around the Shattuck campus (The Shattuck Catchment Area Map). Our intent in taking this approach was to create a proxy for the regional need for housing and treatment services, recognizing that BMC’s health plans comprise substantial share of the MassHealth market (though we intend for Shattuck to serve people beyond just BMC health plan membership). These analyses yielded a wealth of information on the size and demographic composition of our target population, the gaps in the current behavioral health system of care. Initially, our data analysis provided two key insights:

1. **The SUD treatment continuum should be understood as a continuum largely for people experiencing homelessness and those with SMI.** Of the 19,380 BMCHP members residing in the catchment area, 3,034 (16%) had at least one inpatient admission for Acute Treatment Services/detoxification in the past year. Two-thirds (66%) of these patients were unhoused and 57% had been diagnosed with co-occurring SMI. Our proposed continuum of care thus addresses all three conditions.
2. **Relapse rates are unacceptably high for unhoused patients.** The majority of patients fail to progress to the next step of treatment. For example, among patients with ATS claims in the Shattuck catchment, only ~22% of them had a subsequent claim at a CSS program within 2 weeks; ~31% had another detox claim, implying relapse. This same dynamic plays out at subsequent levels of care as well.



The Shattuck Catchment Area Map

The SUD treatment continuum should be understood as one not just for people with SUDs, but also for people experiencing homelessness and those with SMI as well. Among WellSense members living within a 20-mile catchment area around Shattuck, approximately 70% of unique in detox, CSS, and RRS were unhoused. Permanent supportive housing can be enormously important in facilitating engagement in treatment and improving health outcomes for both individuals and families experiencing homelessness, as well as generations to come. The instability tied to homelessness affects children’s cognitive, social, and emotional development from their earliest years, setting the stage for future health, behavioral health, and income disparities.^{xvi} Homelessness is also a leading driver of substance use and mental disorders.^{xvii} To heal from homelessness and related traumas, individuals and families need access to stable homes and a sense of community.

Family homelessness has increased dramatically in Massachusetts, especially in Boston.^{xviii} Since 2007, the Commonwealth has shown the

second highest percentage increase in family homelessness of any state.^{xvii} While the state’s Emergency Shelter Assistance Program is effective in keeping families off the street, the program does not provide permanent housing or reliable linkages to broader community resources and needed supports. Creating a new supply of service-enriched family supportive housing is essential to stem the tide of family homelessness. This approach is supported by Dr. Kevin Simon, the Behavioral Health Director for the Boston Public Health Commission, who recently affirmed that the most immediately helpful approach to ending family homelessness is to offer permanent housing and build strong community cohorts and spaces where children can be safe. The 205 units of Family Supportive Housing proposed by JPNDC will help to address this need in the area around Shattuck.

The health impacts on families are substantial, and promoting better outcomes will require a bundled approach to services—according to a sample of adults experiencing OUD in the context of family homelessness, an ideal program will overcome logistical barriers, provide comprehensive

treatment for comorbidities, support employment and housing needs, and focus care on the family.^{xviii} Further, supportive housing for families should include on-site child care, behavioral and mental health supports, and economic prosperity supports that will allow families to heal from the dual traumas of racism and poverty. Most homeless families are headed by a woman who is African American (56%) and/or Hispanic (39%).^{xix} Because homelessness, addiction, and associated negative disparate health impacts are a direct result of systemic racism, it is essential that the programming we provide on the redeveloped Shattuck Campus be race-sensitive and race-conscious.

Our proposal for the redevelopment of the site reflects our understanding of the challenges and impacts described above and our thinking about potential solutions. For people hurt by addiction and homelessness, proximity to Franklin Park will represent an unparalleled resource, lending its green space and offering plentiful recreational opportunities to facilitate healing.



In light of these findings, we designed our proposed behavioral health continuum of care in a manner to respond to identified gaps. This includes:

Building more treatment beds and more supportive housing.

Our modeling suggests a need for treatment and supportive housing beds that far exceeds what could be built at Shattuck, let alone the minimum RFP requirements. This is especially true of late-stage recovery and housing.

Implementing the right numbers of beds, wherever possible, to reduce bottlenecks.

For instance, if the average length of inpatient detoxification is 10 days, and clinical stabilization requires is two to four weeks, more stabilization beds than detoxification beds are needed.

Co-locating all beds in one place, along with a robust set of protocols to manage transitions in care.

Our plan in this regard is to reduce the number of patients who need to move to off-campus facilities, which can be disruptive, as well as the number waiting for a bed at the next level of care.

To improve outcomes for patients admitted to these services we will provide medically supervised care at all levels of the care continuum. Services co-location, care coordination, and case management, along with a robust menu of wraparound supportive services, will reduce the fragmentation of services and increase access and adherence to clinical care, as well as long-term retention of patients in permanent supportive housing. Moreover, to address the needs of unhoused patients with SUD and SMI who are not ready to engage in treatment, we will offer a new level of services—a Behavioral Health Respite Unit—as well as specialized emergency housing programs. The services to be offered across the behavioral health care continuum are described overviewed below, and fully described in Section 6-4 A, Public Health Program Description. By identifying the key gaps described above, and designing a project that explicitly addresses them through a combination of physical design and strategic provision of services, we are confident we will be able to effectuate a significant shift in the Boston healthcare landscape, providing more equitable health services and reducing the stigma associated with SUD and SMI.

We are confident we are not at risk of overbuilding. For example, based on our conservative modeling we project that ~500 BH respite beds, ~2,000 RRS beds, and over 2,800 PSH beds would be required to address the need among MassHealth members living with SUDs in the Shattuck catchment area—all well above existing supplies of beds.

Overview of the Proposed Care Continuum: Integrating Behavioral Health, Medical Care, and Housing

In addition to the insights in the preceding section, our preliminary analyses yielded a wealth of data on which to base projected services utilization, which has informed our building design and space allocation. Based on this information, our plan is to stand up a complete continuum of behavioral health care, integrated with urgent and routine medical care and housing, that incorporates the services summarized in Behavioral Health Care Services on the Reimagined Shattuck Campus Table on the next page. (For full descriptions of these services, please refer to Section 6-4, Public Health Program and Implementation.)

Medication-assisted treatment, medical supervision, and all medically indicated services are expected to be provided across all levels of care, as well as psychiatric consultation and integrated mental health care. Although our care models have yet to be finalized, we anticipate incorporating care coordinators and case managers to provide wraparound and supportive services, as well as peer support workers with lived experience to follow patients from their first point of contact through engagement and stabilization, monitoring their adherence, and providing outreach, harm reduction, and motivational interviewing to re-engage patients when needed. Care coordinators and case managers will ensure continuity of care and manage linkages with community-based resources. These workers will comprise the “connective tissue” for our comprehensive, coordinated continuum of care. We are exploring the use of shared electronic health records to facilitate care coordination, case management, and tracking of patient adherence.

Many patients completing behavioral health treatment will require housing, and we plan to greatly expand the stock of permanent supportive housing, adding 200 units for individuals and up to 205 units for families. Operated by Pine Street Inn, we will also implement a 90-bed enhanced emergency shelter and transitional housing program consisting of triple rooms that are accessible day and night, including a subset of beds that are currently run at Shattuck as low-threshold housing. In addition, we will have a 30-bed Safe Haven program along with the on-site Behavioral Health Respite Unit. Further, we will operate a 54-bed Structured Outpatient Addiction Program—a continuation of Pine Street Inn’s current SOAP on site at Shattuck—with triple rooms for unhoused participants.

When fully operational, the redeveloped Shattuck Campus at Morton Street will have the capacity to provide integrated medical, behavioral health care, and supportive services across all types and levels of care to more than 3,875 patients per year in need of detoxification and treatment

Proposed Buildings on the Shattuck Campus at Morton Street

BMC CLINICAL SERVICES BUILDING

32	Acute Treatment Services
48	Clinical Stabilization Services
48	Intensive Inpatient Psychiatry
112	Residential Rehabilitation Services
32	Behavioral Health Respite Unit

Subtotal: 272

PINE STREET INN/TCB BUILDING

200	Permanent Supportive Housing
90	Emergency Shelter and Transitional Housing
54	Dormitory for SOAP Participants
30	Safe Haven Program

Subtotal: 374

FAMILY SUPPORTIVE HOUSING

205	Family Supportive Housing
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851 TOTAL Beds

Behavioral Health Care Services on the Reimagined Shattuck Campus Table

Service	Inclusion Criteria	Description	Approx Length of Stay	Beds
Acute Treatment Services (ATS)	Patients in need of detoxification for SUDs	Inpatient, medically supervised detoxification Comprehensive assessment Initiation of medication-assisted therapy Discharge planning for next level of care	7 days	32
Crisis Stabilization Services (CSS)	Patients discharged from ATS	Inpatient 24-hour observation Crisis stabilization Comprehensive biopsychosocial assessment Treatment planning Medication management Mobilization of family and community resources Discharge planning and linkages to outpatient behavioral health, medical and support services	14 days	48
Inpatient Psychiatry	Patients with SUDs and SMI	Licensed psychiatric inpatient care for patients with SUDs and SMI for patients with acute or persistent psychiatric conditions in a locked, secure unit Medically staffed Psychiatrically supervised Structured milieu treatment Individual, group, and family therapy Discharge planning	10 days	48
Residential Rehabilitation Services	Patients discharged from ATS, CSS, or Inpatient Psychiatric Care who are not yet ready to transition to outpatient care	Intermediate level of inpatient care Therapeutic setting Access to community resources, including self-help groups Employment readiness and assistance Other support services	90 days	112
Behavioral Health Respite	Unhoused patients not ready to engage in behavioral health treatment	Motivational interviewing Medical care Shelter care Support services Transition to inpatient care as appropriate	90 days	32
Structured Outpatient Addiction Program (SOAP)	Stable patients able and willing to engage in intensive outpatient services	Daily check-ins Individual, group, and family therapy Psychiatric consultation and referral Addiction counseling Harm reduction services Psychoeducation Relapse prevention planning On-site 12-step meetings Emergency after-hours coverage Aftercare planning and aftercare groups Referrals to community-based resources	28 days or longer	54-bed dormitory will facilitate adherence to intensive outpatient services
Outpatient counseling	Patients in permanent supportive housing and community members	Individual and group evidence-based psychotherapy Psychoeducation Harm reduction Relapse prevention Problem-solving Long-term recovery	Long-term	NA
Outpatient OTP Services	Patients in permanent supportive housing and community members	Outpatient opioid treatment services	Long-term	NA
TOTAL TREATMENT BEDS				326

Service	Inclusion Criteria	Description	Approx Length of Stay	Beds
Emergency Shelter and Transitional Housing	Guests experiencing homelessness	Semi-private sleeping quarters Restrooms and laundry facilities Meal support	Short-to-medium term	90
Safe Haven	Individuals previously experiencing homelessness	Inpatient 24-hour observation Crisis stabilization Comprehensive biopsychosocial assessment Treatment planning Medication management Mobilization of family and community resources Discharge planning and linkages to outpatient behavioral health, medical and support services	Long-term	30
Permanent Supportive Housing for Individuals	Individuals previously experiencing homelessness	Studio-style apartments On-call residential support Community-building efforts	Long-term	200
Family Supportive Housing	Families previously experiencing homelessness (majority)	Family apartments On-call residential support Childcare and other family support services	Long-term	205
TOTAL RESIDENTIAL UNITS				525

Redevelopment Overview

In addition to driving the design of our planned integrated continuum of clinical care, our preliminary analyses yielded a wealth of information on the probabilities with which patients can be expected to follow various pathways through the care continuum. Combined with utilization data, this information drove our proposed bed counts and space allocation for inpatient and outpatient care. As shown, we have planned for a total of 851 beds in five buildings: the **Clinical Services Building** to be owned and operated by BMC; the **Emergency Shelter and Permanent Supportive Housing Building** owned by TCB and operated by the Pine Street Inn and **Family Supportive Housing Buildings** to be built by Jamaica Plain Neighborhood Development Corporation in collaboration with The Community Builders. We propose to develop these in phases, as discussed in detail in Section 6-3E.

When complete, the **Clinical Services Building** will be approximately 230,000 GSF including 32 beds for ATS, a 48-bed Inpatient Psychiatry Unit (IPU), 48 beds for CSS, 32 beds for the BHRU, and 112 beds for RRS, along with a lobby, waiting room, pharmacy, gym, fitness room, meditation room, administrative offices, conference/training center, kitchen and cafeteria, and space devoted to housekeeping, laundry, maintenance, engineering, and security. This building will also house the outpatient behavioral health services and primary care. The **Emergency Shelter and Permanent Supportive Housing Building**, located adjacent to the Clinical Services Building, will house a 90-bed emergency shelter and transitional housing program, a 54-bed dormitory and outpatient space for patients participating in the SOAP, 200 beds for permanent supportive housing for individuals, and the 30-bed Safe Haven Program.

As detailed in Section 6-3.D, Site Planning and Implementation, the layouts of the Clinical Services Building and Pine Street Building were based on the projected utilization of inpatient, outpatient, and nonclinical services on the redeveloped campus, and achieve all industry standards for the design of clinical and nonclinical spaces. Based on the proposed bed counts above, we anticipate the volumes below:

- 5,253 inpatient stays across all levels of care
- ~160,000-200,000 visits / year, including OTP, outpatient behavioral health services, and primary care. Outpatient volume will include patients stepping down from on-site inpatient care and patients from the community

The square footage devoted to various inpatient and outpatient services in our Preliminary Space Plan is detailed in Section 6-3 D.

The final component of the redeveloped campus will be 205 units of **Family Supportive Housing**, across three buildings designed at a neighborhood scale, and located most proximately to the T station at Forest Hills.

The siting of the five buildings has been planned to optimize patient flow and prevent bottle-necking; minimize distances between clinical and housing

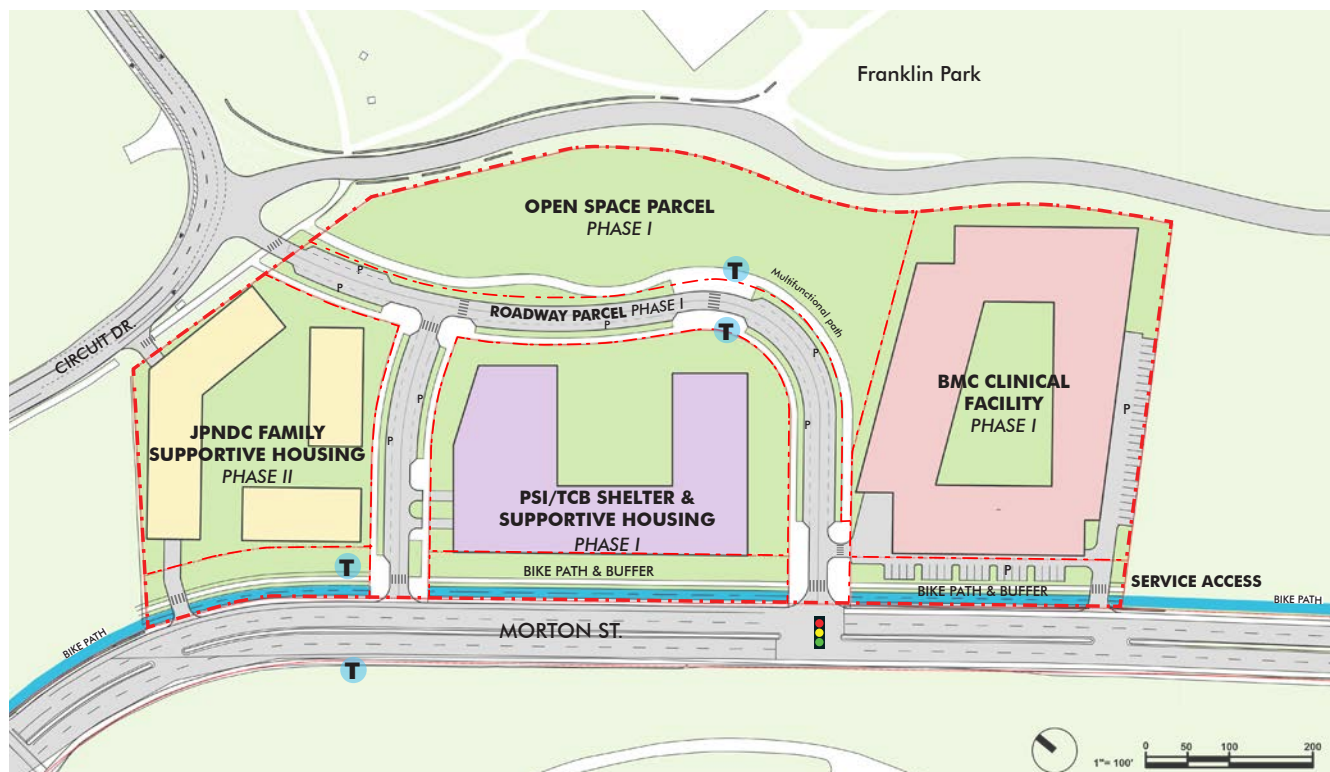
facilities; facilitate entrance/egress and traffic flow; include pedestrian and bike paths; provide centralized space for shared services (e.g., laundry, maintenance, engineering, kitchen, security), and maximize open green spaces.

The Phase 2 Final Buildout of the Shattuck Campus Diagram below provides an overview of the final buildout on the redeveloped campus, including the buildings described in the preceding paragraph, a bike path and pedestrian walkways providing improved connectivity to Franklin Park.

Collaboration with the Commonwealth and its Partner Agencies

We foresee a close working relationship with representatives of DCAMM and the Commonwealth as we undertake all project phases. In all phases the Shattuck Steering Group, led by BMC, which will hold a majority of votes, will engage with the Commonwealth on at least a monthly basis to report on the coalition's progress and to solicit any input on any emerging issues that may require contract modifications, changes to the budget or project implementation plan, or other course corrections.

In addition to attending these monthly operations meetings, representatives of the Steering Group will provide quarterly reports on the performance of our each of our clinical and housing partners and their programs and services as soon as they become operational in Phases 1 and 2. The criteria against which we will evaluate performance are contained in Section 6-4.D, Long-term Project Controls.



Phase 2 Final Buildout of the Shattuck Campus Diagram

Responding to the Commonwealth's Goals for Redevelopment

The redevelopment of the Shattuck Hospital site offers once-in-a-lifetime design and programmatic opportunities for the creation of a behavioral health wellness community that will be located there, for the benefit of the site's surrounding neighbors, and for the significant enhancement of historic Franklin Park's adjacent edges and activities.

When completed, the site will programmatically host a variety of new outpatient and inpatient behavioral health clinical services, a spectrum of health-related emergency and supportive housing, and a variety of new landscaped open spaces. These new open spaces will both reach outwardly to embrace Franklin Park as well as face more inwardly in protected courts and roof terraces for the site's patients' and residents' use. In a future phase of the development, new family supportive housing will also be constructed at the site of the existing Power plant Building. All of these program elements will collectively help the site's health care clientele and housing residents better stabilize and rebuild healthier lives in a continuum of care environment that provides privacy where needed but that also welcomes the wider community.

The new design for this phased campus redevelopment and its expanded open space program, as described above, aspires to aim high and take a thoughtful contextual approach to achieve the many goals

recently outlined in both the Shattuck Vision Plan and DCAMM RFP. As the Vision Plan declares, "The vision for the campus is a person-centered place, designed to promote health, reduce barriers to treatment and integrate care across physical and behavioral and housing systems, while also prioritizing connections with the natural environment that are compatible with neighboring Franklin Park." The development team hopes to create such a vision that all can be proud of, and create a nationally-renowned, architecturally attractive, state-of-the-art behavioral health care community that is integrally embedded in a set of new green open spaces that will expand upon and intentionally better link to Franklin Park's cherished and historic heritage.

This new health care community will provide a continuum of care for its patients in a therapeutic, green and healing environment that will help them stabilize and rebuild healthier lives. Simultaneously, the site's design will look beyond its own boundaries by reaching out to create better community-wide access and connections to its surrounding neighborhoods and to Franklin Park users.

In keeping with these community-wide aspirations, a primary goal of this plan is to reduce the site's current isolation and better welcome the residents of surrounding neighborhoods. This will be achieved in a variety of specific ways, for example by:

1. Returning a significant portion of the site's current paved parking lots to planted landscaped spaces,
2. Providing new outdoor gathering places and community amenities such as a natural amphitheater facing Franklin Park,
3. Providing a new central tree-lined access street and multi-use path through the site that more directly connects Morton St. to Circuit Drive and Franklin Park,
4. Maintaining important cross-site view corridors to adjacent Olmsted-designed parklands,
5. Providing improved access via walking, bicycling and bus routes to and through the site,
6. Providing a softer green but porous landscaped buffered edge along Morton St. that allows improved visual connections into and through the campus, and
7. Removing fencing barriers along Circuit Drive.

All these new design measures combine for an open and welcoming campus that dissolve the site's current isolation while simultaneously providing the necessary privacy for some of the site's patients and also the important but subtle building-by-building security, where needed, for various behavioral health and housing programs.

Visually, the project's several new clinical and supportive housing buildings will be appropriately scaled to its surroundings. Buildings will not exceed six (6) floors in height, so as not to visually overwhelm the site's beautiful natural context. The larger of these buildings will also gradually step down in height to the Franklin Park edge across Circuit Drive.

Only the minimum necessary amount of parking for the site's various programs, housing residents and visitors will be provided. A certain amount of the new parking will be provided as curbside street parking along the new Main Drive and Connector street. Where surface parking lots are provided, they will be carefully screened and landscaped. The team also hopes to provide a significant amount of the necessary new parking in lower level parking floors that will take advantage of an existing drop in site topography along a portion of Morton St. This lower parking level will be fully screened and practically invisible to passersby.

The full development program will occur in carefully choreographed phases to ensure a continuous operation of both current public healthcare providers and private non-profit providers at the site. Public healthcare providers will relocate to BMC's East Newton

Pavilion in Boston's South End by 2025. The non-Commonwealth programs currently operating on-site will either be temporarily relocated off site during construction, and/or be accommodated on site in new temporary buildings until permanent new replacement buildings are built for them. Our approach to phasing is discussed in more detail in Section 6-3E.

To fully achieve the above aspirational vision, other Commonwealth entities will hopefully contribute as partners to the project's ultimate success as well — by creating, for example, safe multi-use paths along Morton Street and Circuit Drive, an improved signalized vehicular access entrance to the new campus along Morton Street, improved bus service, and enhanced Franklin Park amenities across Circuit Drive at Ellicotdale. We are committed to addressing the Commonwealth's design goals for the Shattuck Hospital site, and look forward to opportunities to engage with DCAMM, DOT, and the Franklin Park Coalition — among others — to develop a project that restores green space to community use, enhances connectivity to and through Franklin Park, and provides for improved transportation options for patients, residents, and visitors alike.

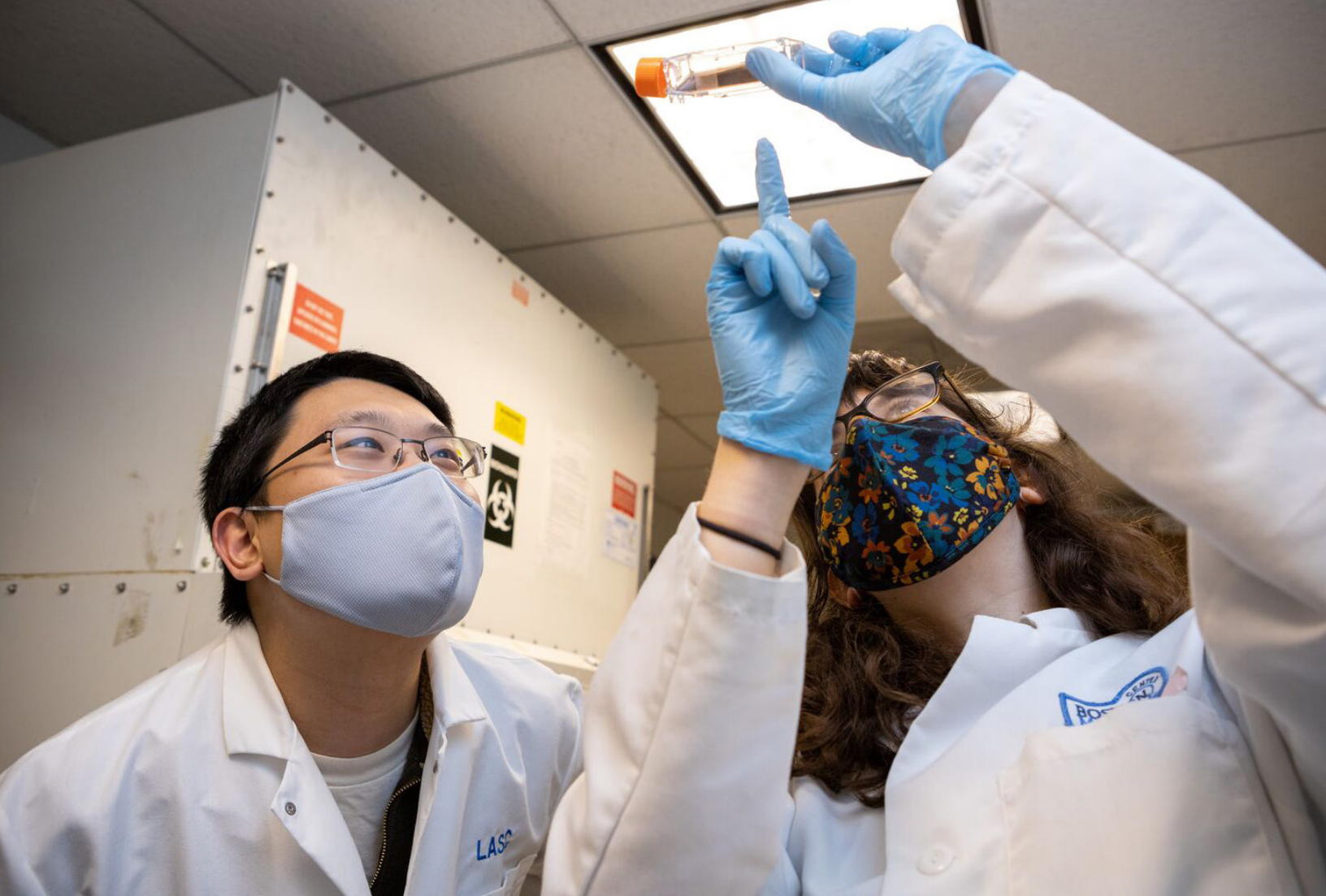
B. Health Access and Equity



BMC brings significant expertise in the provision of equitable, accessible, and culturally competent services. While it lies beyond the scope of the present proposal to delve deeply into the myriad of programs and services that BMC has pioneered to ensure the delivery of such services, we offer two recent examples of large, institution-wide initiatives. The first, our COVID-19 Vaccination Effort, has made an enormous impact on the uptake of vaccinations by Black and Latino residents of Boston. The second, the BMC Health Equity Accelerator, is now launching a suite of projects designed to reduce documented disparities among our patients in the areas of behavioral health, maternal and child health, chronic diseases, cancer, infectious diseases, and end-stage renal disease. We will utilize similar methodologies and resources to ensure the same level of care is provided at the redeveloped Shattuck campus.

Following descriptions of these two initiatives we have included brief overviews of two services at BMC designed to advance health equity and access, the THRIVE Screener and BMC Interpreter Services, as well as a brief description of our intended approach to stakeholder engagement.

(Section 6-6 C, Proposer Team Equity, Diversity, and Inclusion, describes specific BMC behavioral health programs designed to increase access and equity.)



Case Study: Advancing Equity in COVID-19 Vaccination Rates

Early in its trajectory, the COVID-19 pandemic revealed gross inequities in the uptake of vaccinations by Black and Hispanic people across the US, with deadly consequences. Between December 2020 and November 2021, BMC led local efforts to close these disparities in Boston by implementing community-based vaccination sites in churches and community centers, organizing mobile vaccination events at schools, grocery stores and community events, and providing vaccine access as well as health education to residents of the city's most impoverished neighborhoods.

BMC established seven community-based vaccination clinics and conducted 99 individual mobile vaccination events in addition to vaccination opportunities on BMC's medical campus to reach the health equity goals in historically dis-invested communities. The vaccination program administered over 100,000 first doses. These events were critical in providing access to vaccines in locations with the highest Social Vulnerability Index (SVI), identified using the US Census data including socioeconomic status, household composition and disability, minority status, language, unemployment, and other factors affecting community health. To build confidence in COVID-19 vaccines and in the healthcare system, BMC partnered with affiliated health centers, community partners, state and local health departments, and the Commonwealth of Massachusetts.

Vaccine uptake in communities disproportionately impacted by the pandemic improved following the vaccination program. These communities predominantly included individuals who identify as Black and Latino. Featured in a scholarly article in May of 2022 in the *Annals of Internal Medicine*, the BMC vaccination initiative highlighted the importance of having leadership and workforce commitment to health equity and community engagement. As a result, BMC is now part of the Community Engaged Alliance of the National Institutes of Health, aimed at increasing vaccine confidence and engagement in research.

Case Study: The Health Equity Accelerator at BMC

In the fall of 2021, BMC launched the Health Equity Accelerator, after a year of research and development, with a combination of hospital funding and philanthropic support. With the mission of addressing health injustice and racial health inequities intentionally, expeditiously, and explicitly, the Accelerator aims to transform health care to deliver health justice and well-being and to eliminate gaps in life expectancy and quality of life among groups of different races and ethnicities. With the Accelerator, BMC works to advance racial health equity by breaking down barriers

that limit our patients' potential while simultaneously restructuring systems to meet patients' needs.

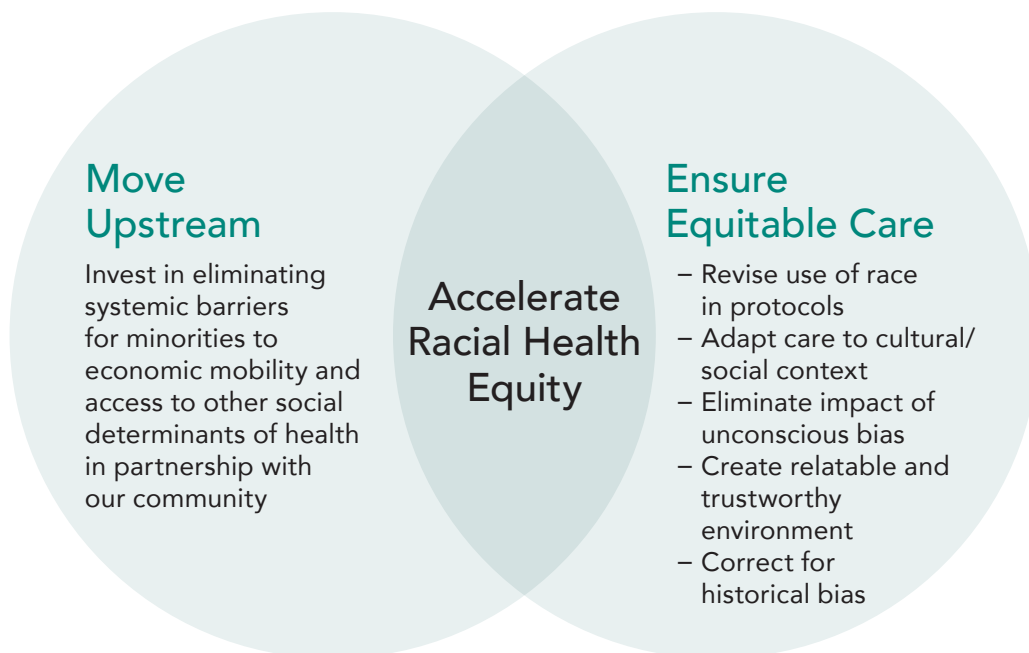
Specifically, the Accelerator propels health justice across areas that present the largest racial inequities. We focus our efforts on five areas that present the largest health inequities:

- Maternal and child health
- Infectious diseases
- Behavioral health
- Chronic conditions
- Oncology and end-stage renal disease (ESRD)

For each of these areas, we investigate and address both the upstream and the clinical factors that contribute to inequities in health access, patient experience, and outcomes. Our approach to fostering health justice is to enable the rapid combination of three domains that don't usually work efficiently together (transforming clinical care, utilizing state-of-the-art research methodologies, and addressing the social determinants of health in collaboration with the community). In addition, we expand the impact of the Accelerator through publications and advocacy for policy change.

The estimated cost of the Accelerator, when it is fully operational, is expected to reach ~\$100 million per year.

Our approach to Health Equity



BUILD OUT ENABLERS

- Elevate patient, member, and community voice
- Build, invest, and educate a diverse workforce
- Invest in health equity research and increase access to clinical trials
- Advocate for the issues that have the greatest impact on health equity
- Improve data collection and usage of race, equity, language data and social needs
- Rigorous performance management and quality improvement

Current Services Enabling Health Access and Equity

BMC has instituted two services, available for patients, to enable health access and equity. There are BMC Interpreter Services and the THRIVE screening and referral system.

The BMC Interpreter Services Department is one of the most extensive in New England. In addition to providing face-to-face interpreters on-site in 13 spoken languages, American Sign Language, and Certified Deaf Interpreting, the department utilizes the latest advances in technology such as telephonic and video interpreting, in order to provide interpreting services 24 hours a day, 365 days a year to our patients in 263 languages. Last year, they assisted in 479,269 interactions. Our interpreters not only help to break language barriers but serve as cultural brokers between patients and staff, representing patient beliefs, values, concerns, and preferences to the care team, thereby facilitating access to care that is patient-centered and culturally appropriate.

THRIVE Screening and Referrals for the Social Determinants of Health (SDOH)

Since 2017, all patients accessing primary care at BMC have been routinely screened for the SDOH, or health-related social needs, using BMC's validated screening tool called THRIVE.^{xx} Developed by multi-disciplinary physicians and researchers, the THRIVE screener is designed to identify social domains that interfere with health care access, including:

1. Housing insecurity,
2. Food insecurity,
3. Unemployment,
4. Lack of education,
5. Lack of transportation,

6. Overdue utility bills,
7. Trouble paying for medications,
8. Trouble caring for others (e.g., child or family member),
9. Daily living skills such as bathing, preparing meals, shopping, and managing money.

A positive screen triggers an automated printout of hospital- and community-based resources. The form is available in English and Spanish and is integrated into our Epic system, making it possible to track patient referrals and analyze population-level needs. The THRIVE screener is also linked electronically to the national FindHelp platform, which matches patients with hundreds of fully vetted local services. Two-way communications with community-based agencies are supported by this platform.

Health Access and Equity on the Redeveloped Shattuck Campus

Black, Indigenous, and People of Color (BIPOC) are over-represented in the target population of people in the Shattuck catchment area in need of behavioral health care. BIPOC accounted for 37% of population with SUDs in the catchment area, but only 28% of admissions to inpatient detoxification. (Of people in Shattuck catchment with SUD, 14% have race unknown. Of unique detox patients, 9% have race unknown.) In contrast, people identifying as white accounted for 48% of people with an SUD in the catchment area, but 63% of admissions to inpatient detoxification. The largest disparity was observed among people identifying as Black or African American, who accounted for 28% of the prevalence of SUDs in the catchment area but only 17% of detoxification admissions. It will thus be critical for us to hire a diverse staff that is racially/ethnically concordant with the patients we will serve,

including many who are bilingual in English, Spanish, Haitian, and other languages spoken by patients, and to provide incentives for them to join BMC. In this regard, as described in Section 6-6 C, Proposer Team and Experience, Equity, Diversity and Inclusion, BMC does offer competitive salaries and provides mentors and professional development opportunities for people of color to help them grow into professional, managerial, and leadership positions.

It will also be necessary to provide extensive training to on-site personnel, including those employed by our clinical partners, in social injustice, health equity, implicit bias, and anti-racist practices. BMC values its diverse patient population and is committed to honoring their ethnic, religious, and cultural differences. To this end, every BMC employee is evaluated annually on six performance standards, one of which is "cultural competency." As an institution, BMC subscribes to the national standard for Culturally and Linguistically Appropriate Services (CLAS) in health and health care as promulgated by the Office of Minority Health. These standards include the hiring of a culturally and linguistically diverse workforce, providing language assistance services in the patient's preferred language, grievance procedures for patients and staff, and many other policies, procedures, and practices infused throughout the organization. One of BMC's more recent diversity initiatives, launched in the fall of 2020, has been to provide 3.5 hours of mandatory training to all leaders and managers on health equity, including exercises and guided group discussions on unconscious bias, microaggressions, and microinequities that operate at an interpersonal level. These lessons apply both to our employees and our patients.

One of BMC's three core values is that "many faces create our greatness." The BMC Culture Code brings this value to life by distilling diversity, equity, and inclusion concepts into a series of actionable steps. These steps

are reinforced by regular messaging from Kate Walsh, our President and CEO, as well as during monthly Culture Code Activities and by quarterly Health Equity Rounds, and by our extensive efforts to recruit and retain a diverse workforce. At the patient level, our ability to meet the cultural and linguistic needs of the community, rooted in a health equity framework, is fostered by our team of 60 medical interpreters, several hospital-wide initiatives, and the efforts of our clinicians to counter racial injustice in all patient interactions.

BMC will work to disseminate its Culture Code and core values throughout the Shattuck project through its proposed governance structure, which will include leadership representation from all of our Service Provider and Developer Partners. Details of the governance structure will be finalized during the early stages of predevelopment; however, we anticipate that BMC will hold the majority of votes, providing the authority we need to diffuse our values and implement policies for DEI campus-wide.

As implied, cultural and linguistic competency will also be critical, particularly for the diaspora of Hispanic patients from diverse cultures we will bring into care. Many of the interpersonal skills and knowledge needed to provide culturally competent services can be generalized across demographic groups. These include a sense of cultural humility, continuous self-examination, skills in intercultural communications, and an awareness of the ways in which the social determinants of health interact with race and culture to undermine health equity.^{xxi} Also needed, particularly when mental health providers interact with cultural and ethnic groups different than their own, is an awareness of stereotypes and culturally conditioned health behaviors, values, practices, attitudes and beliefs.^{xxii, xxiii} Health and mental

health professional students are increasingly being trained in these areas, and employers striving for cultural competency—including BMC—provide ongoing professional development opportunities in cultural competency and racial justice, both of which have become first-order priorities in the health care field.^{xxiv, xxv} We will extend these training standards to on-campus employees of BMC and our partners.

Beyond issues of culture and language, it is important to note that interactions between behavioral health care providers and members of various racial and ethnic groups and sexual minorities may be strongly influenced by past experiences of racism, and implicit bias on the part of providers.^{xxvi, xxvii} The impact of these factors may well be magnified during a behavioral health crisis, highlighting their critical nature for the proposed BMC Shattuck Behavioral Health Care Continuum.

In addition, specifically to counter stigma, we propose to implement our campus-wide anti-stigma pledge, “Words Matter,” across the Shattuck care continuum. This pledge, which our employees sign, replaces stigmatizing language with non-stigmatizing alternatives. For instance, “person with an SUD” is used instead of a “drug abuser,” “addict,” “alcoholic,” “drunk,” or “junkie,” each of which carries negative connotations. Similarly, “positive urine” is used to replace “dirty urine,” a “baby born addicted” is instead a “baby born with an opioid dependency.” These are but a few examples. The proposed integration of the Shattuck campus with nearby neighborhoods, both in terms of the spaces devoted to public use and the services to be provided on-site for residents of the catchment area, will also help break down the stigma caused by the traditional sequestering of people with SUDs and SMI.

Many proposed aspects of the redeveloped physical campus will also foster health access and equity. We

understand the healing power of green space and access to nature; in addition to the large open green space available to the public, we have provided for a series of terraces and courtyards integral to the buildings themselves. Enhanced accessibility across both the buildings and the broader landscape will support use by people of all ages and abilities. We have also provided a variety of smaller and larger spaces for communal gatherings, supporting opportunities to forge new social connections at multiple scales. Buildings will have welcoming, light-filled spaces, modern furniture and artwork featuring diverse cultures and ethnicities.

The co-location and integration of SUD treatment and mental health services at all levels of care will enhance patient convenience and eliminate the need for transportation off-site. (We are exploring how to provide free or subsidized transportation services for patients referred to community-based organizations.)

Pedestrian walkways, traffic flows, and the location of on-campus parking will also facilitate access.

Proposed Reporting Mechanisms

BMC and its Service Provider Partners will finalize plans to report patient demographics to DCAMM and DPH before commencing construction on the earliest phases of the project. There will be two possible approaches to capturing demographic data and submitting it to the state. We are exploring and plan to implement a coordinated records system, either using BMC Epic or integrating bedded program operator systems. BMC already has a template for this with BHCHP through OCHIN. Our goal will be to ensure that all providers of medical and behavioral health services can jointly capture, coordinate and enter changes to patient demographic, diagnostic, and utilization data. Fortunately, we have a “long runway” for planning



and implementation of this unified approach; however, the use of a single electronic health record will require its own feasibility and needs assessments, as well as budget support from the state. This option may not be possible, given the protections afforded to protected health information under the Health Insurance Portability and Accountability Act (HIPAA) the added protections surrounding disclosure of behavioral health information, which holds potential to damage the individual's public standing, and relationships and/or employability.

Currently, we are able to share the patient's protected health information with a provider external to BMC only after the patient signs

a release of information covering their current providers so that our records can be freely shared and we can coordinate care effectively. At the first visit, the patient is informed of this policy and also informed of the limits of confidentiality: "The information in your record cannot be disclosed without your knowledge and consent unless there is a legal obligation or duty to for us disclose the information." As a result, only authorized BMC medical providers can access Epic. Even BMC behavioral health care providers have limited access to the patient's Epic record (provider names, appointment dates, primary problems, and medications.) Access to sensitive behavioral health information, such

as counseling notes, is available to medical providers only with the written consent of the patient. However, medical and behavioral health providers within the BMC network are able to share messages in Epic to coordinate care, and behavioral health care providers can read medical progress notes.

With the recent award of the Community Behavioral Health Center (CBHC) for Boston (excluding Charlestown and East Boston) and Brookline to BMC, we will soon begin breaking down the barriers to information sharing among BMC medical and behavioral health care providers, as well as between BMC and its other service provider partners. As part of this proposal, we requested

Delivery System Reform Incentive Payment (DSRIP) funds in support of enhancements to Epic and our information technology infrastructure to facilitate information-sharing. The scope and nature of information-sharing remains to be seen; however, ideally, a single Epic (or other) behavioral health care record could be used by multiple providers to follow the patient across the care continuum, with relevant medical information seamlessly integrated, eliminating the need for multiple logins and allowing for streamlined reporting not only of patient demographics, but patient co-morbidities, utilization data and relapse rates. It remains to be seen if practical and/or cost considerations will support this option.

We will report demographic data to the state at least once per quarter. In addition, our clinical management team will routinely monitor data

on patient diagnoses, medical and behavioral health services utilization, lengths of stay, and drop out/relapse rates, as well as billing/reimbursements, both for the purposes of quality improvement and ensuring that we are on track to achieve planned milestones as we progress through all phases of the project. We welcome the Commonwealth's recommendations on its desired reporting relationship with this type of facility.

In addition to patient data, we will report data on workforce racial/ethnic and linguistic diversity. BMC's Human Resources Department will provide this information to the Shattuck Campus management team. The team will gather comparable data from other employers with a presence on campus, aggregate the data, and report it to the Commonwealth annually.

Stakeholder Engagement Plan

As part of the RFP response process, the Shattuck Coalition has begun an intensive process to identify and engage residents of the neighborhoods surrounding the Shattuck site, as well as community leaders, organizations, elected officials, and other stakeholders. This outreach has included numerous 1-1 and small group conversations, as well as participation in existing meetings of neighborhood and community groups.

The goal of this outreach has been to help stakeholders learn more about the proposed project and to demonstrate how the Shattuck Coalition's proposal aligns with the principles and goals of DCAMM's Shattuck Vision Plan and RFP. The process has also served to educate the community and dispel misperceptions about the impact of



the redevelopment and programming that will take place on the site, and to hear feedback and questions from community members.

In addition to conveying the dire need for the proposed redevelopment project and promoting this generational opportunity to improve public health outcomes, a key goal of the engagement process has been to develop relationships with community leaders and organizations throughout the neighborhoods abutting the Shattuck, in order to ensure ongoing community participation as the project moves forward.

If designated, the Shattuck Coalition partners are committed to continuing an inclusive community engagement strategy that engages residents, public officials, and other stakeholders throughout the continued master planning for the site and permitting processes for specific projects. This engagement process will build on previous and ongoing planning processes, including the Shattuck Vision Plan and the Franklin Park Action Plan.

Throughout the process, the Shattuck Coalition will seek to work with the Franklin Park Coalition and other organizations to ensure that the Shattuck Redevelopment is aligned with the goals and strategy for Franklin Park and surrounding neighborhoods. We will also engage with groups such as the Greater Mattapan Neighborhood Council, Jamaica Plain Neighborhood Council, and neighborhood associations in Mattapan, Dorchester, Roxbury, Jamaica Plain and other surrounding neighborhoods, in order to promote ongoing dialogue and understanding about each phase of the redevelopment process.

The community engagement plan will include letting residents know about opportunities to participate in the master planning and public review processes for each phase of the redevelopment. While the formal steps may vary depending on the permitting

path ultimately selected, we anticipate an extensive community engagement process that will be undertaken in conjunction with Article 80 and/or ZBA review processes. This will include distribution of information about the proposed project to describe key elements of the proposed development and address questions about the project.

Prior to the filing of applications for specific projects with Boston Planning and Development Agency (BPDA), Zoning Board of Appeals (ZBA), and other city and state agencies, Shattuck Coalition partners will conduct extensive 1-1 and small group outreach to abutters, neighborhood leaders, leadership of local organizations, and other stakeholders, including convening or participating in meetings with neighborhood associations, community groups, health centers, and religious institutions. The goal is to educate neighbors and residents about the project, receive and incorporate feedback and ideas about particular design and program elements, and to address concerns. During the required public review processes, the Shattuck Coalition will ensure that residents are informed about community meetings with a reasonable amount of advance notice, as well as encourage residents to submit written communication during the public comment period.

In order to address questions about supportive housing, the Shattuck Coalition will organize information sessions and tours of supportive housing facilities, led by Pine Street Inn and JPND, so that residents can learn about the services and supports offered to residents in similar buildings.

The Shattuck Coalition will also work to find creative ways to engage current and potential users of the outpatient programs and shelter in the master planning and design process, in order to draw on the knowledge and perspective of the residents. This effort will involve Pine Street Inn, Victory Programs, Bay Cove Human Services,

and other current service providers.

Given the multi-neighborhood and complex nature of the Shattuck Redevelopment process, the Shattuck Coalition will strategize with community partners about additional methods for disseminating information about the Coalition's proposal and engaging more deeply with certain neighborhoods or constituencies. This could include creating materials in Spanish and Haitian Creole and conducting specific outreach in those languages, in addition to English.

Once approvals and permits are issued for specific redevelopment projects on the Shattuck site, the partners will continue to convene regular meetings with neighbors and other stakeholders to keep them informed about the status of the development and address any issues that arise during construction.

Over the course of our community engagement thus far, several key themes have emerged:

- **A desire to see the Shattuck site integrated into Franklin Park and the surrounding community.** The Shattuck Hospital has stood for many years as an isolated site, separated from the community by both physical barriers, such as fences, and the underlying stigmas associated with its uses. We have heard a strong desire to re-establish physical connections between the Shattuck site and Franklin Park, as well as the community more broadly. Our proposal calls for the addition of new pedestrian, bicycle, vehicular, and transit connections throughout the site, and has been designed with view corridors that will reinforce that newfound connectivity. Our concepts for open space include a variety of options that would bring community members to the newly restored public green space, such as community gardens and active recreation

spaces. The presence of these shared spaces, and the open, welcoming design of the clinical and supportive housing buildings, will also help to destigmatize recovery programs and establish the residents of the site as an integral part of the community.

– **A need for better connectivity to and through the site.** We have frequently heard that improvements to shuttle bus and public transportation is an integral component for a successful redevelopment effort. Our plan provides for new roadways through the site, including accessible sidewalks, separated bike lanes, and new bus stops that we would propose to the MBTA during the permitting process. This new transportation infrastructure would support those living, working, and receiving treatment on the site, and encourage a mode shift away from personal vehicles. Our concept would also reintroduce past curb cuts, and it includes a signalized intersection on Morton Street, which would allow key loading and access needs to be served from the site’s interior thoroughfare.

– **Strong support for the continued provision of the Shattuck’s current services, and interest in use of the site for individual and family supportive housing.** Our neighbors understand the importance of SUD and SMI treatment and know the value that these services represent for those in crisis. There is a great deal of interest in additional programs that would serve community needs, including additional individual and family supportive housing, small-scale commercial uses, and childcare services. Our proposal was developed in response to this feedback and includes 200 units of individual supportive housing alongside more than 200 units of supportive housing designed for families, as well as limited retail services (to be refined in partnership with DCAMM, based on an understanding of the site’s deed restriction) and on-site daycare to be offered as part of the family supportive housing program.

– **Demand for an equitable, inclusive development and construction process.** Local residents see a project of this scale as an opportunity to showcase best practices around equity and diversity in construction. We have heard that development teams should seek to exceed the Boston Resident Jobs Policy goals for people of color and women in the construction workforce. There is a desire to see contracts go to local minority-owned businesses,

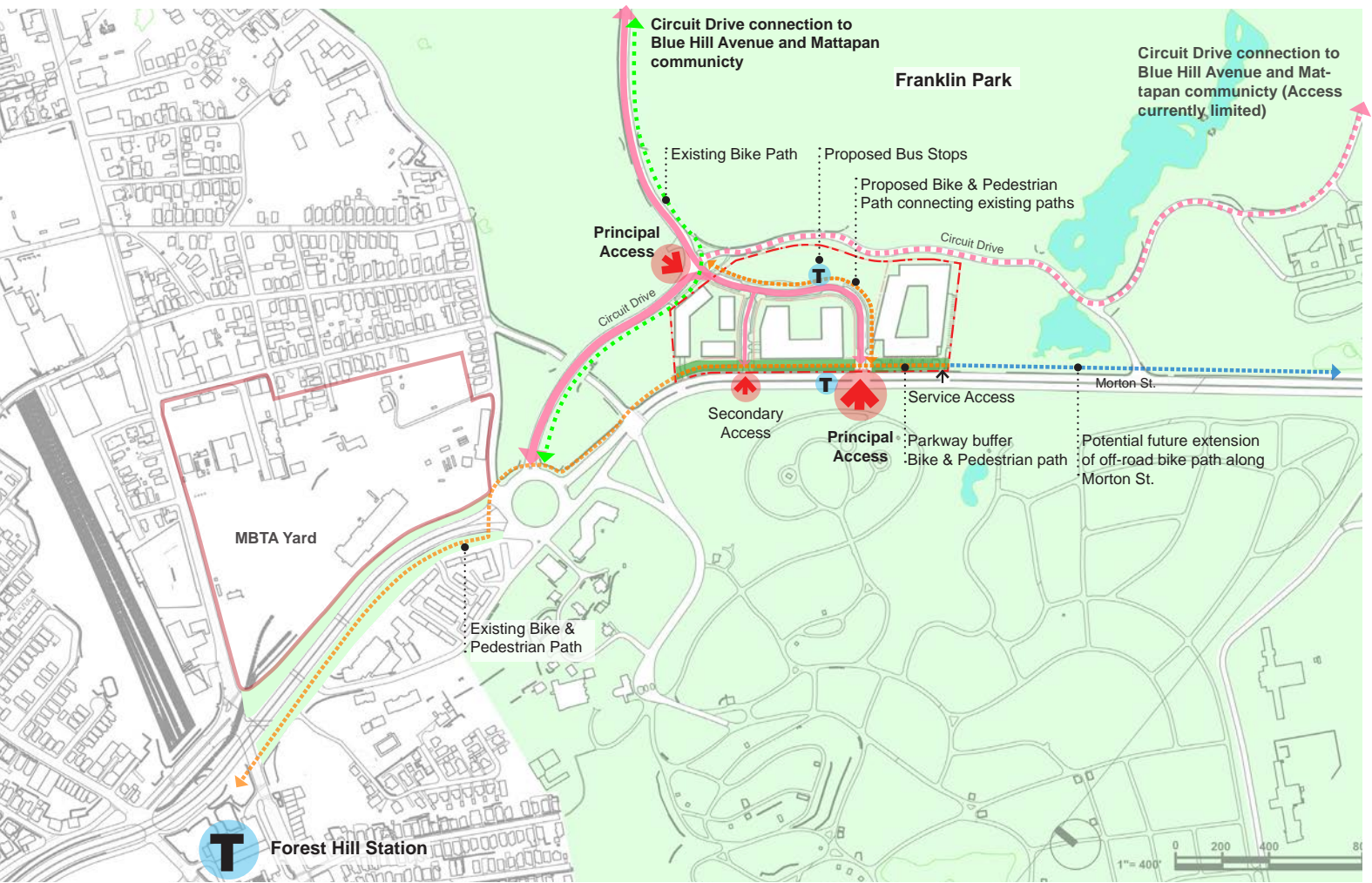
and to create a local preference for supportive housing where possible. We have listened closely to these aspirations, and as we move forward, we will establish procurement strategies that allow us to meet them. Members of our partner team JPNDC and TCB are already established leaders in this area, and our team will look to learn from and leverage their model to achieve our goals.

– **Comprehensive community safety efforts for the benefit of Shattuck residents and program participants as well as the larger community.** Along with the desire to integrate the Shattuck campus into Franklin Park and the surrounding community, we have heard that our partner team needs to work with stakeholders and public agencies to promote community safety efforts in and around the site. This includes thoughtful design of buildings and open spaces, lighting and other features that promote safety, in collaboration with the Franklin Park Coalition and local neighborhood associations.

– **Commitment to continue to engage and involve neighbors, park users, and community organizations throughout the redevelopment process.** Stakeholders have expressed appreciation for the community engagement efforts to date on the part of the partner team and have stressed the importance of continued engagement throughout the process, to ensure that the Shattuck redevelopment meets the needs of the community and enjoys widespread community support.

C. Design Goals





Site Access Analysis

Overall Site Design Approach

The new design and plan for the Shattuck Hospital site offer unprecedented opportunities to craft a new state-of-the-art behavioral health and housing community. Our concept has been informed by:

- The programmatic and design aspirations outlined in the Shattuck Vision Plan for the new health care and supportive housing community to be built there that will provide a continuum of care in a nurturing and healing environment.
- The aspirations of surrounding communities for better multi-modal access to and through the Shattuck site that will

remove the site's current sense of remoteness and isolation.

- The provision of new on-site landscaped areas and view corridors across the site that will better link and embed the Shattuck site more intimately into the Franklin Park landscaped open space system.

The Shattuck Coalition's overall design approach is to envision the redevelopment of the site in a broader community perspective and context. It is an approach that will simultaneously create not only a new behavioral health community that will best serve the site's own client needs, but also the desires of the

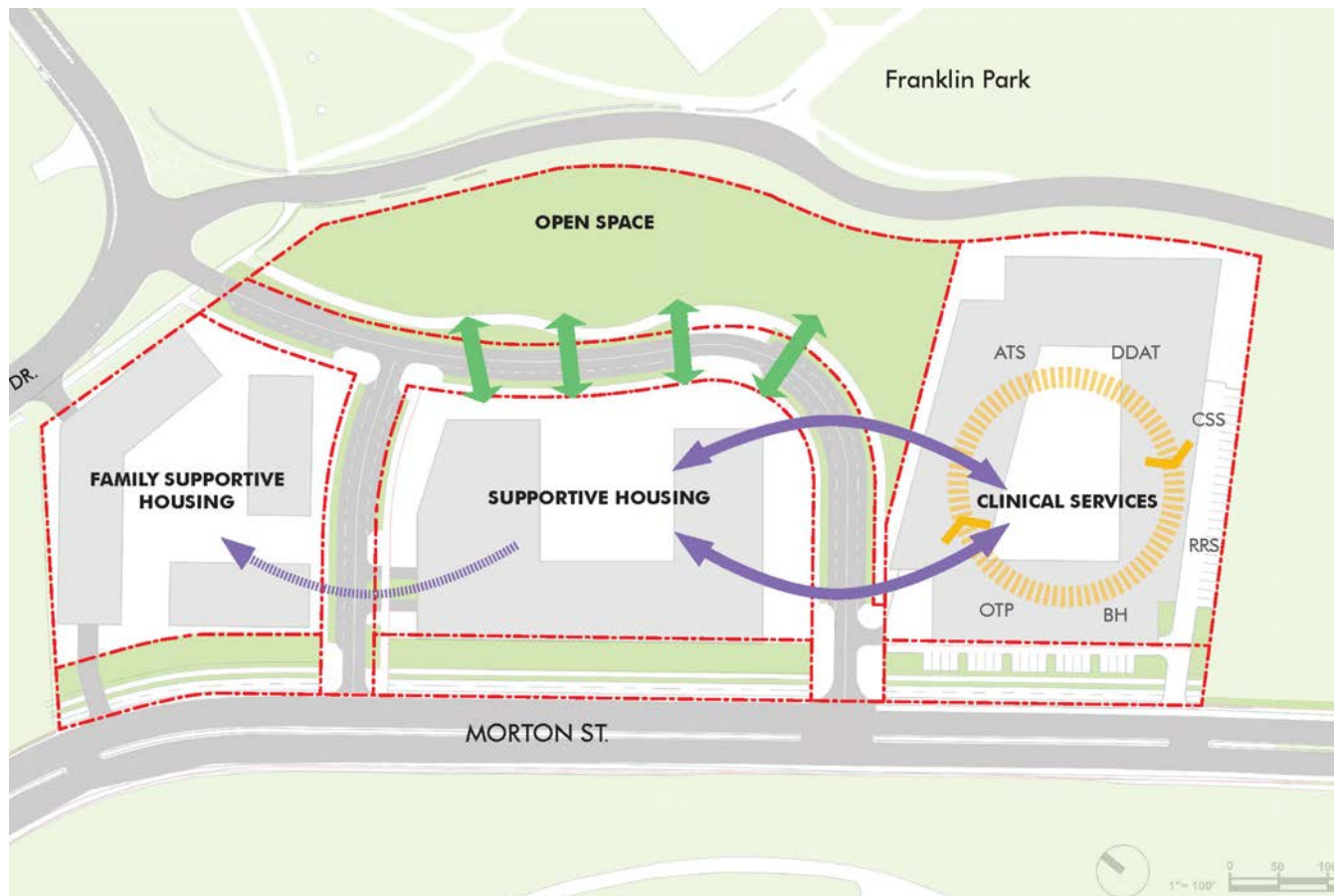
surrounding community for better access to overcome the site's current isolation, and for expanded open space opportunities that will better integrate the site with Franklin Park and its users.

As the Vision Plan itself declares, "The vision for the campus is a person-centered place, designed to promote health, reduce barriers to treatment and integrate care across physical and behavioral and housing systems, while also prioritizing connections with the natural environment that are compatible with neighboring Franklin Park." The Shattuck's development and design team fully expects to meet this mandate and exceed its aspirations.

Specifically, the site-wide planning goals the proposed plan aspires to achieve are:

1. Create a nurturing behavioral health community that provides a continuum of care and supportive housing for the site's clientele.

The programming and design of the new Shattuck site will provide a wide spectrum of behavioral clinical services for inpatient and outpatient clientele alike, as well as on-site emergency shelter, transitional housing, and supportive housing. This wide variety of services and facilities at the Shattuck site will allow a continuum of supportive care at one location. That is, as patients suffering from more acute behavioral difficulties begin to heal and recover, they can be supported on site not only with a variety of clinical services and counseling, but also transitional and supportive housing that will provide them a home in a safe environment. This full spectrum of clinical services and on-site supportive housing in one place will prevent many patients from having to seek off-site shelter or transitional housing elsewhere on their own. The site plan layout is crafted so that available clinical and counseling services are immediately proximate to and easily accessible to the supportive housing community.



Continuum of Care

- 2. Provide new individual and family supportive housing that benefits the wider community in addition to those recovering from behavioral health conditions

In order to complete the continuum of services and integrate the redeveloped Shattuck site into the larger community, the project will also include 200 units of individual supportive housing, to be developed in Phase 1, and 205 units of new family supportive housing, in Phase 2. The family supportive housing buildings will be no more than six stories in height and will be located at the edge of the site closest to the Forest Hills Station to provide convenient transit access. By locating these apartments in closer proximity to the Forest Hills Station (a 10 to 15 minute walk away), in the spirit of transit-oriented development (TOD), required on-site parking can be minimized for these residents. This housing will also serve as a bridge between the residential neighborhoods and the Shattuck site.

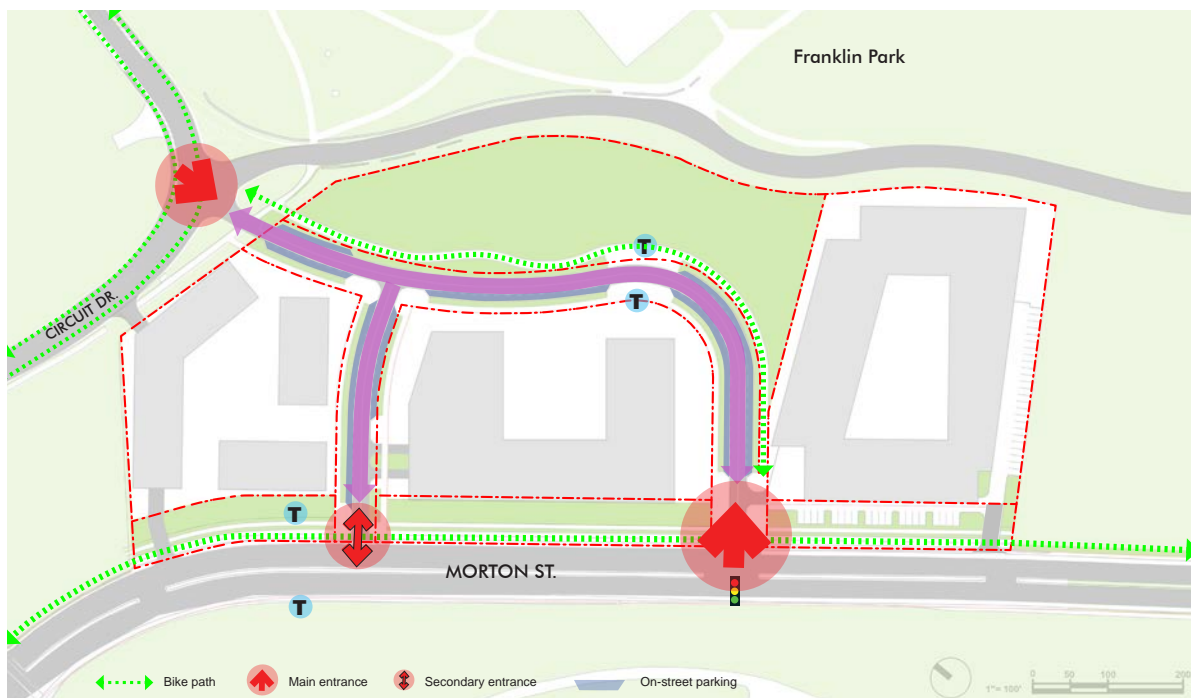
- 2. Provide new transportation connectivity and access both to the site and through the site for the surrounding community and adjacent park users that removes the present site's isolation and remoteness

At present, the Shattuck site feels isolated and remote from surrounding communities — e.g., a security guard station, fencing along its Circuit Drive edge, and limited pedestrian pathways through the site create a sense of distance from the surrounding environment. The redevelopment of the site will provide much more inviting access opportunities for all. For example, a new primary cross-site access street, directly connecting Circuit Drive and Morton Street at a new signalized intersection, will allow the public convenient and direct access to the site — whether as a pedestrian, cyclist, or motorist. This street will not only provide inviting site access but will also create a new neighborhood to park link. This new gently curving park-like street will be tree-lined and include both two-way bicycle lanes and curbside parking.

DCAMM DESIGN GOALS

- Safe and convenient multi-modal access to and through the Shattuck campus
- Site walkability and accessibility

We will re-create the site's portion of Morton Street as a multi-modal parkway to connect to recently improved bike facilities along the Arborway adjacent to Forest Hills Station, increasing safety for pedestrians and cyclists through multi-modal components, linking communities with the park. The new, signalized intersection at Morton St also makes pedestrian and bicycle connections to neighborhoods to the South and East that are in need of connections to the Park. MBTA bus access will also be improved with new bus stops provided along both Morton St. and within the site along the new access street.



Circulation and Connectivity

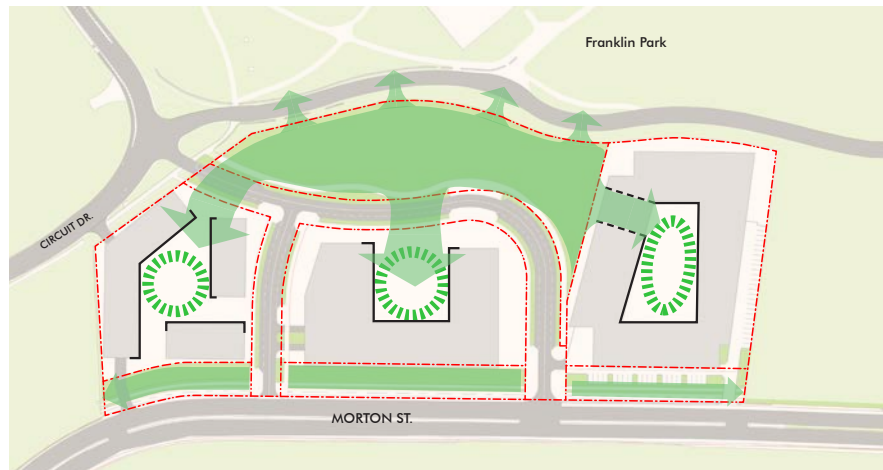
4. Provide new on-site landscaped open spaces and parks at the Shattuck site to serve both the site's clientele and the community at large. Also, by so providing rich new on-site landscapes, seek to drastically minimize the site's existing visual dominance by a sea of barren parking lots.

DCAMM DESIGN GOALS

- Reduced parking and its impacts on stormwater management and heat island effects
- Increased landscaped areas, more trees and native plant species

The new plan for the Shattuck site will provide a variety of new landscaped park-like open spaces and more private and protected courtyards — available to the site's clientele, the general public, and the users of adjacent Franklin Park. The gemstone of these new landscaped spaces will be a new several acre park alongside Circuit Drive and directly facing Franklin Park. It will feature a green terraced amphitheater stepping down to and facing the park and will be available as a gathering place for some of the site's clientele and the general public. These new green spaces will replace much or all of the existing site's barren parking lot hardscapes. This will be accomplished by providing much of the new necessary parking in the lower levels of buildings where they will remain largely invisible to site users and passersby.

New pedestrian and bicycle paths will also criss-cross the site. Additionally, more protected building courtyards and building green roof terraces will be available primarily for the site's patients and guests in a more secure and protected environment.



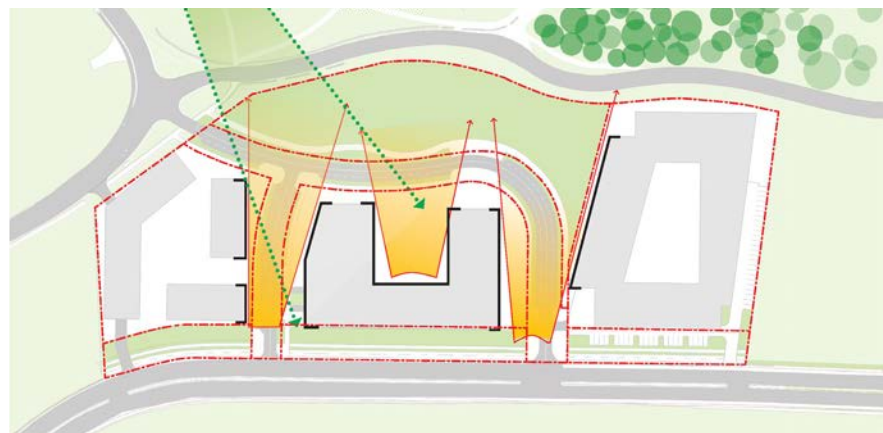
Improved Green Space Continuity Diagram

5. Provide new visual connectivity across the site to historic Franklin Park views and the broader Emerald Necklace

DCAMM DESIGN GOALS

- More porous, softer edges to the campus to open views of the Park

The site is designed to provide a porous landscaped edge along Morton Street and across the site by providing new cross-site view corridors toward Franklin Park. For example, along the edge of Morton St., just inside of the new sidewalks and bicycle track planned there, a new linear landscaped buffer strip will be planted to provide a green soft edge there. However, this new buffer will also provide porous views through the buffer and across the site toward Franklin Park. Additionally, both the new clinical buildings and the supportive housing buildings are oriented and angled to provide these broad view corridors to the park.



Enhanced View Corridors Diagram

6. Seek to achieve a modest architectural scale and use of richly colored architectural building materials that are compatible with the lower scale and gentle slopes of the adjacent Franklin Park and historic architectural materials vocabulary of the not-too-distant residential neighborhoods.

DCAMM DESIGN GOALS

- Balanced scale and character of buildings to complement the natural topography, integrate with the site, and promote a sense of welcome and healing

The design of the site's several new clinical and supportive housing buildings will be modestly scaled to better fit into the surrounding Olmsted-designed park and forested landscapes. This is in stark contrast to the taller Hospital Building and Nurses Residence Building that had long dominated the view of the site. No new buildings will be taller than six stories high at their tallest points.

A rich vocabulary of architectural materials will be used to provide a warm, uplifting and welcoming built environment for all.



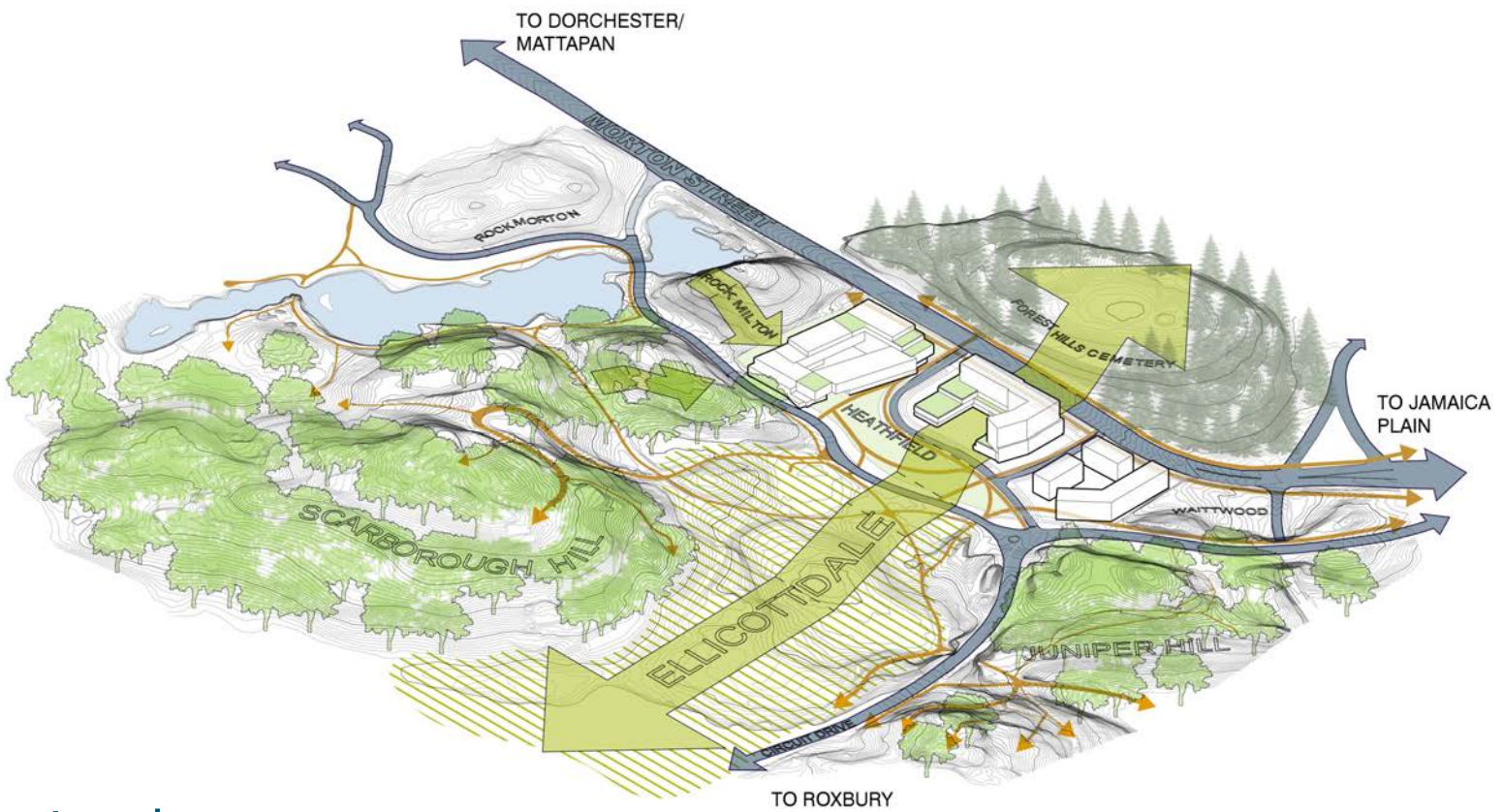
7. Embrace best practices in sustainability across the site's open space as well as its building design, construction, and future operations

DCAMM DESIGN GOALS

- Use of high-quality, sustainable materials and colors which reflect the natural environment
- Incorporation of renewable energy sources, green roofs, Dark Sky Best Practices, and Net Zero design

The Shattuck Coalition is committed to ensuring the redeveloped Shattuck site utilizes best practices for sustainability and resiliency in both site design and the design of individual building components. At the site level, this will include new plantings, particularly shade trees, along with a reduction of impermeable surface area, underground stormwater infiltration and aboveground stormwater impoundment, and dark sky best practices for site lighting.

All new buildings will incorporate Net Zero principles and be designed to operate with renewable energy — primarily electricity. Buildings will feature green roofs and/or solar panels; where rooftops are not utilized for sustainability or mechanical equipment, they will be appropriately colored to reduce heat island effect. The team is also exploring the feasibility of technologies such as a site-wide geothermal micro-district for heating and cooling. Additional detail on the sustainability commitments of BMC and its Developer Partners is included in more detail beginning on page 52. The Coalition partners will undertake a similar approach to the design and operations of the redeveloped Shattuck site.



Landscape Design

Open Space and Accessibility

In addition to the overarching site design goals discussed above, our concept has been informed by the desire to provide new green space that is accessible from and integrated with the adjacent fabric of Franklin Park. Our approach allows for more than seven acres of new green space for both active and passive uses, opening up new opportunities for members of local communities and park visitors from across the city.

Landscape Design Goals

The Health Needs & Services Assessment identified site-based reasons that the Shattuck property, and its relationship to Franklin Park, are ideal for a healing and restorative campus, while also providing new amenities to the broader community not available within the previous Shattuck Hospital setting. The assessment cites Rogerson Barton's research *The Importance of Greenspace for Mental Health* saying, "Green and open spaces promote

mental and physical health. People who live in areas with more green space have less anxiety, stress and depression, and greater well-being compared to those with less green space." This notion of creating new, inclusive landscape spaces of a variety of scales becomes the cornerstone of this proposal's landscape goals.

The Franklin Park Action Plan now underway by Boston's Park and Recreation Department looks to re-invigorate the park, most notably in the third of four study zones—Ellicottdale and The Wilderness. This area is immediately adjacent to the Shattuck site and therefore plays an important role in its character. One of the park's most historic vistas—the Upper and Lower Lawns—provides a greensward of open space that hosted lawn tennis just after the park opened, and currently serves active uses of baseball and softball. Expansion of the tennis courts and associated parking are contemplated in the plan draft, as well as limiting access of vehicles to the Circuit Road beyond the Shattuck site. All of these aspects of the Action

Plan are important components to be coordinated between the Action Plan and development on the Shattuck site.

The Landscape Design Goals start with these two documents, one by the city and the other by the state, to develop a strong fit between the Shattuck site and the Franklin Park. When realized, both the park and the former hospital campus will form a synergistic whole that captures opportunities of the new vision for a health campus with vibrant new resources for the surrounding community.

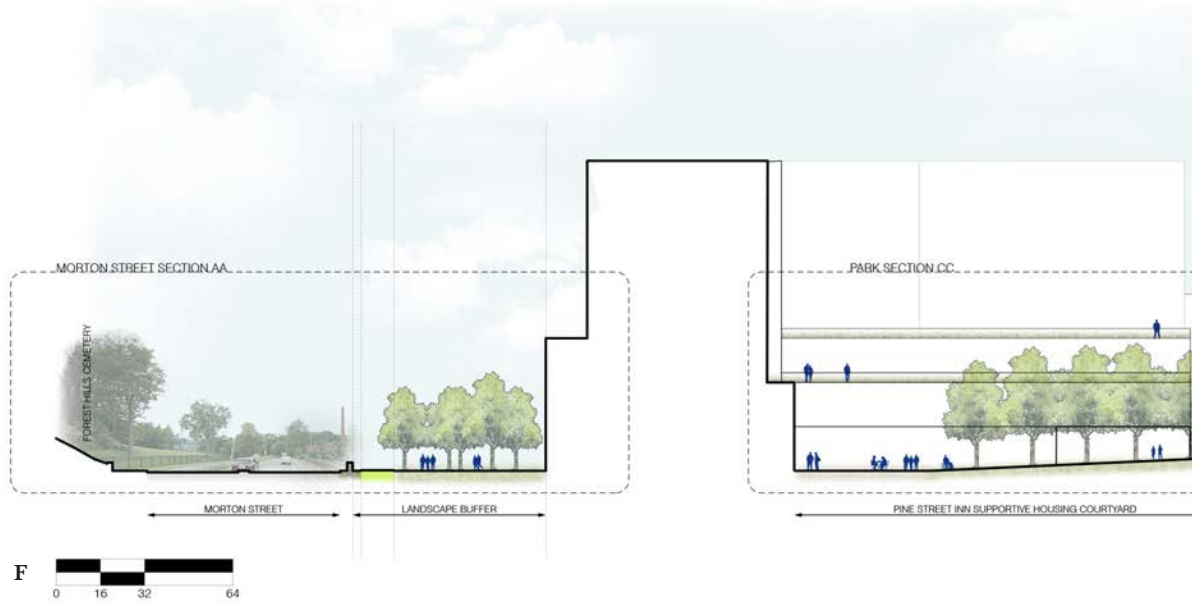
There are two proposals for the landscape at Shattuck Hospital: active and passive recreation programs. The active scheme includes an elliptical lawn that can be used for soccer or other games, pickleball courts and a shade structure with seating and swings that define the outdoor space. The passive scheme utilizes the elliptical space for community gardens with the grove to the south having bench seating and outdoor tables. The community garden use is extended with therapeutic vegetable gardening in the Supportive Housing courtyard.



Conceptual Scheme: Active Uses

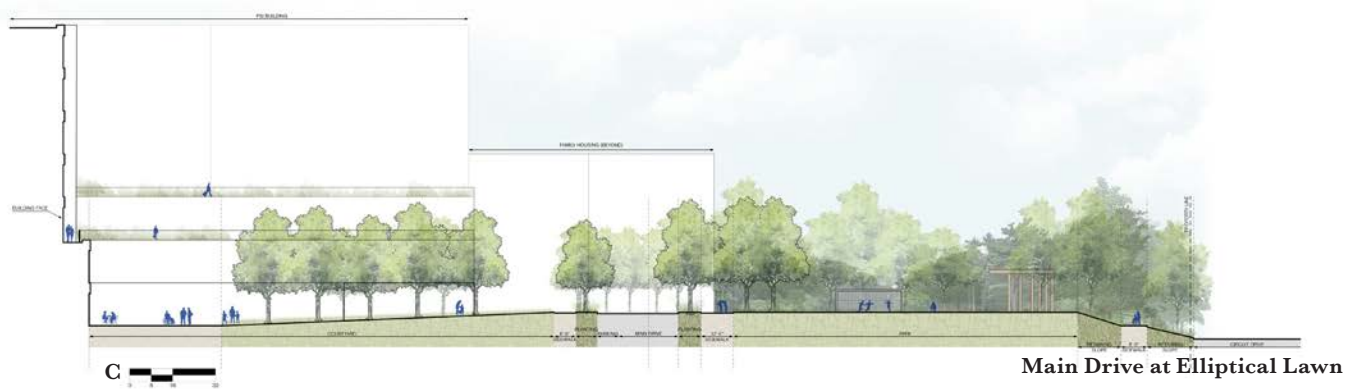


Conceptual Scheme: Passive Uses

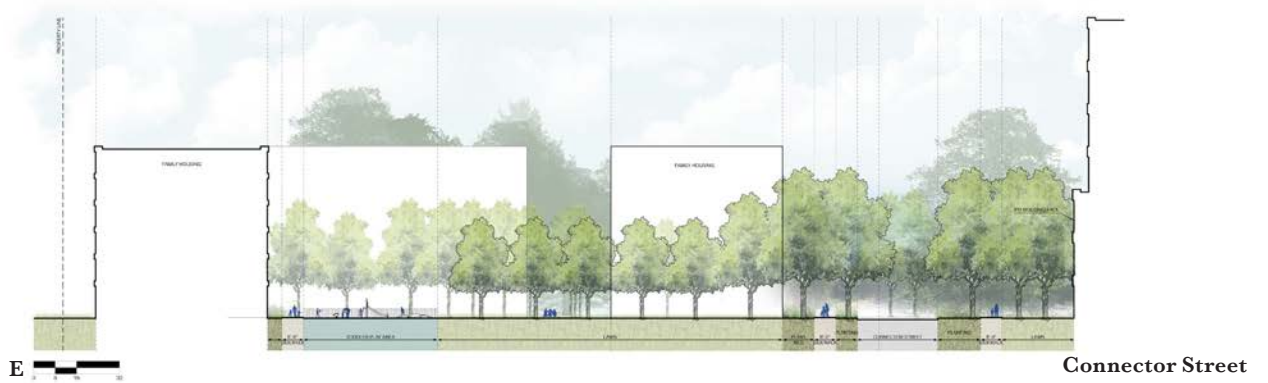




North/South Site Section



Main Drive at Elliptical Lawn

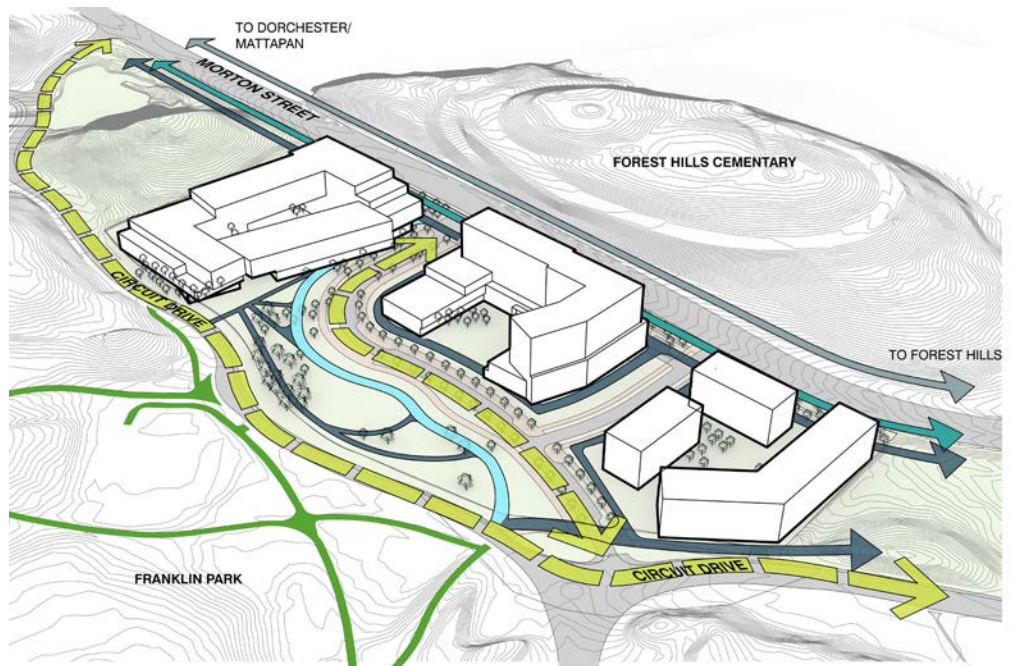


Connector Street

1. **Increase neighborhood and inter-park connectivity with the multi-modal connection of Main Drive from Morton Street to the Circuit Drive, and create additional pedestrian paths across the campus that link Morton Street and its abutting neighborhoods with the park.** Connecting to Morton Drive through a proposed, signalized intersection, Main Drive is the primary vehicular spine across the site. It begins at Morton with a city street character of parallel parking, landscape zones with street trees and wide shared sidewalks for pedestrians and bicycles on both sides of the street. As the drive emerges from between the buildings and enters the site's open space facing the park, the character of the roadway changes to be more like the Circuit Drive that it connects to at the northern end of the site. Here sloping granite curbs, rather than vertical ones, allow the driving surface to blend better with the adjacent ground plane. In areas near building entries, a zone of parallel parking and ride-share or shuttlebus lay-bys facilitate curb uses. Having stopped vehicles along the roadway helps reduce the driving speed and makes pedestrian crossings safer. Along with a smaller driveway connecting Morton and Main, a network of paths connect the various buildings and landscape spaces of the campus and make connections to the existing park paths of Ellicottdale.



- 2-way vehicular circulation around the site
- 2-way vehicular circulation through the site



- 2-way cycle track
- Pedestrian circulation
- Shared road (bike and vehicle)
- Shared path (bike and pedestrian)
- Existing sidewalk
- Existing Franklin park trail

2. **Re-create a visual connection between the restored Ellicottdale upper and lower lawns to the evergreen bosques of Forest Hills Cemetery.** The removal of Shattuck Hospital's tower offers an unprecedented opportunity to redefine the western edge of Ellicottdale's greensward lawns. By adjusting the massing of the new buildings it will be possible to look over the

Shattuck site and its buildings to see the evergreens of Forest Hills beyond. To compose the building volumes the team studied how views from the Upper and Lower Ellicottdale lawns are currently framed by existing trees at the Circuit Drive, and the modifications of them proposed by the Action Plan, and adjusted the siting and heights accordingly.



3. **Integrate the site's landscape with the park.**

Currently the hospital is separated from the park by the tall chain link fence, steep topography and explicit symbols of separation such as the guardhouse, security presence and service connections of the hospital's power plant to the Circuit Drive. The proposed redevelopment removes

these impediments to create a landscape and path system that re-integrates the site and park by keeping any required site safety fencing close to the building spaces where it is required, regrading the slope to become an accessible amphitheater overlooking the Ellicottdale lawns, and offering a new elliptically-shaped 2/3-acre level lawn space for passive

and active recreational uses. Existing paths of Ellicottdale that formerly terminated at the Circuit Drive are now continued across the Shattuck site and connect to Morton Street with cross-site circulation encouraged from the neighbors coming from that direction on foot or by cycle.



4. **Provide active and passive functions.** Opening the site to all is a key aspiration for this project, and to reinforce this idea it is important to create a variety of landscape spaces with wide-ranging scales, attracting people to use the site and make it part of daily life. Foremost among the landscape spaces is the elliptical lawn, recaptured from what had been surface parking, and sculpted through topography to make it more visible and physically accessible to the park. A framing shade trellis and bordering bosques of trees enclose the space at its southern and eastern ends, and provide a shaded prospect out to the park from the higher elevation of this site. This terrace invites active recreation such as pick-up games of soccer, football or frisbee, and is in the spirit of Olmsted's intent for the Ellicottdale lawns.

The slope between this space and the park is thought of as the front porch of project, a social space that encourages the mixing of park visitors with residents, staff and visitors of the development project. The slope itself becomes an informal amphitheater with benches following the topography, encouraging picnicking and passive enjoyment of the views into the park. Along the toe of the slope the team hopes to work with the Franklin Park Action Plan team to possibly provide further parking space and a linear, flexible plaza space along Circuit Drive facilitating more room for the impromptu tailgate socializing that now occurs at this end of the park. The plaza could be used for occasional events such as bi-weekly

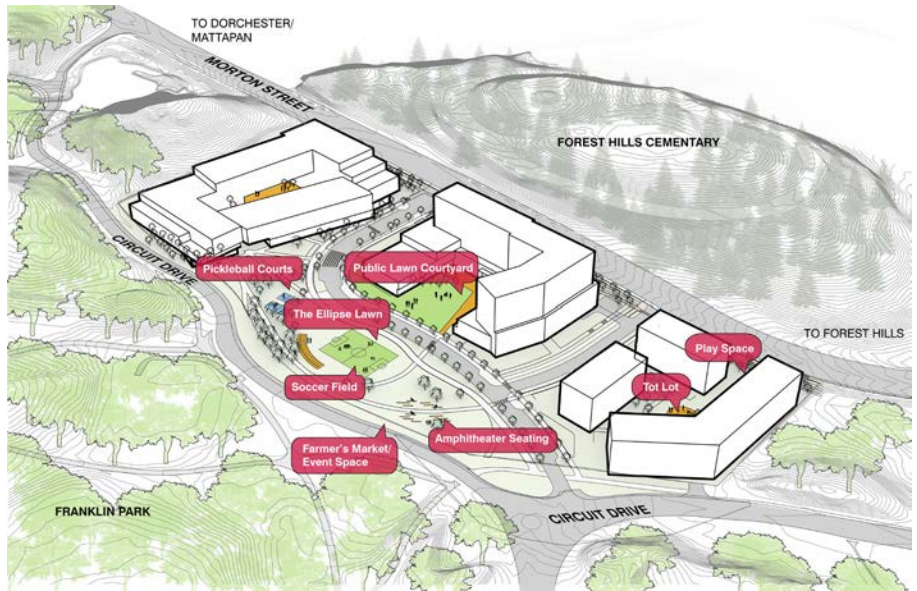


Diagram of Alternative, Active Recreational Uses

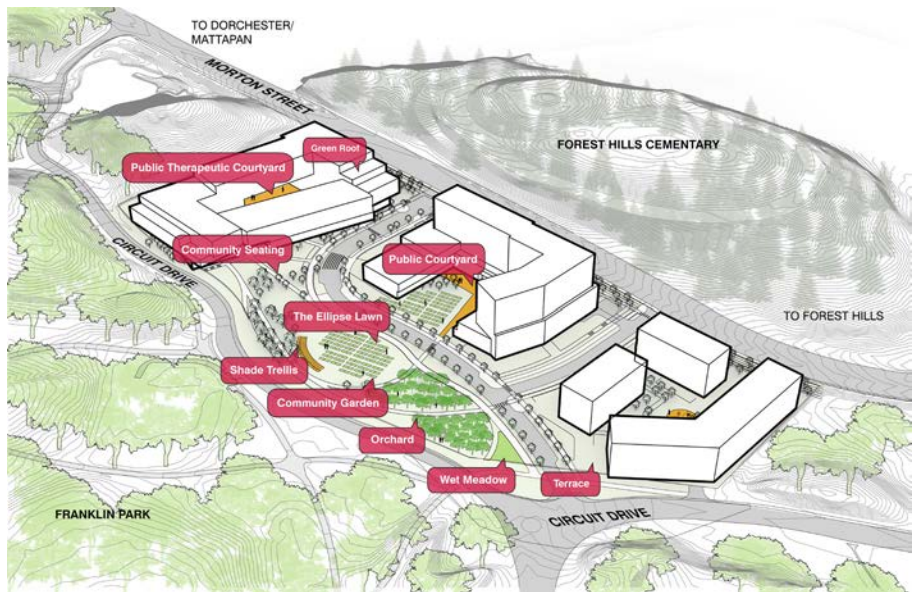
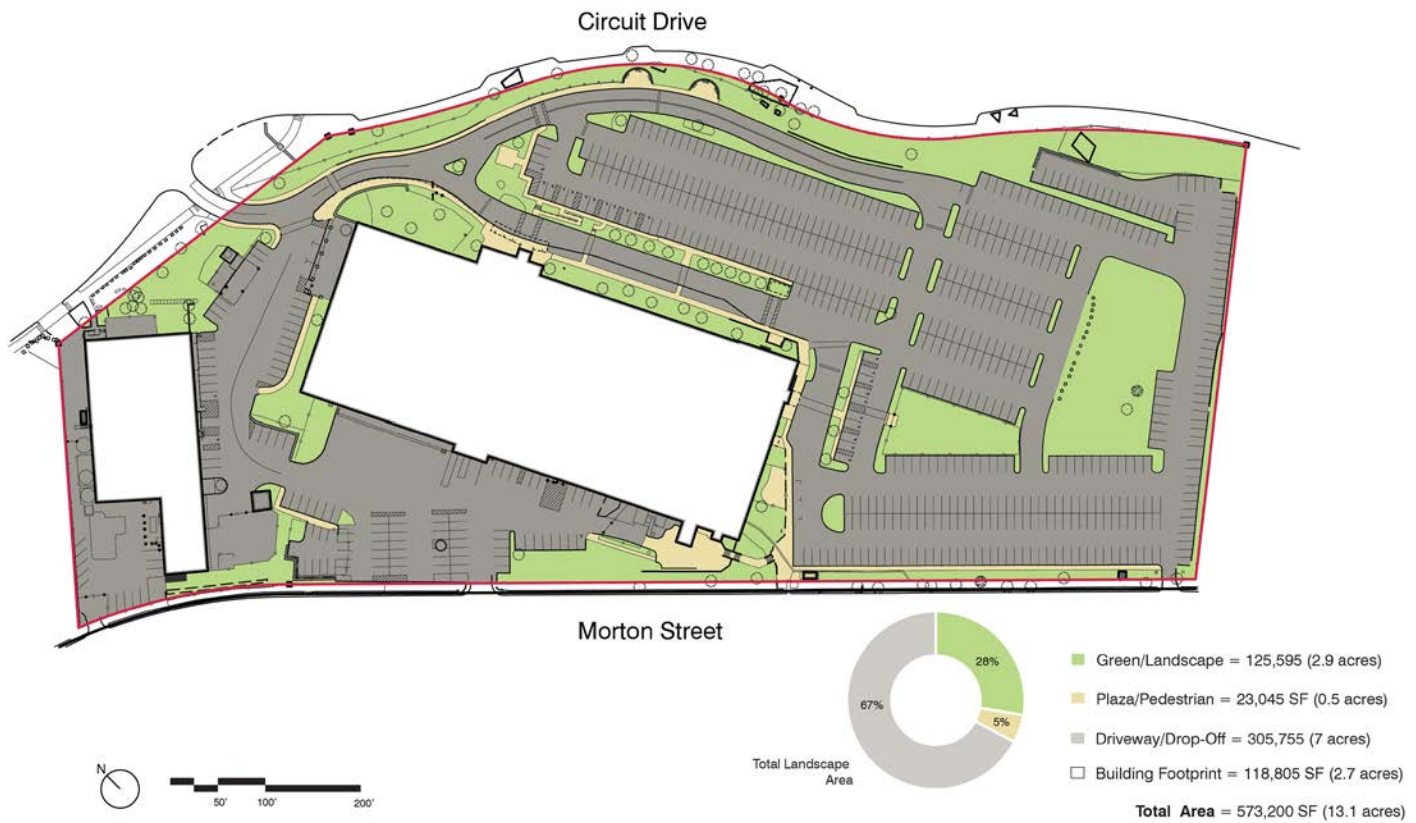


Diagram of Passive Recreational Uses

farmers' markets, festivals or celebrations occurring at smaller sizes than other places in the park would warrant. Also under consideration in this area is the creation of a pavilion structure that would serve both the park and development site and

accommodate restrooms, and small-scale retail such as convenience store or snack bar functions. Such a structure would be in keeping with the architectural elements of the park and be designed in coordination with the Parks Department and Action Plan.



5. **Create publicly-accessible smaller spaces that serve clinical, supportive housing and public populations.**

These smaller spaces allow respite from the clinical and therapeutic activities, as well as offer the public spaces to be away from busier recreational activities for reading and smaller gatherings. In the proposal these spaces occur as courtyard spaces within the building, meant to bring nature into architectural spaces and to have outdoor space immediately available to building occupants, while also offering exterior waiting spaces or lunch spots outside. Within the larger landscape smaller spaces are tucked into the plan as edge places in the tree groves that define the ellipse and open courtyard space, as well as along the slope leading into the park. The streetscape at the Morton Street campus entry is a more

urban version of this with benches and a transportation shelter as part of the driveway amenities. As the residential component of the project houses both individual and families, it is anticipated that small play spaces will also be included, as there will be both fenced-in areas for children and more sculptural features in the broader features in the broader landscape that can function for play.

Individual aspects of the clinical and supportive housing programs also have a need for access to landscape space, many of which need additional security controls. These spaces are located across the campus on rooftops of the buildings, providing close and ready access to the populations that they serve, but also easily satisfying the varying safety and security enclosures needed.

6. **Through resiliency and sustainability, redesign how the site functions.**

Resiliency and sustainability are wide-ranging topics, but as components of the landscape focus is on ecological improvement, stormwater management and permeability, reduction of heat island effect at parking and pavement areas, and lighting concerns. Converting the site from a mostly paved or roofed parcel to one that has large landscape spaces and green roofed buildings will be the most significant aspect of environmental sustainability in this project.

The introduction of more planting, particularly shade trees, as suggested by the Franklin Park Action Plan and with preference for native, resilient, and habitat-enhancing species is foremost among the landscape resiliency initiatives. While



creating spatial boundaries for landscape spaces and visual interest through color, texture and seasonal effects, trees play important roles. Their shade is paramount in creating cooler atmospheric conditions on site and in the park. As we develop the specific planting design and choose species, we will draw on continual research about the effects of global warming on 'species migration' that is happening among North American trees in order to ensure long term survivability and resiliency. The proposed planting includes several different landscape types or "habitats" (meadow, wet meadow, woodland, etc.) endemic to the region and the Park. These will be especially important to promote species diversification at the edges of Franklin Park.

Transforming the existing impermeable pavement and roofs into more vegetated landscapes and permeable plazas and vehicular spaces are another important component of landscape sustainability. Through appropriately colored pavement at plazas, parallel parking spaces and parking lots, glare, heat absorption and urban heat island effect become mitigated while also giving the possibility to reflect the material palette of the park and our region through material choices. In the larger surface parking lots giving over a robust amount to create a strong presence of treed landscape that creates shaded 'parking rooms' and visually breaks up the monotony and scale of large surface lots and reduces urban heat island effect is an important component

to the Morton Street edge of the project. The design of driveways and parking can utilize underground stormwater infiltration and above ground wet meadow stormwater impoundment as a feature in the landscape, and, where possible, consideration of bioswales rather than below-grade stormwater conveyance in landscape areas is another key component of proposed landscape sustainability.

Finally, the deployment of green roofs on buildings as both occupiable (extensive) and inaccessible (intensive) roof types as well as other green building practices, such as reuse of roof runoff for irrigation and strict adherence to Dark Sky Best Practices for site lighting, are important features that will round out the landscape sustainability strategies.

A Track Record in Sustainable Design and Operations

Boston Medical Center

BMC has taken great strides to establish itself as a leader in the mitigation of environmental impacts, beginning with the 2012 BMC redesign project to improve the hospital's energy efficiency and reduce its greenhouse gas emissions. This initial effort led BMC to a multi-pronged approach focused on shrinking square footage through campus consolidation, investing

in clean energy alternatives, and pioneering green campus projects. From 2014 to 2017, BMC reduced its campus by 329,000 square feet, bringing the campus to 2.1 million square feet. This consolidation has saved BMC \$25 million a year through increased energy efficiency and streamlined building operations. In addition, BMC has invested in clean energy alternatives, with major results. In 2017, a co-generation (co-gen) power plant was installed on the roof of the Yawkey Building which has benefited the hospital's energy supply in a multitude of ways. The co-gen power plant provides 43% of the hospital's electrical needs and 30% of its heat, reducing reliance on conventional energy supplies. It is also contributing to the hospital's

bottom line, saving BMC \$1.5 million in energy utilities each year. The natural-gas-powered reciprocating engine not only supplements the hospital's energy supply but also uses its waste heat to provide heat to the hospital and its hot water supply. Where a conventional power plant operates at about 35% efficiency, a co-gen power plant, with its ability to utilize waste heat, operates at 70% efficiency. The rooftop power plant can operate off the grid, powering the hospital's inpatient unit for months if necessary. With superstorms and flooding being a more present threat to urban environments, this capability allows the hospital to sustain its operations in the face of a natural disaster.



BMC Rooftop Farm

In keeping with best industry practices, BMC currently is in the process of adapting a building constructed in 1973 to serve as a modern, efficient inpatient psychiatric facility in Brockton. We upgraded the building envelope with all new, high-performance windows and insulation, installed 250kw of rooftop solar panels and another 250kw of solar parking canopies. We electrified the full building and installed geothermal heating and cooling systems, including about 88 500-foot-deep wells on the property. Upon completion of the building this fall, 100% of the facility's energy needs will be produced on site, thereby making it the first truly net-zero for energy inpatient behavioral health hospital in the country.

BMC has also sought out opportunities to marry its sustainability efforts with direct community impact. BMC's Rooftop Farm, housed in a 2,658-square-foot space on top of BMC's power plant, grows more than 5,000 pounds of vegetables and leafy greens each year. This produce is funneled directly into the community through cafeteria and inpatient meals and weekly distributions to families using the hospital's Food Pantry. A weekly farmer's market held in the Shapiro Building provides additional opportunities for the local community to bring home these vegetables. Beyond its nutritional benefits, the expanse of green helps to mitigate the heat island effect in BMC's South End neighborhood. In urban populations, temperatures can be up to 22 degrees warmer in the environment, however, the farm acts as a buffer to the heat island effect and helps to reduce the greenhouse gas emissions that are released by the hospital. BMC would create an extension of the Rooftop Farm at its new Clinical Services facility at the Shattuck site, allowing patients to actively participate in food production.

Beyond energy conservation efforts on campus, BMC is at the forefront of virtual power purchase agreements, a method of investing in clean energy

projects in other parts of the nation to help offset the hospital's carbon emissions in the Northeast. BMC partnered with the Massachusetts Institute of Technology and the Post Office Square Redevelopment Corporation to invest in Summit Farms, a 650-acre solar farm in North Carolina, via a 25-year power purchase agreement. The 146 gigawatt-hours of emissions-free power generated by the solar farm each year will result in a reduction of 119,500 metric tons of carbon dioxide emissions—the equivalent of removing 25,250 cars from the road. Summit Farms is the largest renewable-energy project ever built in the U.S. and serves as a partnership model for other organizations working to mitigate climate. The solar farm began delivering power into the mid-Atlantic grid in January 2017. BMC is committed to purchasing 26% of the power generated by the solar array, which is equivalent to 100% of BMC's projected electric consumption. In all, the hospital's energy conservation efforts have reduced its greenhouse gas output by 93% while more than halving its annual utility expenditure from \$17.2 million in 2011 to an estimated \$8.5 million in 2019. Additional operational sustainability efforts include closely tracking, reducing, and composting the food waste in its kitchens to lighten its impact on landfills, recycling old debris during construction projects, and pursuing the electrification of its vehicle fleet.

BMC's commitment to sustainability has been met with praise and accolades from within the health care sector. In 2017, BMC received two awards from Practice Greenhealth for "Circle of Excellence in Energy" and as one of the "Top 25 Greenest Hospitals Nationally." That same year, BMC was also recognized by Becker's Hospital Review as being one of the "60 Greenest Hospitals in America." In 2018, BMC received the "Top 25 Environmental Excellence Award" from Practice Greenhealth. Robert Biggio, Senior Vice President

of Facilities and Support Services of BMC has been an instrumental leader in the achievement of BMC's sustainability goals. In 2015, Mr. Biggio and Kate Walsh, President & CEO of BMC, were recognized with the "Norman B. Leventhal Environment Award for Excellence in City Building" by A Better City and helped elevate BMC to garner the "2014 Energy Project of the Year Award" from the New England Chapter of the National Association of Energy Engineers. Most recently in July 2022, Mr. Biggio represented BMC at a White House roundtable discussion on climate change and carbon reduction in the health care sector. Along with 60 other leaders in the industry, BMC committed to the Health Sector Climate Pledge that aims to reduce greenhouse emissions by 50% by 2030 within the health care sector. This pledge also outlines work to increase resilience to climate change, decrease costs, and safeguard public health. This historic pledge will require BMC to further confront its environmental impact and implement practices to help realize these ambitious goals.

BMC's ultimate goal is to erase its environmental footprint, achieving Net Zero while being the best possible steward to the community that it serves. This has been demonstrated by the hospital's extensive efforts to reduce its campus size, invest in clean energy alternatives, and develop innovative approaches to sustainable operations. BMC is a leader in sustainability and strives to contribute to a greener, more healthy future. We share these values with our Developer Partners and will ensure that both the site and all buildings on the redeveloped Shattuck campus contribute to the Commonwealth and the City of Boston's overarching sustainability and resiliency goals.

Jamaica Plain Neighborhood Development Corporation (JPNDC)

JPNDC approaches green design and energy efficiency in operations as part of a comprehensive approach to equity and sustainability. JPNDC is constantly increasing the energy efficiency and reducing the carbon footprint of its housing development and operations. This ensures that our residents (primarily people of color) do not bear a disproportionate impact from climate change.

Designing new buildings for maximum energy efficiency serves two goals: it reduces the carbon footprint of operations and it helps make our housing more affordable to low-income households.

All new construction by JPNDC is built to Passive House standards. Passive House is the world's leading standard in energy efficient construction.

The Passive House Standard stands for quality, comfort and energy efficiency. Passive Houses require very little energy to achieve a comfortable temperature year round, making conventional heating and air conditioning systems obsolete. While delivering superior levels of comfort, the Passive House Standard also protects the building structure.

In addition, all new construction is solar-ready and PV panels are installed wherever feasible. JPNDC incorporates solar thermal (to heat hot water) when feasible.

PASSIVE HOUSE CRITERIA

Space Heating Demand	not to exceed 15kWh annually OR 10W (peak demand) per square metre of usable living space
Space Cooling Demand	roughly matches the heat demand with an additional, climate-dependent allowance for dehumidification
Primary Energy Demand	not to exceed 120kWh annually for all domestic applications (heating, cooling, hot water and domestic electricity) per square meter of usable living space
Airtightness	maximum of 0.6 air changes per hour at 50 Pascals pressure (as verified with an onsite pressure test)
Thermal Comfort	Thermal comfort must be met for all living areas year-round with not more than 10% of the hours in any given year over 25°C

For detailed criteria, please see www.passivehouse.com

JPNDC Commitment to Energy Efficiency in Operations

JPNDC has received recognition from the U.S. Department of Housing & Urban Development for its tremendous success in reducing energy usage more rapidly than other owners and operators of affordable housing and reducing its energy use by 20% in less than 5 years as part of the Better Buildings Challenge. The Better Buildings Challenge is one component of the Better Buildings Initiative, through which DOE partners with more than 900 public and private sector organizations to make commercial, public, industrial, and residential buildings more efficient, thereby saving energy and money while creating jobs.

JPNDC is one of the market leaders partnering with DOE and HUD to set portfolio-wide energy savings goals and share their efficiency strategies. To date, Better Buildings partners have saved more than \$15 billion in energy costs, resulting in over 150 million metric tons of avoided carbon emissions.

Kelly Speakes-Backman, principal deputy assistant secretary for Energy Efficiency and Renewable Energy,

U.S. Department of Energy, in congratulating the 2022 Better Buildings Goal Achievers, said, "By saving energy and sharing their proven real-world solutions, these partners are leading the charge toward a clean energy economy while helping other organizations learn from their success."

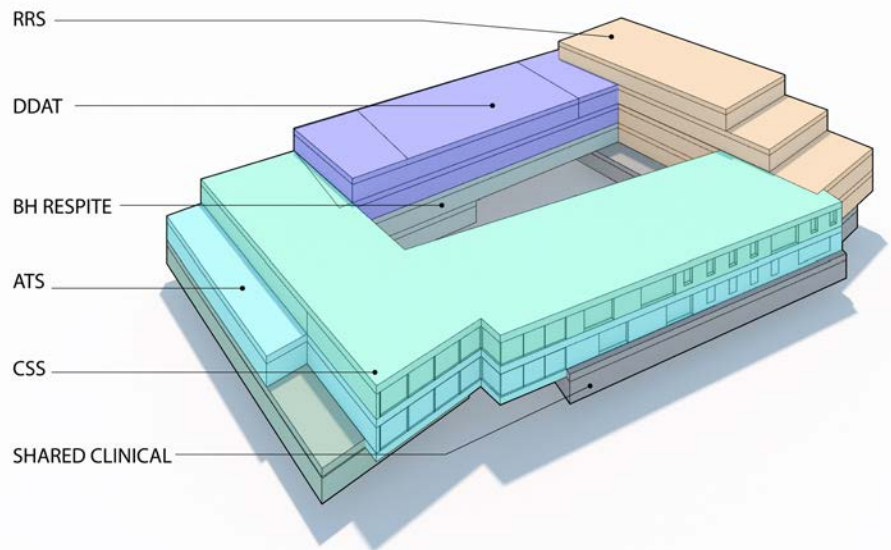
The Community Builders

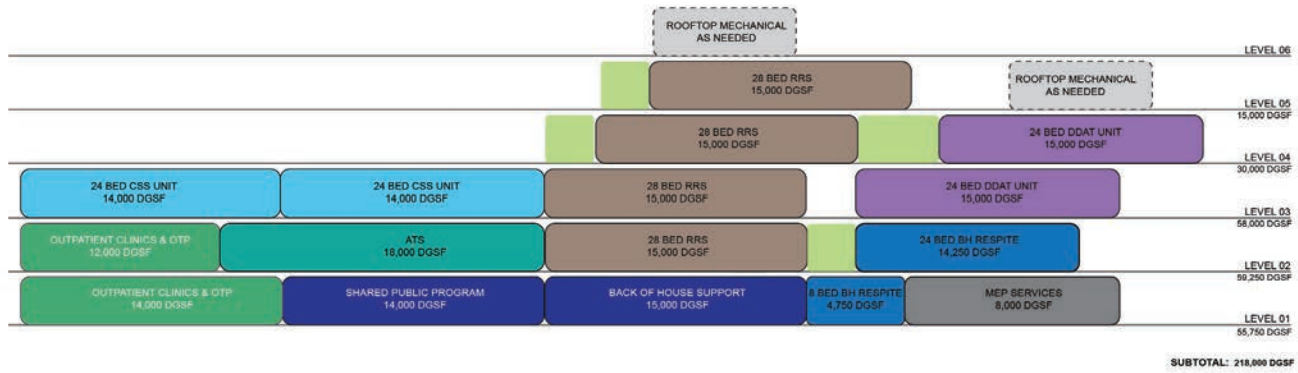
The Community Builders adheres to the principles of sustainable, green design for all new development projects. TCB is a national leader in developing green affordable housing. As a company, we have committed that every new building we construct will meet the Enterprise Green Community standard. Enterprise Green Communities is a green building program designed specifically for projects including affordable housing, and incorporates principles of both sustainability and racial equity. Many buildings that we have developed have gone further, meeting LEED Gold or Platinum status, and a growing number meet Passive House standards. TCB has also committed that every building will be designed as solar ready, and the great majority involve installing solar panels before residents move in.



Design Approach: Clinical Services

This project is about much more than designing a new campus. It has the potential to break barriers and forge new pathways for Boston's most vulnerable. Every detail behind this endeavor is critically important — from the siting of the buildings to the locations of the patient rooms. This facility will serve as the foundation for deconstructing stigma and embracing with open arms while paving the way for someone's future.





Clinical Services Building Design & Organization

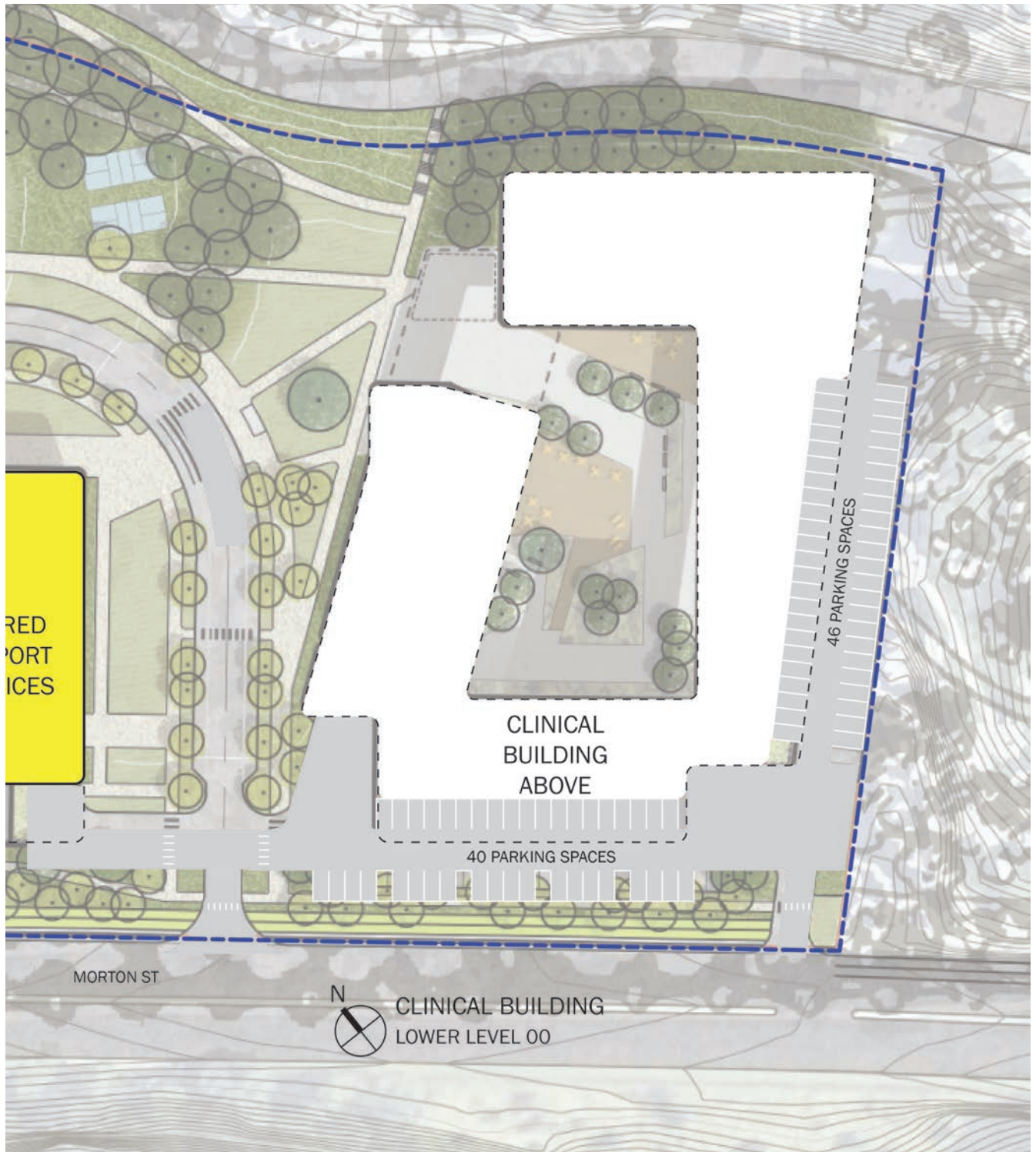
The services within the clinical building will help people return to living productive and independent lives in the community. The patients' journey and, therefore, the building, should be celebrated. The clinical building is located adjacent to the community green space, an extension of Franklin Park. A parkway meanders through the site from Circuit Drive and visually ends at the clinical building. Just as the users are the focal point of the project, the clinical building is the focal point of the site. The community green extends into the center of the clinical building as a semi-private courtyard and focal point for the clinical building. It acts as a community builder within the building. Patients, staff, and visitors can visually and physically access this courtyard. The building embraces both the users and nature to enhance a therapeutic environment tied to nature. Similarly to the care units

within the building, this community courtyard will have spaces for socialization, contemplation, and respite. In addition to the community courtyard on the ground floor, smaller outdoor spaces have been created on the upper levels so that each unit can have direct access to smaller outdoor spaces without moving down to the lower levels. This is especially important for the higher acuity units — patients who are unable for various reasons to access the lower courtyard on a daily basis will be able to access the upper terraces more regularly.

Access to this building happens in several different ways. The main entrance is located at the visual end of the parkway drive and will be highly visible and welcoming. The main entrance will be used by any walk-in patients, visitors, family, staff, and Residential Rehab patients who might also receive services from the community. An important service along the continuum of care, the outpatient clinics and OTP programs are located along Circuit Drive and

will have their own entrance. OTP patients will be able to come and go quickly and discreetly to receive daily treatment. This entrance is also located near the bus stop that is situated on the site. In some cases, patients will arrive to the site via emergency vehicle. Drop-off from emergency vehicles will occur along the west façade near Morton Drive. Drop-off will lead directly into an Intake and Assessment department. The final entrance to the building will be for goods and services that come and go via the loading dock area. Access to this entrance occurs off Morton St. at the southwest corner of the site. Delivery trucks will be able to come and go without disrupting the park-like feel of the parkway drive. Immediately adjacent to the loading dock will be programmatic departments that rely on constant delivery and removal of goods such as food service and the pharmacy.

The following is a breakdown of programmatic departments per floor:



LOWER LEVEL 00 PLAN



GROUND FLOOR

Public:

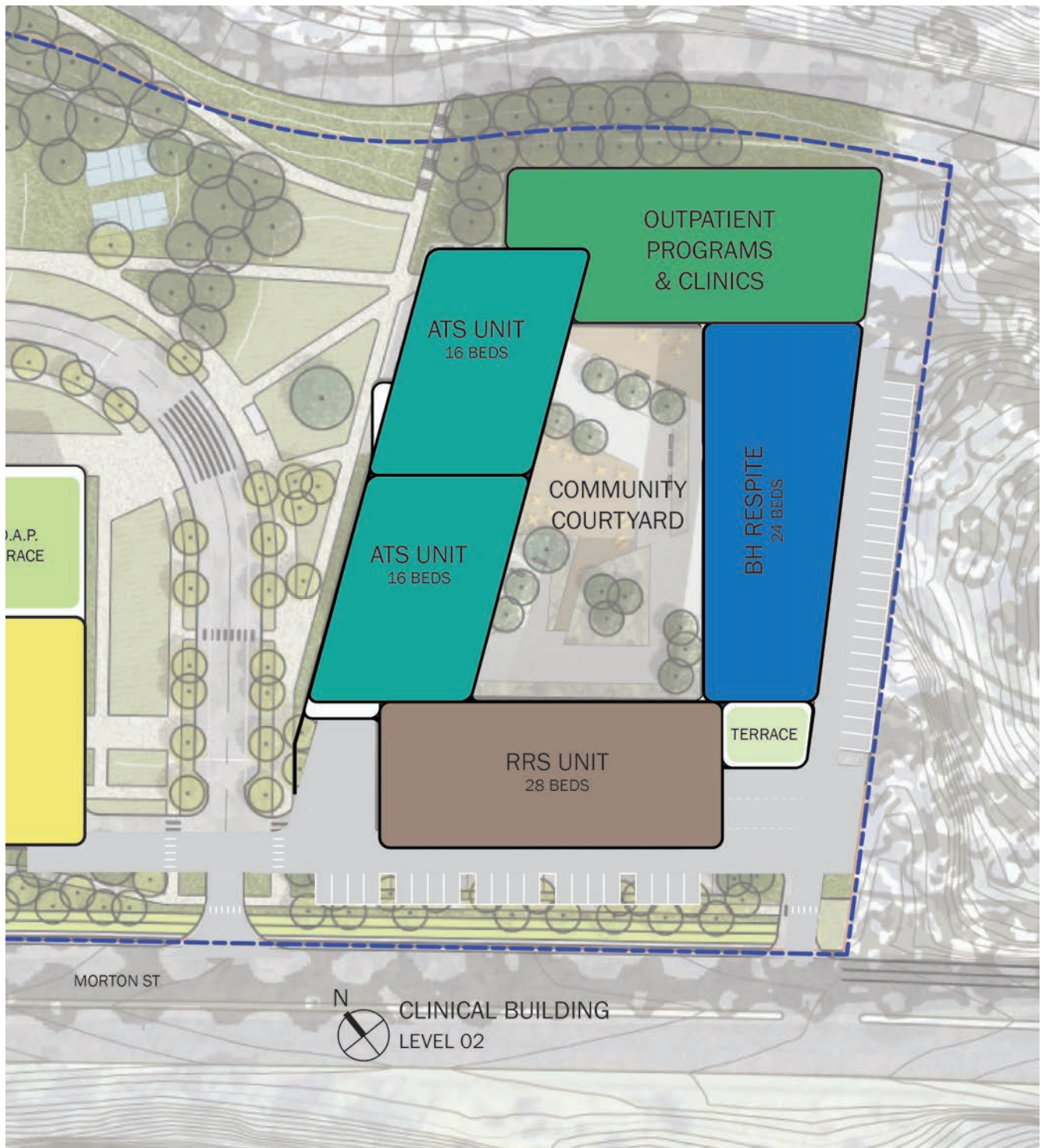
Lobby, Entry, Waiting and Reception, Education and Conference Center, Fitness & Wellness, Administration Intake and Assessment

Clinical:

Outpatient Clinics & OTP Services, 8 Bed Behavioral Health Respite Specialty Unit

Back of House:

Pharmacy, Dietary, Maintenance, Security, Materials Management, Environmental Services



LEVEL 02

Clinical:

Outpatient Clinics, 24 Bed Behavioral Health Respite Unit, 32 Bed Acute Treatment Services Units (x2 16 bed units), 28 Residential Rehabilitation Services Beds



LEVEL 03

Clinical:

48 Bed Clinical Stabilization Services Units (x2 24 bed units), 24 Bed Dual Diagnosis Acute Treatment/Inpatient Psychiatric Units, 28 Residential Rehabilitation Services Beds



LEVEL 04

Clinical:

24 Bed Dual Diagnosis Acute Treatment/Inpatient Psychiatric Units,
 28 Residential Rehabilitation Services Beds



LEVEL 05

Clinical:

28 Residential Rehabilitation Services Beds



ROOF

Key Design Strategies

TRAUMA INFORMED & EXPERIENTIAL DESIGN

1. Dignity and Choice and comfort

The units will be designed with dignity, choice, and comfort in mind. A variety of activity spaces at different scales, at different locations, and with different types of seating will be provided on each unit. This will allow patients choice and control over their environment and level of social engagement. Providing flexible environments in which users have control over and are able to modify is important in creating a therapeutic environment.

2. Access to Nature

Access to nature, both visually and physically has been proven to reduce average length of stay and expedite recovery. Both patients and staff will have access to nature in a variety of ways and at different scales within the clinical building. The center community courtyard will serve as a place for larger community gatherings, movie nights, cook outs, and recreation. In addition, each unit will have direct access to an elevated outdoor terrace. This terrace will be more readily accessible and less staff intensive to utilize daily. Lastly, each unit will have access to a smaller secure porch. The porches are located within view of staff areas so passive supervision will allow patient access at any time. The porch will allow the highest acuity patients the opportunity to step outside to feel the sun, wind and rain.

Visually, each patient bedroom and most activity/therapy spaces will also have a view to green space. This includes either the internal courtyard, the cemetery to the west, the forested groves to the south and Franklin Park to the east. Views to the surrounding nature will be considered when organizing interior program and circulation as well. It will inform the interior organization and layout of the units to maximize views to greenspace.

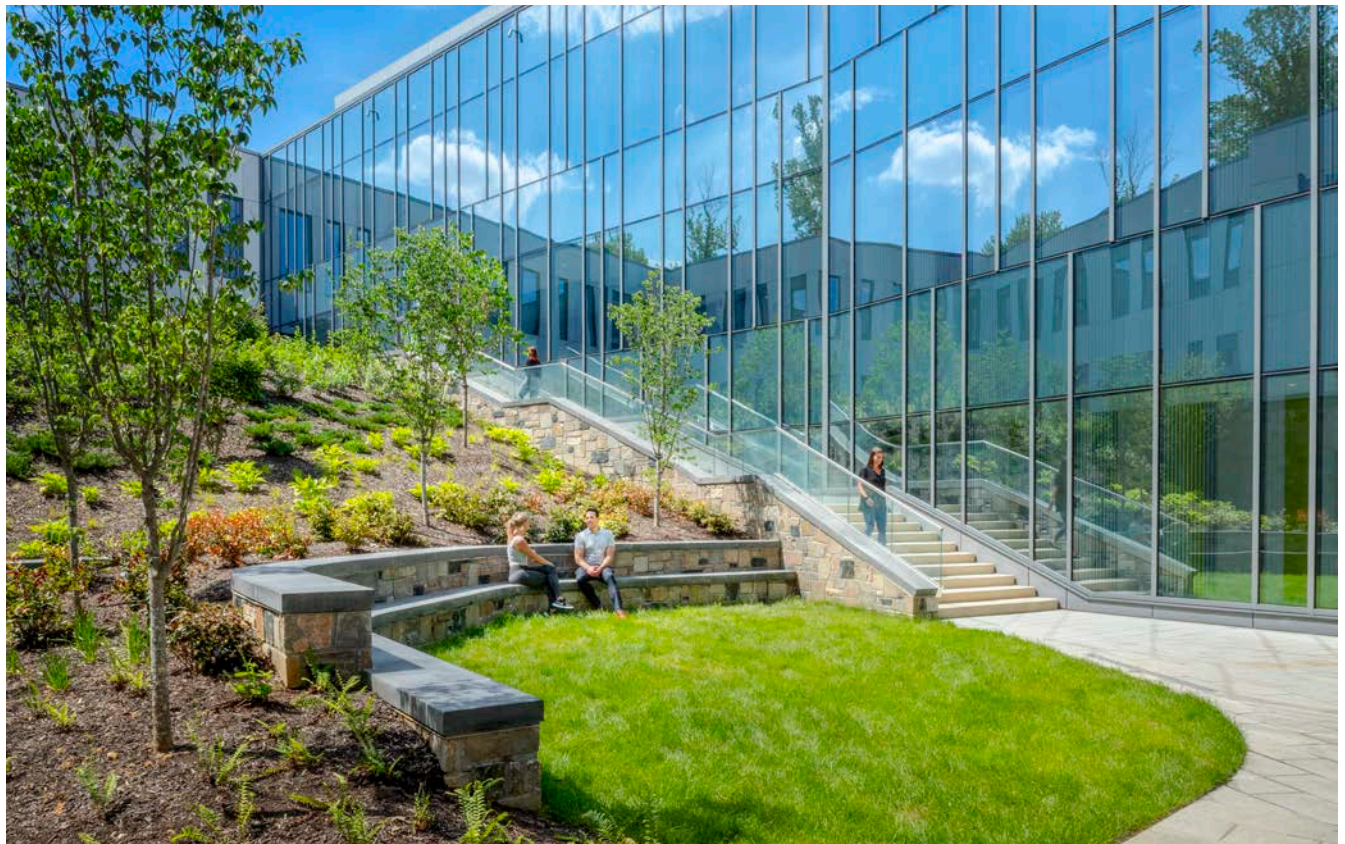
SAFETY

Wayfinding, clarity of circulation, durability of materials, appropriateness of finishes, fixtures and furniture, overall unit design and layout and technology all play a role in safety of the patients and staff within the clinical building. Patients within the clinical building will have various abilities to come and go depending on their individual program and progress. For example, the Inpatient Psych Unit/Dual-Diagnosis Addiction Treatment program will be a secured

and locked unit, while patients in the RRS program who are further in recovery will have the ability to come and go during the day with certain restrictions. Participants in outpatient programs will have the ability to come and go for appointments only with no restrictions. It will be important for clear wayfinding and separation of user circulation to ensure the safety of patients, staff, and visitors. It is important for the materials, finishes, products/fixtures and furniture selected to strike the right balance between cost, life cycle, durability, and the creation of a therapeutic environment. Several products have been brought to market over the last decade whose focus is on de-institutionalizing the inpatient behavioral health environment. However, the marketing of the products is sometimes untested for safety and durability. This project will utilize several design guides and third-party testing agencies to make informed decisions to ensure the interior environment is safe, appropriate and healing. These guidelines include the FGI Guidelines, the Behavioral Health Design Guide, OMH Patient Safety Standards, Materials, and System Guidelines and the VA Design Guide for Inpatient Mental Health & Residential Rehabilitation Treatment Program Facilities. In addition, the unit layouts and technology are another tool that can not only align with the model of care, but enhance patient and staff safety. The unit layout will provide staff the opportunity for passive supervision and awareness of activities taking place. Technology can aid in staff being out in the patient milieu more hours a day and control access of who and when to certain off unit amenities like the wellness center. All of these factors help create a campus and building that can successfully manage the different users and security layers that will be present in a safe and therapeutic manner.



Dignity & choice of environment reinforces the individual's sense of personal identity and ownership. Both individual spaces and collective spaces will be provided for privacy and social interaction as needed.

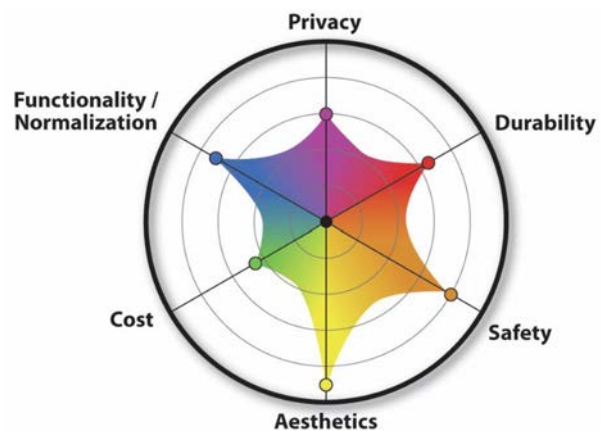


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Connection to nature has been shown to reduce average length of stay and increase recovery times of patients with mental illness.

→

Finding the right balance between the 6 items noted in the diagram to the right is important to creating a therapeutic environment that is safe for both patient and staff.



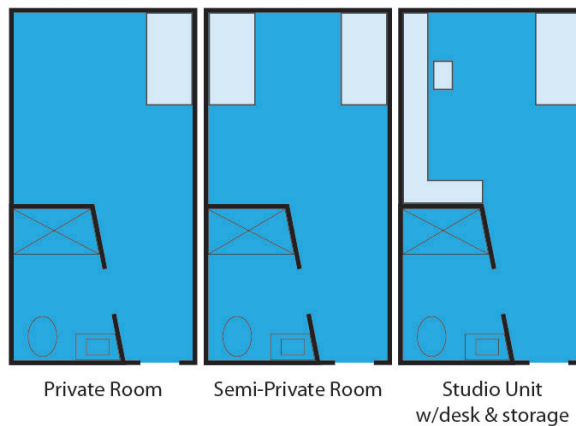
FLEXIBILITY / ADAPTABILITY

Advances in the treatment of care for behavioral health conditions along with the constantly developing continuum of care mean that change for this building typology and the services within is inevitable. Thinking about and planning for future flexibility and adaptability is essential for the longevity of the campus and buildings. At a large scale, the unit design for the various clinical programs within the building

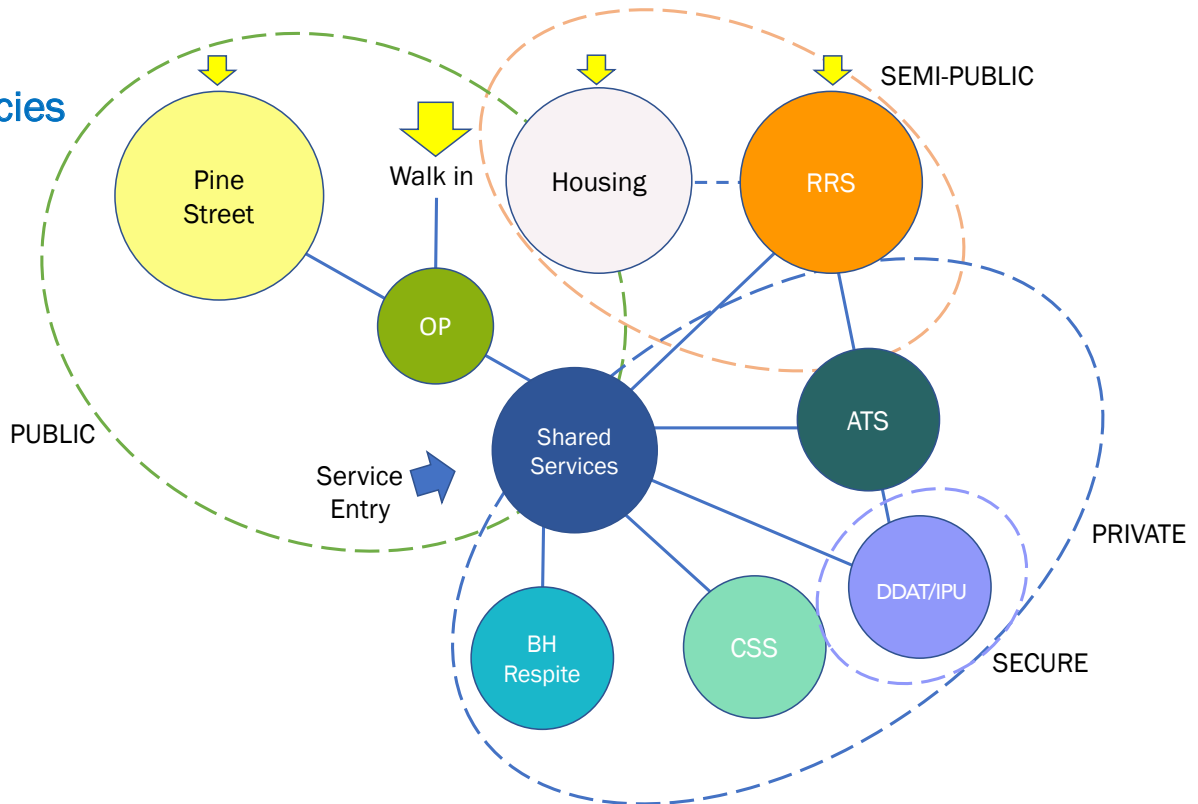
will be laid out in a similar manner. Although each program has their own unique physical requirements, the overall zoning of the unit will remain the same. The units will contain a bed zone, activity zone, and a clinical or staff zone. The ratios and specifics of each zone might vary slightly between clinical programs, but the general overall consistency will allow programs to shift, grow and shrink easily over time. At a smaller scale, the bedrooms for each

of the clinical programs will utilize a universal design. The rooms will be able to efficiently accommodate private and semi-private rooms with an ensuite washroom per module. This will allow a regularly changing census and unknown future flexibility. The inclusion of an ensuite washroom (toilet, sink and shower) per module also creates a homelike environment and provides a dignified experience for patients.

Future Flexibility and Adaptability: Clinical Building Universal Room Design



Program Adjacencies

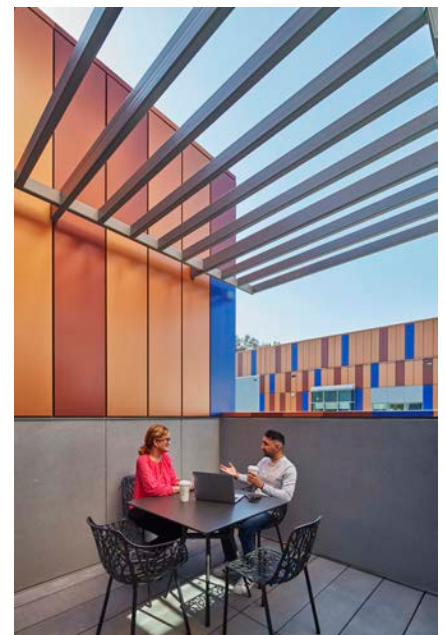
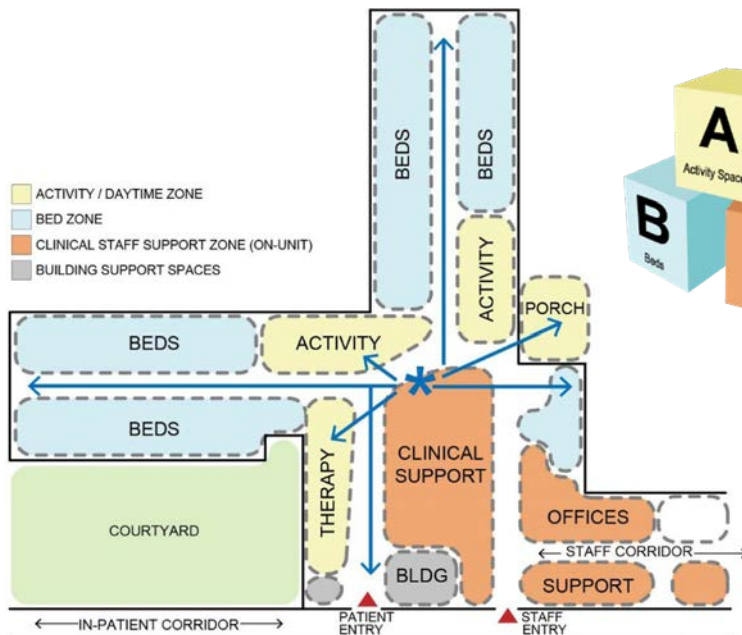


Architectural Design

The clinical building is located on the south corner of the site as that will more readily provide a quiet, peaceful environment for patients to enjoy. Material choice will emphasize harmony with the surrounding park context while remaining durable and very long-lasting. Client rooms

and staff spaces will directly relate to well-proportioned, visually engaging facades on all sides of the clinical building. Additionally, the “cloistered” nature of the building shape gives rise to an opportunity for smooth transitioning from inside to out, in terms of both material choice and formal moves. Those moves will include a mix of solids and voids —

with voids being the windows and glass facades that allow visual access to views and light and solids being those spaces or zones where that is not desired. Bold architectural decisions and smart, sustainable choices in materiality will combine to provide a clinical building that patients and staff alike will be able to enjoy for many years to come.





Design Approach: Emergency Shelter, Individual Supportive Housing, and SOAP and Safe Haven Programs

PSI/TCB BUILDING DESIGN & ORGANIZATION

Pine Street Inn (PSI), who partners with homeless individuals to help them move from the streets and shelter to a home, provides four main services on this campus; emergency shelter and transitional housing services, stabilization and safe haven programs and supportive housing. The facilities provided also include outreach, training and connections to employment services.

The PSI/TCB building is located in the middle of the site and the shelter program surrounds a community courtyard as part of the extension and connection to Franklin Park. Each shelter component, both the

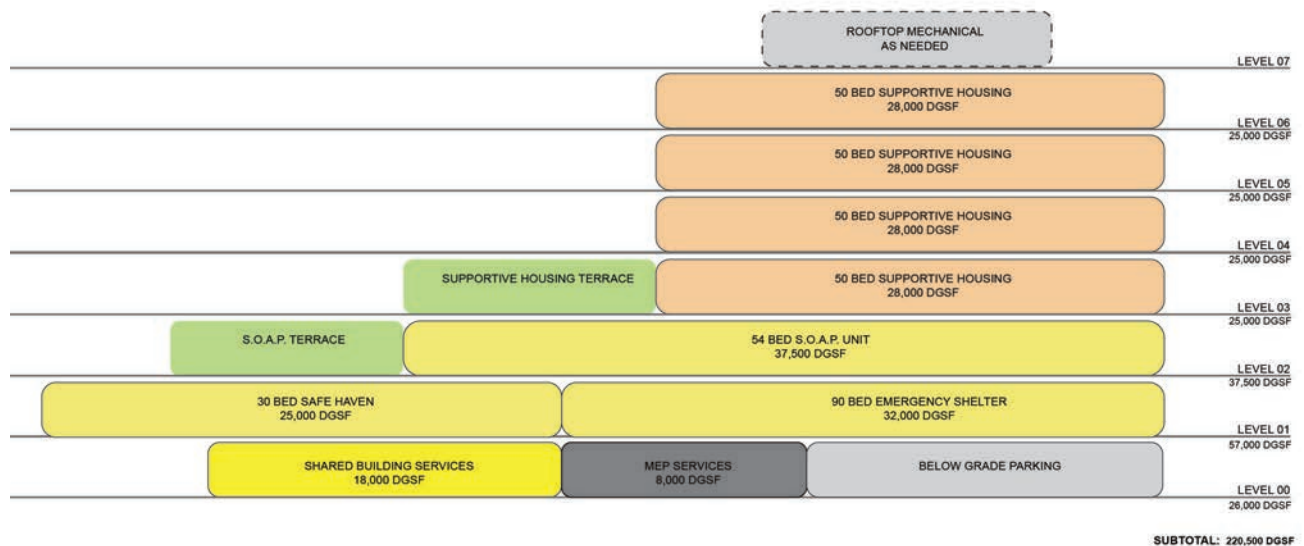
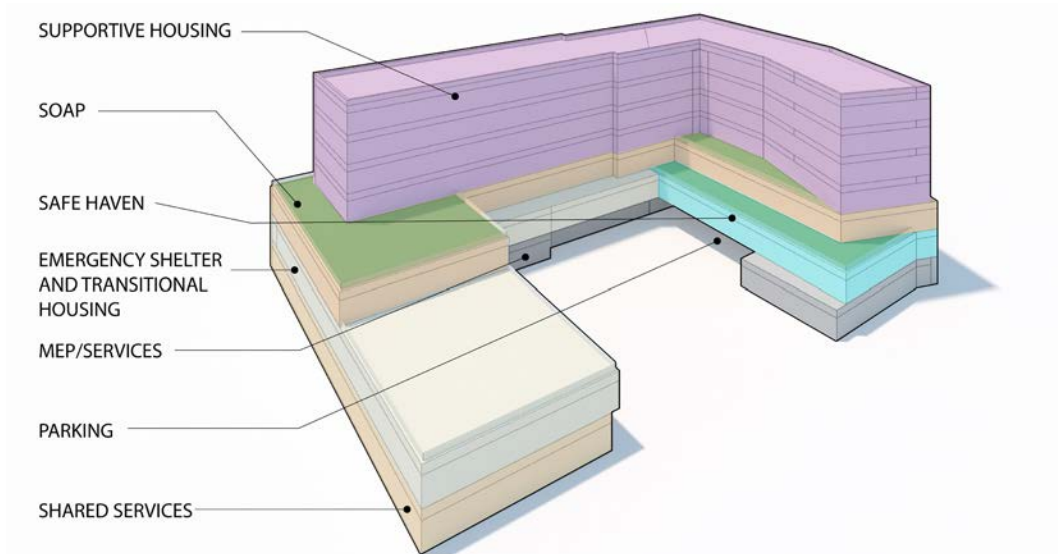
emergency shelter and the safe haven programs, are located on the main entry level. This allows easy access for pedestrians, from public transportation and for those arriving by vehicle. Safe and immediate access to the community courtyard is available both physically and visually.

Equally important to the separate entries for each program is the need for flexibility to accommodate future changes in populations. For the 90-bed emergency shelter and transitional housing we have created shared rooms (3 per studio with ensuite bathroom) in lieu of open dormitory style accommodations. This is both a result of lessons learned post pandemic, but also allows for future flexibility of segregating populations to create

a dignified environment. Where shelters of the past created anxiety and sleepless nights, this will offer relief and improved outcomes for guests. Not only do guests have their own bathrooms (shared only with 2 other guests) but the planning provides for easy access to on-site medical care.

Trauma-informed design is our goal. This includes a focus on reducing triggers by:

- Planning for clear sight lines to ensure safety and security for both staff and guests
- Separate secure entry
- Access to outdoor courtyard from inside, post security
- Shared rooms with ensuite in lieu of dormitory style beds



The emergency shelter also includes multipurpose shared dining, resource rooms for housing, education and case management, laundry, lockers, and mailroom. Staff spaces include office, conference, respite and storage areas.

For the safe haven program, we have created individual private rooms with ensuite 3 piece washrooms with a similar footprint to the shared rooms of the shelter, again to allow for future flexibility for each program.

On the second level is the SOAP, a post-detox residential program with 54 semi private beds that is a safe and secure environment separate from the emergency shelter. There is a private rooftop outdoor terrace created above the emergency shelter

with view and easy access to the park. There is also a separate and dedicated entry on the south edge of the building on the ground floor. This program will benefit from its adjacency to the clinical building by providing easy access to SUD treatment services and linkage to medical addiction treatments and recovery groups. Internally, the plan layouts provide group meeting/therapy rooms, quiet room, exercise room, and staff support spaces all with passive security measures in mind such as clear sight lines for easy observation.

The upper 4 floors of the building contain a separate and identifiable permanent supportive housing program. These are studio units each with their own ensuite bathroom and

kitchenette. The welcoming main entrance, separate and distinct from the other programs, is off the north adjacent to the future family housing development with dedicated parking below the shelter. There is a dedicated lobby and vertical circulation core along with a large shared outdoor terrace and common spaces on each floor for socializing. The adjacency to the clinical building allows residents to access SUD treatment services and recovery groups including medical clinics as needed. Locating these units on the upper level will provide a buffer between the commotion and noise of Morton Street while providing 360 degree scenic views.

The following is a breakdown of programmatic departments per floor:



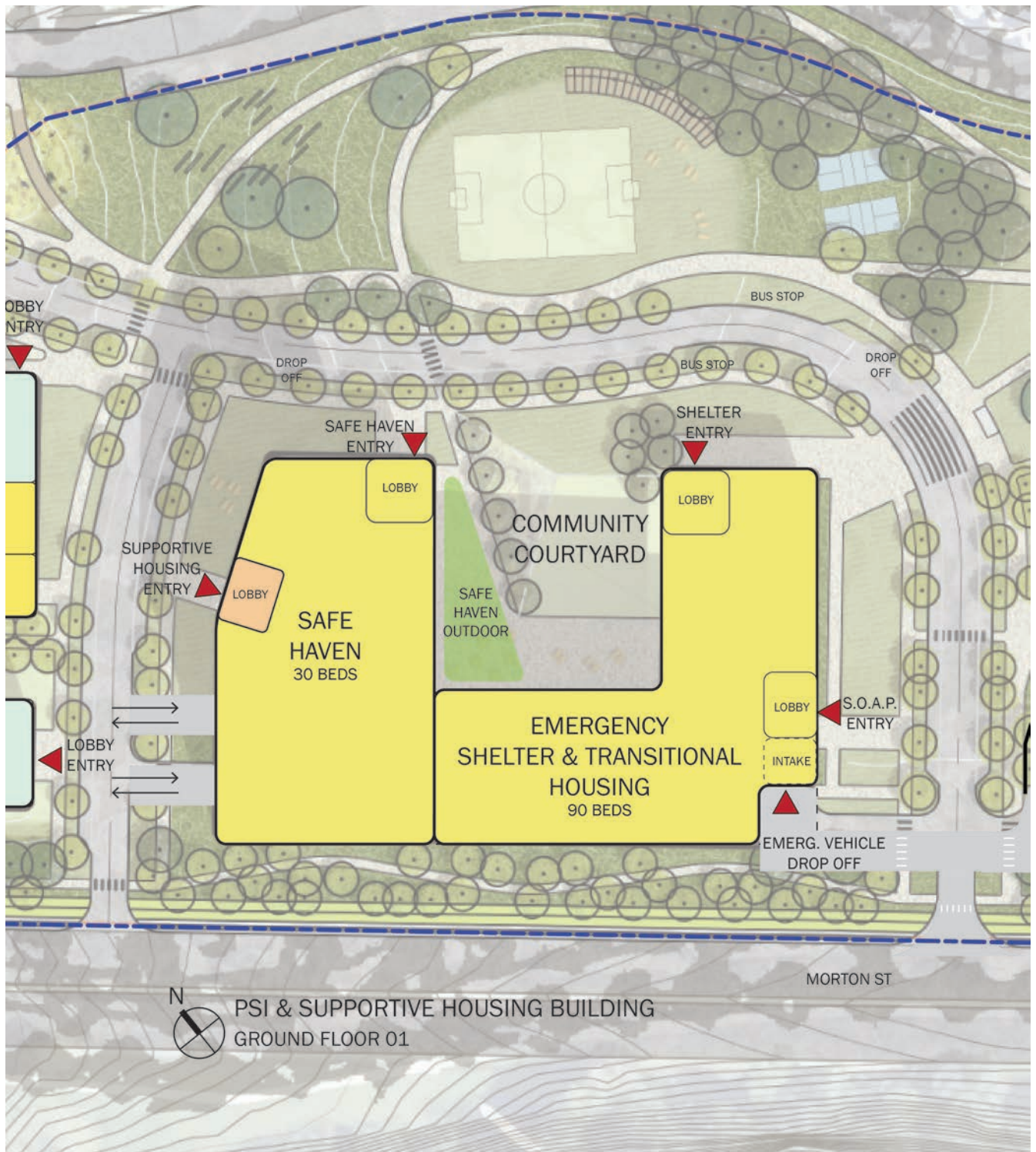
LOWER LEVEL

Back of House:

Dietary, Maintenance, Security, Materials Management, Environmental Services, Mechanical, Electrical, Plumbing Systems

Semi-Public:

Underground Parking



GROUND FLOOR

Semi - Public:

Supportive Housing Entry & Lobby

Clinical:

90 Bed Emergency Shelter and Transitional Housing, 30 Bed Safe Haven Program



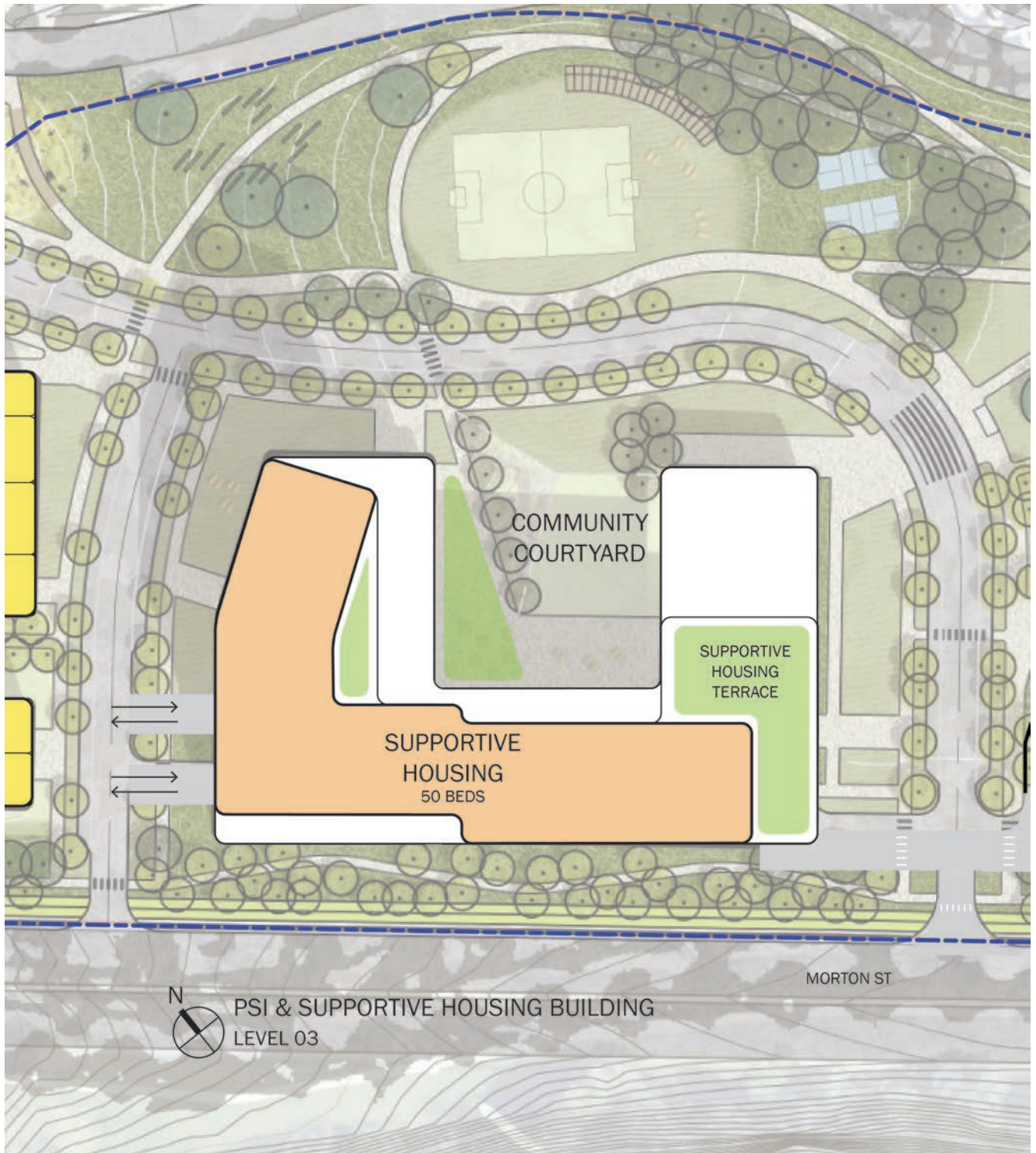
LEVEL 02

Semi-Public

Supportive Housing Vertical Core & Common Amenities

Clinical:

54 Bed S.O.A.P Unit



LEVEL 03

Semi-Public

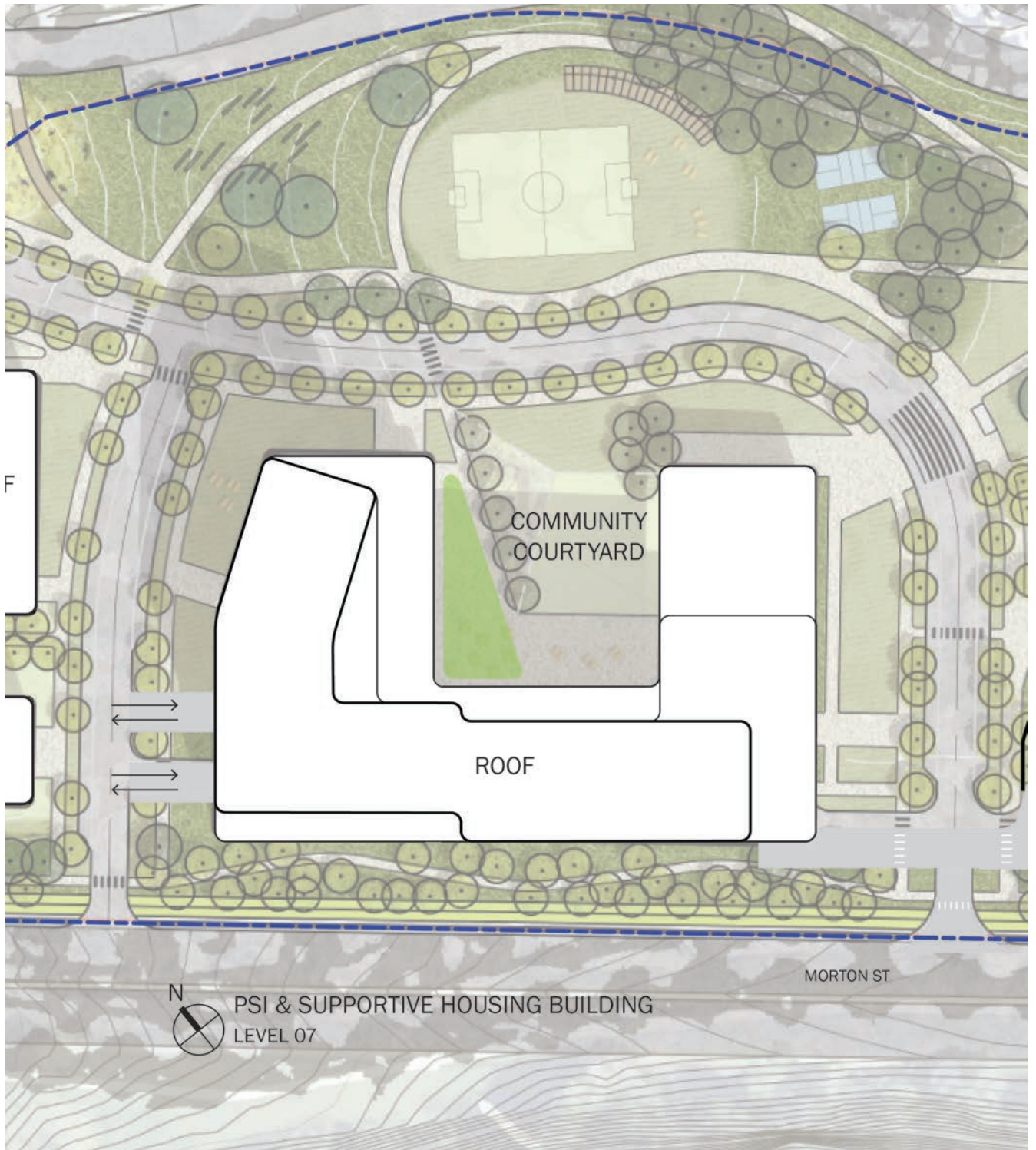
50 Bed Supportive Housing



LEVEL 04
Semi-Public
50 Bed Supportive Housing

LEVEL 05
Semi-Public
50 Bed Supportive Housing

LEVEL 06
Semi-Public
50 Bed Supportive Housing



ROOF

Key Design Strategies

TRAUMA INFORMED & EXPERIENTIAL DESIGN

1. Dignity and Choice and Comfort

– Often, sleeping areas in emergency shelters are designed as one large open space with bunk beds with a primary focus on density. This emergency shelter will be designed to have three person rooms with ensuite washrooms. This, partly driven by lessons learned from the pandemic and partly to create a more normalized environment, will provide a dignified experience for all guests. Smaller rooms will also allow for gender separation and more flexibility over time.

– In all four of the programs within this building, there is a focus on providing a variety of therapy and social activity spaces, including access to outdoor space. This will allow guests choice over their environment during the day. Guests will oversee their level of socialization if, and when they are ready.



The emergency shelter and transitional housing program at Shattuck will have smaller semi-private rooms for increased experience of privacy and dignity for clients.



Access to nature will be provided both visually and physically for all programs offered within the PSI & Supportive Housing building in addition to both passive and active types of outdoor activities.



Each program within the building will have a separate entry and is designed and staffed according to that program's needs and security concerns.

2. Access to Nature

- Access to nature, both visually and physically, is essential to life. Both guests, residents and staff will have access to nature in a variety of ways and at different scales within the PSI building. The center community courtyard, which is seen as an extension of Franklin Park, will include private outdoor spaces for each of the Emergency Shelter and Safe Haven Programs, but also include open space for all users of the building and site as a public amenity. It will also serve as a place for larger building gatherings and recreation. The SOAP on the second level will have access to a dedicated outdoor terrace. Separation of this program, including outdoor space, is important for guests to maintain sobriety. The permanent supportive housing units will also have access to a generous common and upper terrace.
- The upper levels with supportive housing units are organized so they have not only views to the landscape on the site below, but to landscaped areas around the site. Views will be provided to Franklin Park on the north, east, and south as well as Forest Hills Cemetery to the west.

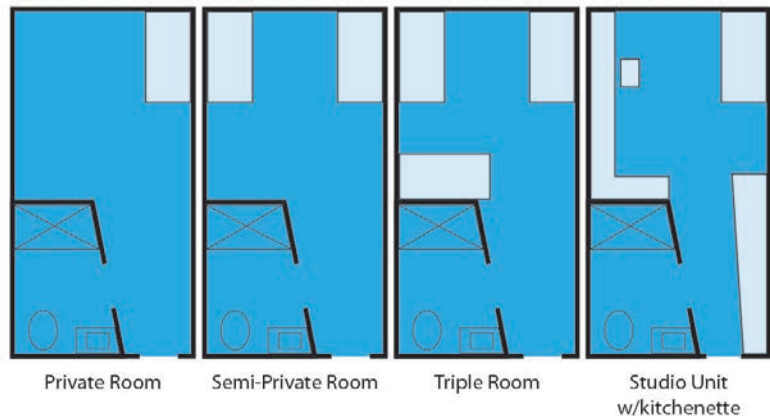
Safety

Each program within the PSI building will have its own managed and monitored entrance. Supportive Housing units will have a direct entrance from the below grade parking as well as an entry from the ground floor. All entries will be well lit and visible from other spaces on the site. While the programs are not dedicated mental health units, many of the guests will likely have a mental illness diagnosis. As a result, the interior architecture will be safe, durable, and therapeutic utilizing the same principles as the clinical building. A balance between safety, security, aesthetics and cost will be found that is appropriate for this user group and the staff within.

Flexibility / Adaptability

Guest rooms for all 4 of the programs offered within the PSI building will be designed with the same area and ensuite washroom. Day 1, the rooms will be fit out to accommodate the current needs and census of the individual programs. However, as the census changes over time, the rooms and programs can easily be adapted to not only accommodate surge capacity but also to completely change service offerings as needed.

Future Flexibility and Adaptability: PSI & Supportive Housing Universal Room Design



Architectural Design



The Pine Street Inn building, or PSI, takes that cloistered form a step further by opening a central courtyard up to the park north of the site, creating a C-shaped building form. This form seeks to be a modern iteration of the well-known yet critical function of housing that will serve the surrounding community for many years to come. This function is recognized and honored in the economical yet long-lasting material

choices that will be made — in much the same manner as the clinical building will be done. Looking at the building in 3 dimensions, one's eye will be drawn to the roof line that steps down from floor to floor, creating ample roof garden space for guests and residents to enjoy. These accessible roof terraces will be designed in such a way as to allow for multiple scales of use, from small intimate gathering of friends to larger

events that a more significant portion of particular communities might participate in. The stepped nature of the roof line begins to echo the hill directly west of Morton St., while also providing a view corridor to that hill from Franklin Park. The end result of these moves will be a form that seamlessly integrates itself into its natural park context.



Design Approach: Family Supportive Housing

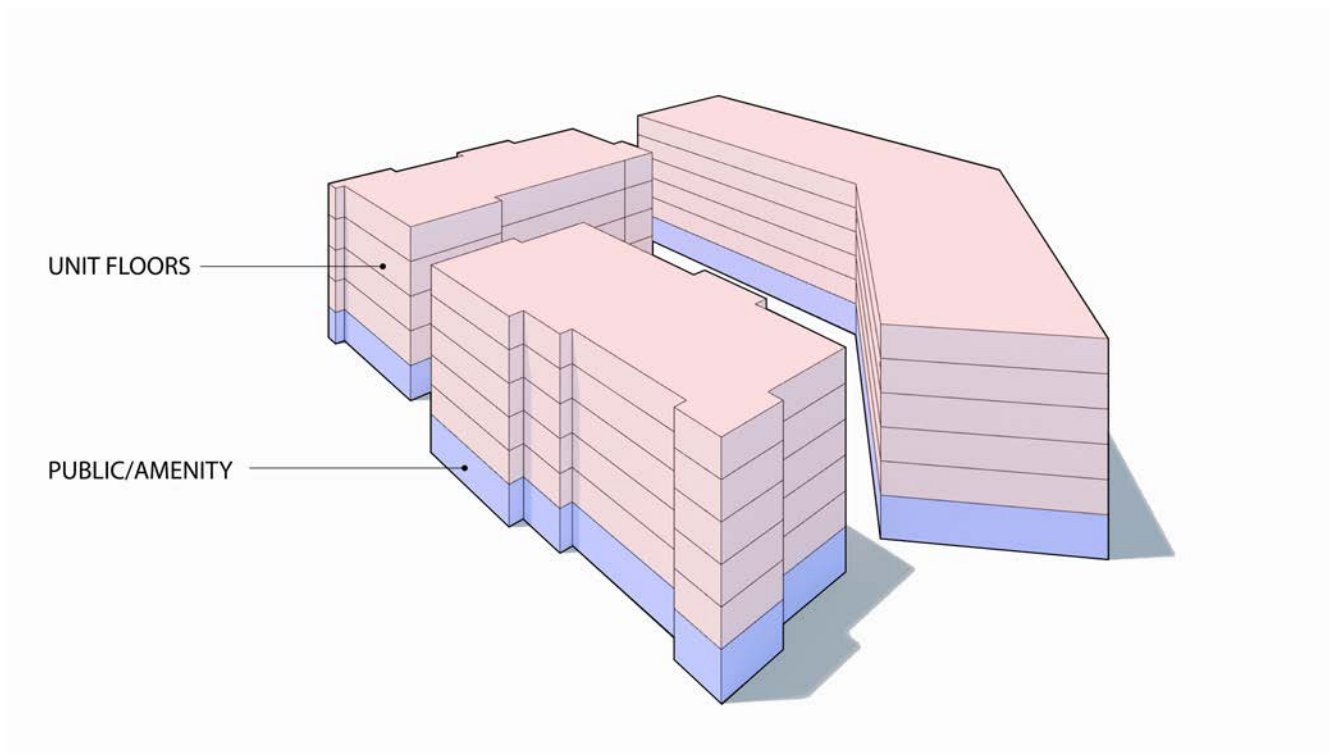
The final phase of the Shattuck campus redevelopment includes providing 205 units of much needed permanent family supportive housing on site that is distributed among three buildings. Adding housing on site will help support and transition residents from the medical facilities as well as build a housing community presence for the larger community at this location. The permanent supportive housing is intentionally located along the northwestern part of the site to continue and build on the existing housing connections in the surrounding neighborhoods of the Forest Hills area. This end of the site

is also an approximate 10-minute walk to the Forest Hills transit stop along Washington Street.

The site naturally slopes and steps down along the western side with the three buildings massing at a more residential scale in comparison to the Phase 1 buildings. The three residential buildings are framed around a central courtyard space that allows for a variety of indoor-outdoor programmed spaces from the ground floor spaces to connect with nature. The building massing will allow for views into the park and surrounding open green spaces while maintaining

a green buffer from the busy Morton Street. Robust native landscaping along the ground floor spaces will be in keeping with the character of the surrounding park.

The natural topography of the site allows for a fully covered underground parking garage that will be visually screened from the street with a maximum height of 6 stories of residential building massing above it. The parking garage will have access points from both Circuit Drive as well as Morton Street to build better connectivity into the site. The goal is to encourage a safe and pedestrian



friendly experience at the new community and adding new bus stops with bus shelters along Circuit Drive and Morton Street will only help enhance the pedestrian experience.

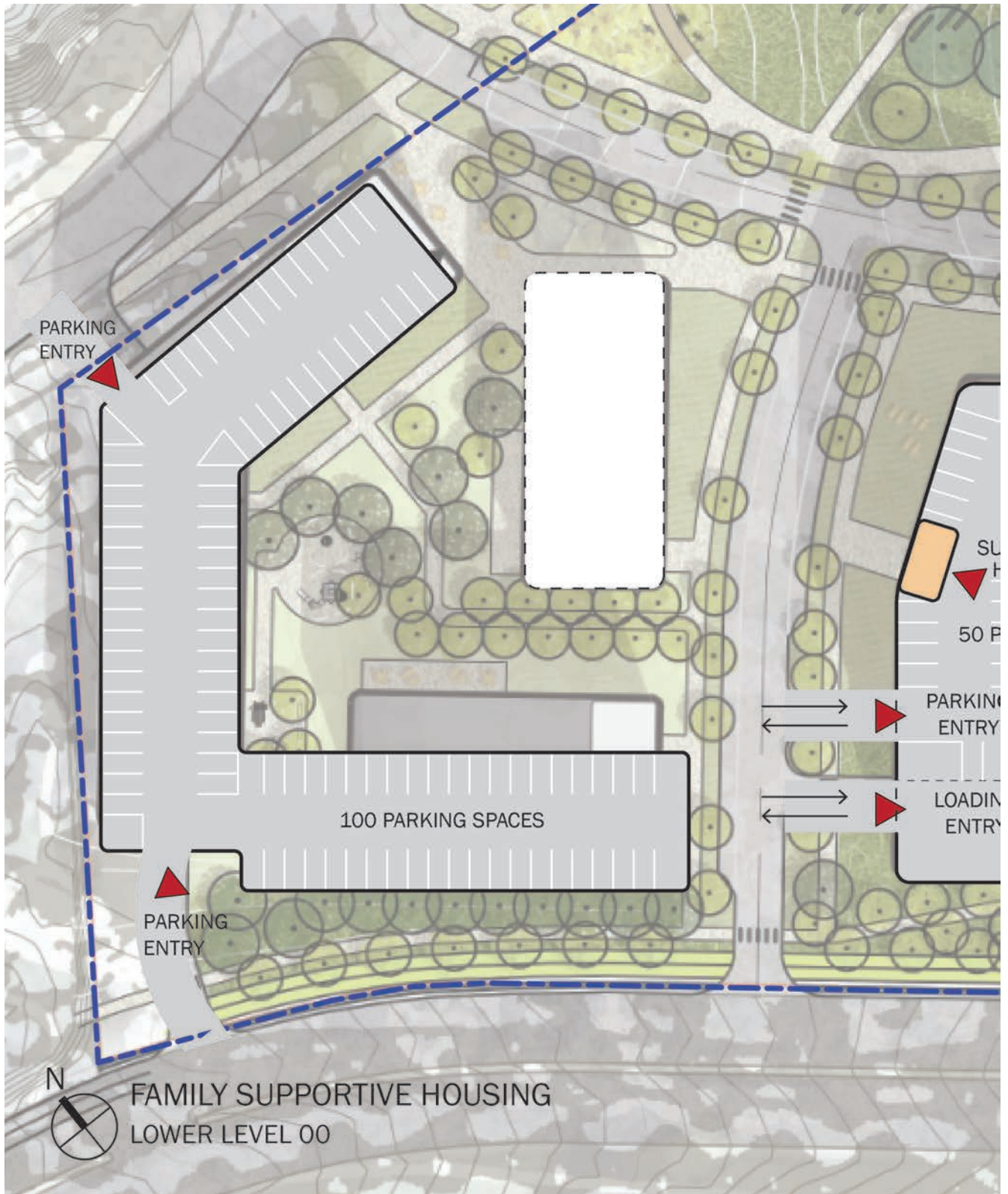
The overall residential mix offers a variety of unit types with one bedroom, two-bedroom and three-bedroom units. The units ratios are approximately 24% one-bedrooms, 53% two-bedrooms and 23% three-

bedrooms to support a variety of housing needs and families. The ground floor spaces of all the three buildings will house a variety of support spaces and resident amenities to build a sense of community for the residents at large.

The ground floor space may also include commercial enterprises such as a cafe that will provide job readiness and training opportunities

for formerly homeless residents. In response to feedback from the community, JPNDC is exploring the possibility of adding a grocery store on the ground floor of one of the buildings.

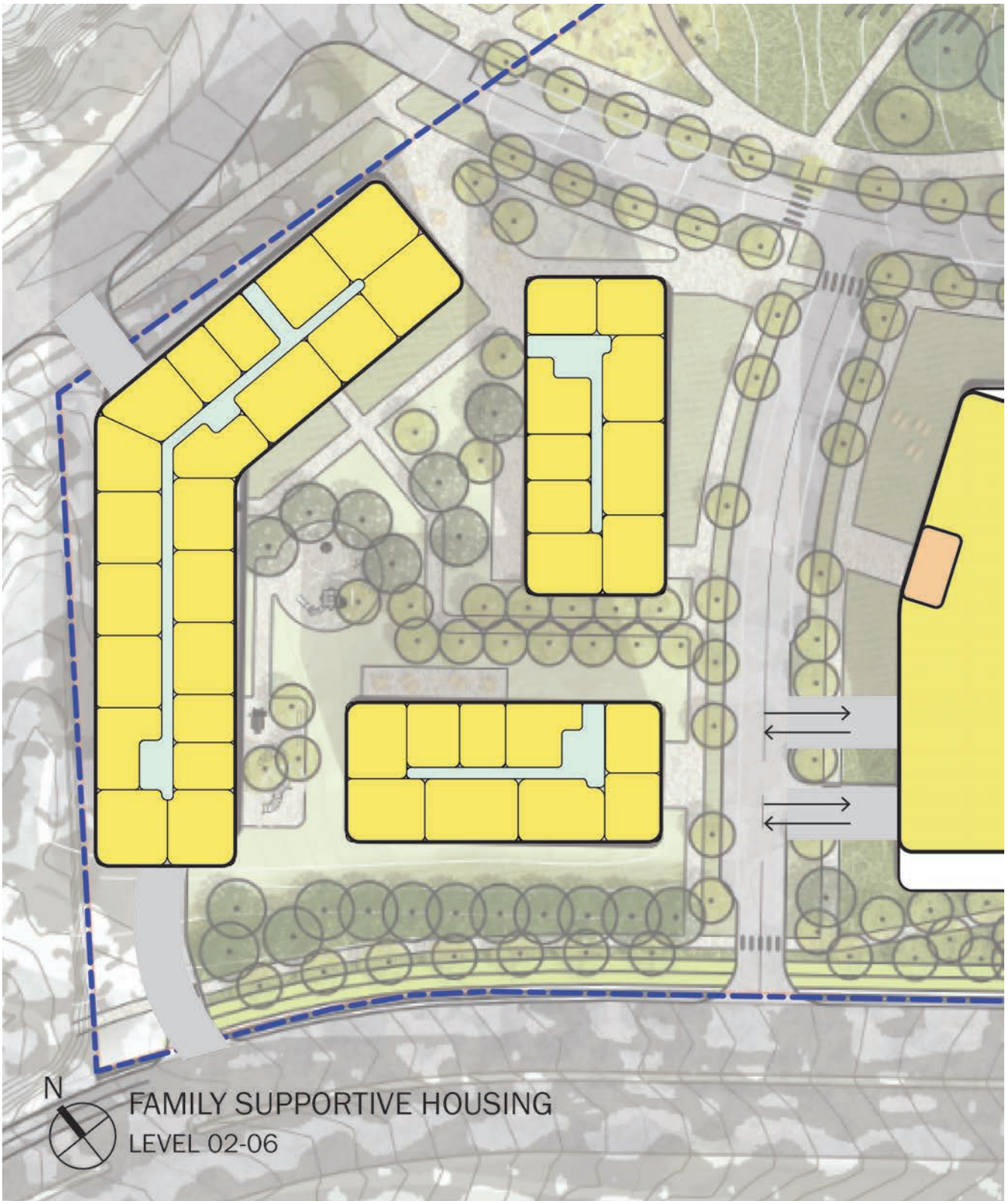
The site layout ensures that residents will enjoy the benefits of the open space as part of creating a healing environment for residents and the community.



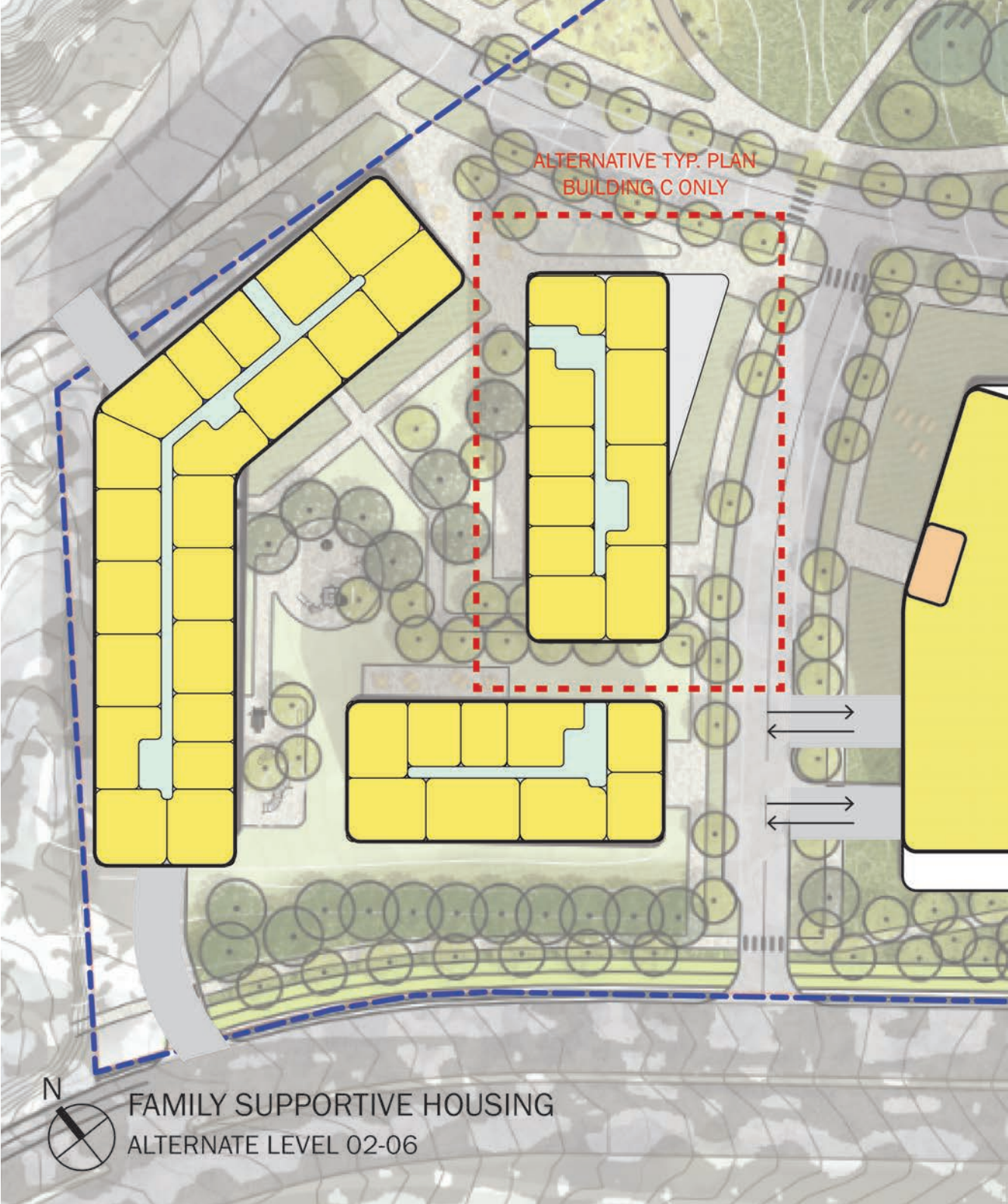
LOWER LEVEL 00



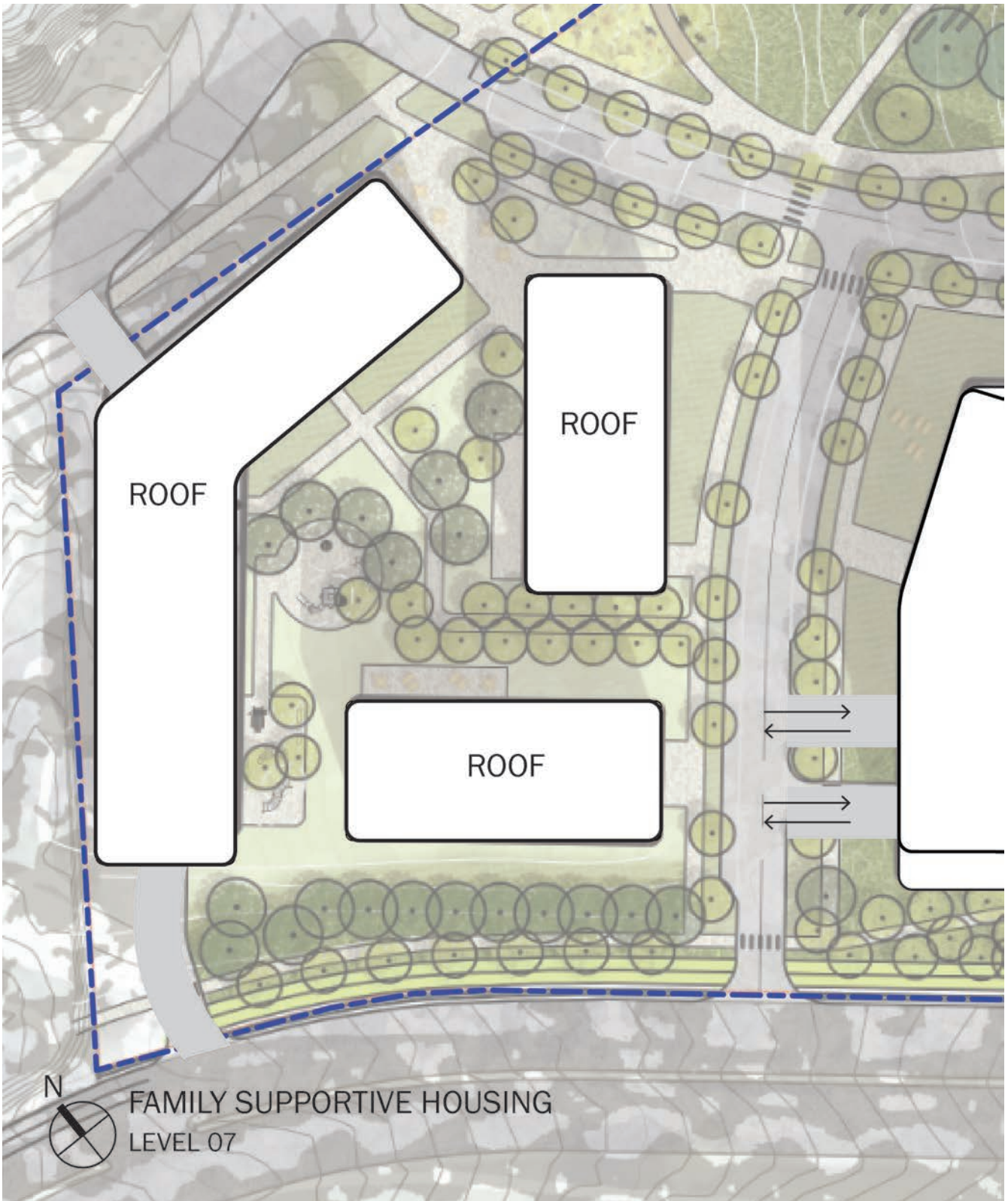
GROUND FLOOR 01



LEVEL 02-06

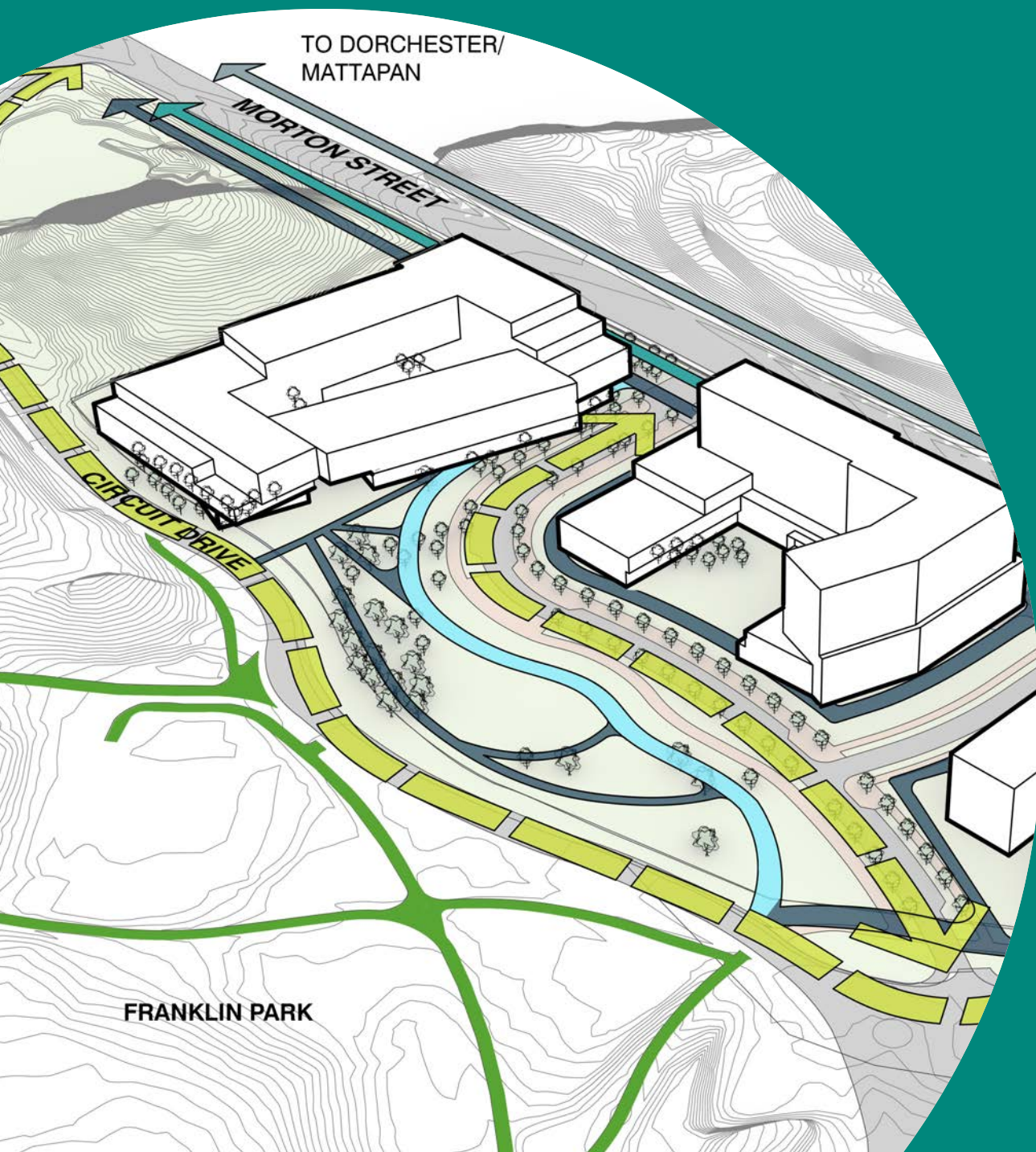


ALTERNATIVE LEVEL 02-06



ROOF

D. Site Planning & Implementation



Shattuck Hospital Site: History and Physical Context

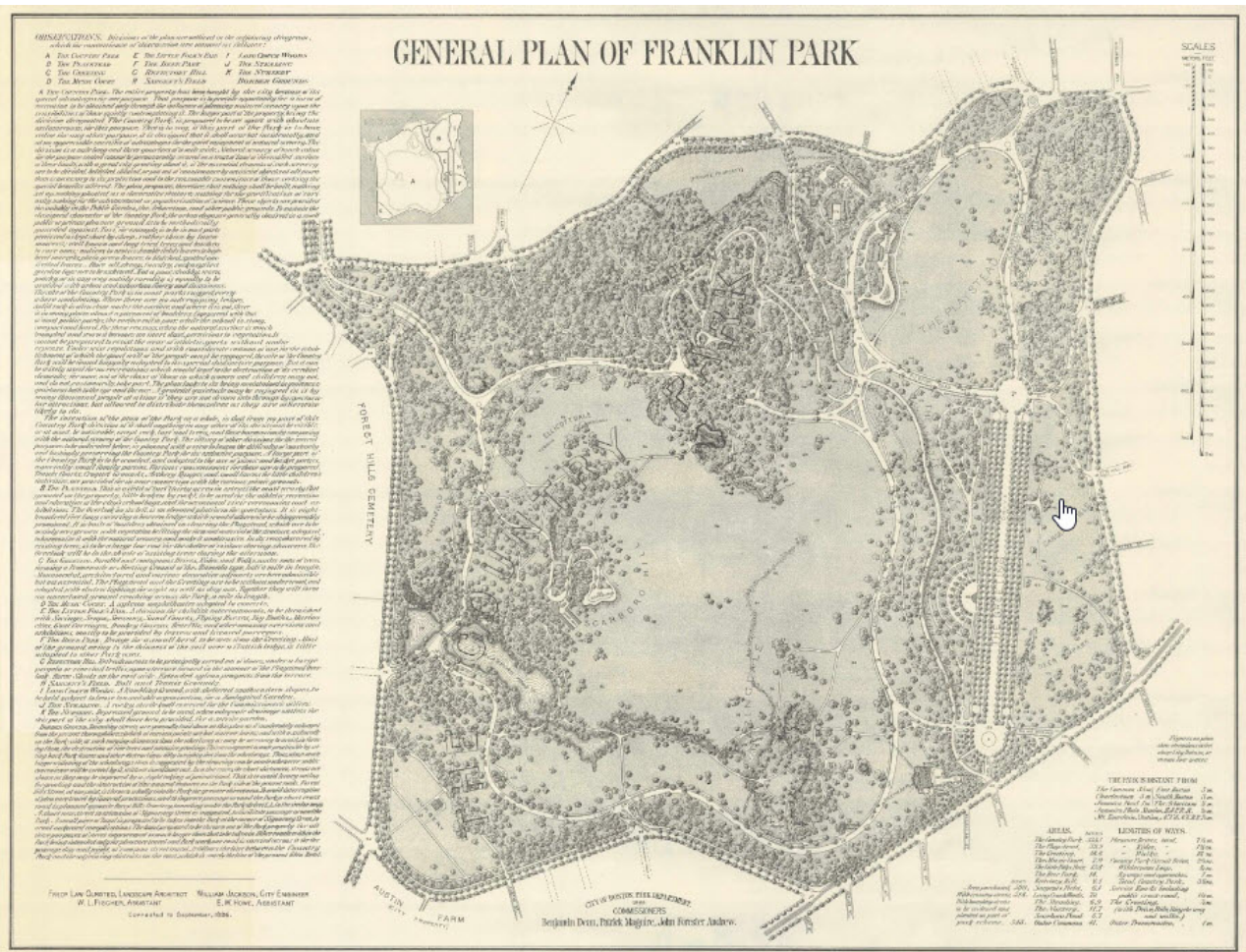
Franklin Park & The Emerald Necklace

Based on the Park Act passed by the Massachusetts Legislature in 1875, the city was allowed to acquire lands for park purposes within the city. In 1881, an appropriation was approved to purchase land for West Roxbury Park. By 1885, West Roxbury Park was renamed Franklin Park to honor Benjamin Franklin. In that same year, the renowned landscape architect, Frederick Law Olmsted completed the 'General Plan of Franklin Park'. The plan included both active and passive

recreational uses as well as miles of winding roads, pedestrian ways and bridle paths. By the late 1890s, the park was under construction.

Over the years, the original park design by Olmsted was modified a number of times. Most of the park is maintained by the City of Boston's Parks and Recreation Department. However, over the years, some parts of the park and its various facilities were transferred to different

governing bodies or managers. By 1896 a new golf course, the second in the nation, was completed. By 1912, well after Olmsted had retired, the Franklin Park Zoo was designed and completed. And by 1924 Circuit Drive was opened for all types of traffic through the park. Still later, in 1971, Olmsted's Emerald Necklace, including Franklin Park, was listed on the National Register of Historic Places and in 1980 designated a Boston Landmark.





The Shattuck Hospital Site

The history of the 13 acre Shattuck Hospital property, and its various clinical health and shelter housing services and facilities, are very much both embedded within and more recently carved out from the historic surrounding 485-acre Franklin Park and larger Emerald Necklace Parks and Greenway network originally designed in the 1890s by Frederick Law Olmsted.

The hospital site itself, in the southwest corner of Franklin Park, was transferred from the City to the Commonwealth in 1954 for the construction of the Lemuel Shattuck Hospital, and is statutorily deeded for public health purposes consistent with the statutory and deed use restrictions per the Special Acts of 1949. The hospital is jointly operated by three state agencies — the Department of Public Health (DPH), the Department of Mental Health (DMH), and the Department of Correction (DOC).

When the Shattuck site was redeveloped as a clinical care campus, three buildings were constructed — the Shattuck Hospital tower, the Nurses Residences Building tower, and the Power Plant Building which also provided for some of the Pine Street Inn’s shelter and clinical services at its base. 575 parking spaces to support all these facilities were built as surface parking lots and consumed much of the remaining land. As a result, very little green space remained or was newly provided.

In 2017 the Nurses Residences Building was torn down. When it was torn down, its foundations remained in place, as well as a tunnel connecting it to the hospital building. Once demolition was completed, the former building site was covered and replaced with additional parking lots and some planted grass areas.

In 2021 and 2022 the Cottage Community of Shattuck was constructed as a series of 21 temporary and secure emergency housing at a far corner of the site. It currently remains in operation.

Today, because the physical condition of the hospital building itself is in very poor condition and requires extensive renovation to maintain its current level of care, there is now a state plan to relocate all state-operated medical services at Shattuck to the what was previously BMC’s Newton Pavilion in the South End by 2025 to continue providing uninterrupted service to patients. This relocation strategy is significantly more cost-effective than renovation. However, various private non-profit medical providers now at the hospital and Power Plant Building will not move to the Newton Pavilion. Instead, they will remain in their current buildings until new facilities can be constructed for them at the Shattuck site, at which time they too can then vacate their current buildings. Once their services are relocated to new facilities on site, the Hospital Building and the Power Plant Building can then be demolished and much of the hospital’s unneeded surface parking lots removed.

Existing Site Access and Neighborhood Connectivity

The existing 13 acre Shattuck Hospital site is entirely surrounded by the various historic park and forested landscapes of Olmsted's Emerald Necklace — most notably the adjoining Franklin Park and its tennis courts and picnic groves on one side and the wooded Morton Rock on the other. The Forest Hills Cemetery rises to a hilltop across Morton Street from the Shattuck site.

The residential neighborhoods of Jamaica Plain and Mattapan are both located at some further distance from the site and have no immediate visual or physical connection except by car along Morton St. and the Circuit Drive pathways.

Public vehicular, pedestrian and bicycle access into the now secured hospital site is not now generally allowed except for the Shattuck Hospital's and Pine Street Inn's clinical services and supportive housing residents, clinical staff, and approved visitors. However, bus passengers may enter the site from a bus stop / bus shelters located adjacent to the site on Morton St.

As a result, for all of the above reasons, the Shattuck site now stands largely isolated from the general public as a clinical services campus within the broader historic landscaped environment, and is visually and physically distant from its closest residential neighborhoods.

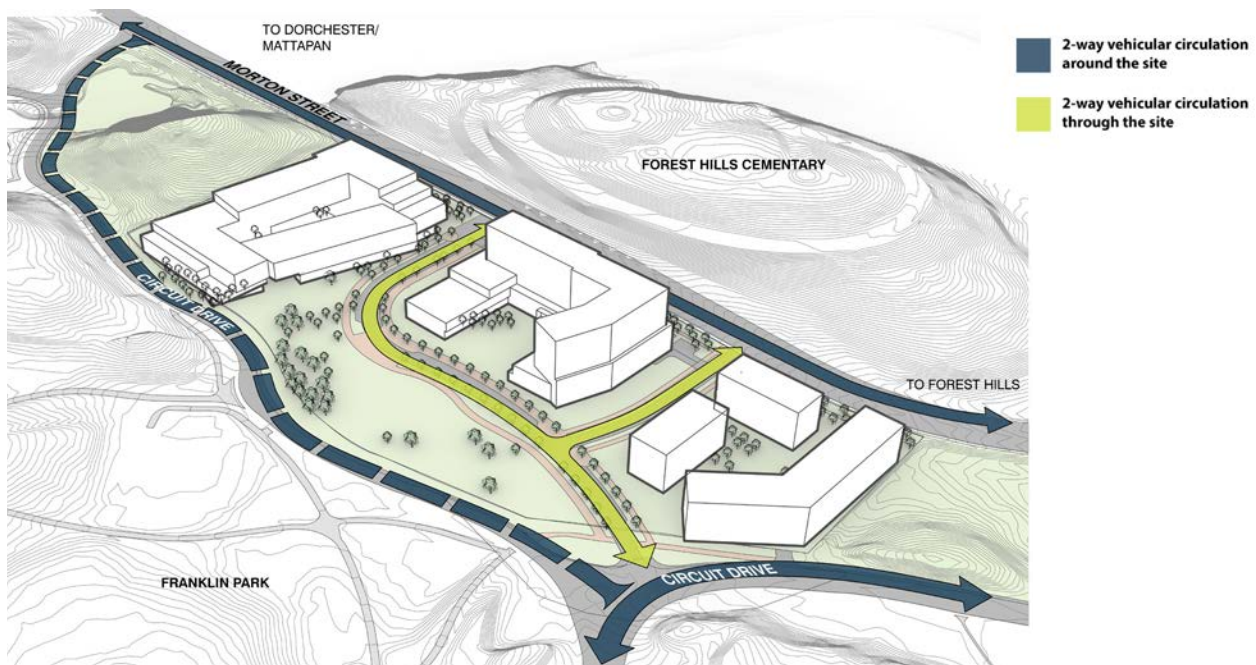
Area-wide Vehicular Access:

Given the Shattuck site's uses and the local transportation amenities, it is anticipated that the site will draw local patrons from areas throughout the City, mainly Roxbury, Dorchester, Jamaica Plain, and Forest Hills. However, visitors and employees are anticipated to come from the regional area. For these patrons, vehicular access will be primarily from the main roads which lead to the campus. Blue Hill Avenue, Arborway, American Legion Highway, and Washington Street are all main roads that lead to Morton Street, which will be the main site access point. Alternative routes may be used by local residents.

Immediate Vehicular Site Access:

The Shattuck campus is bounded by two streets: the Morton St. greenway, and Circuit Drive which circulates as a loop around Franklin Park. At present, the Shattuck Hospital site and all its current programs and parking lots are immediately accessed from a single vehicular secured entry point at the round-about intersection of two branches of Circuit Drive.

Vehicular access directly from Morton St. is not now possible and no traffic signals are located on Morton St. adjacent to the campus. The closest vehicular access from Morton St. to the Shattuck site is from the signalized intersection of Morton St. and Circuit Drive. However, there are three existing legacy curb cuts into the Shattuck site along Morton Street, but they are largely unused and are usually gated and locked (although the current hospital building's loading docks and service areas, and DOC's sallyport, are adjacent to Morton Street but accessed from the site main entry point).



Public Transportation Access:

The site is accessible by public transportation — via both MBTA bus routes and the multi-modal Forest Hills Transit Station.

At present, there are two bus shelters located to either side of Morton St. at the Morton St. bus stop adjacent to the campus. MBTA bus service on the 21, 31 and 16 lines are all available directly to the site originating from the MBTA's Forest Hills Station approximately one half-mile away. Line 21 heads toward Ashmont with a stop at the hospital's pedestrian entrance / bus stop on Morton St. Line 31 heads to Mattapan, also with a stop at the hospital's pedestrian entrance / bus stop on Morton St. And Line 16 travels through Franklin Park on Circuit Drive while making a stop at the hospital's front door.

The site is also accessible to pedestrians walking along Morton

St. from the MBTA Forest Hills Orange Line, commuter rail, and bus station located on the Arborway approximately 0.6 miles away (10 to 15 minute walk). The Forest Hills Station provides significant regional transit access to the site.

Shattuck Bus Shuttle:

Shattuck hospital provides its own direct shuttle bus service from Forest Hills Station to the hospital site.

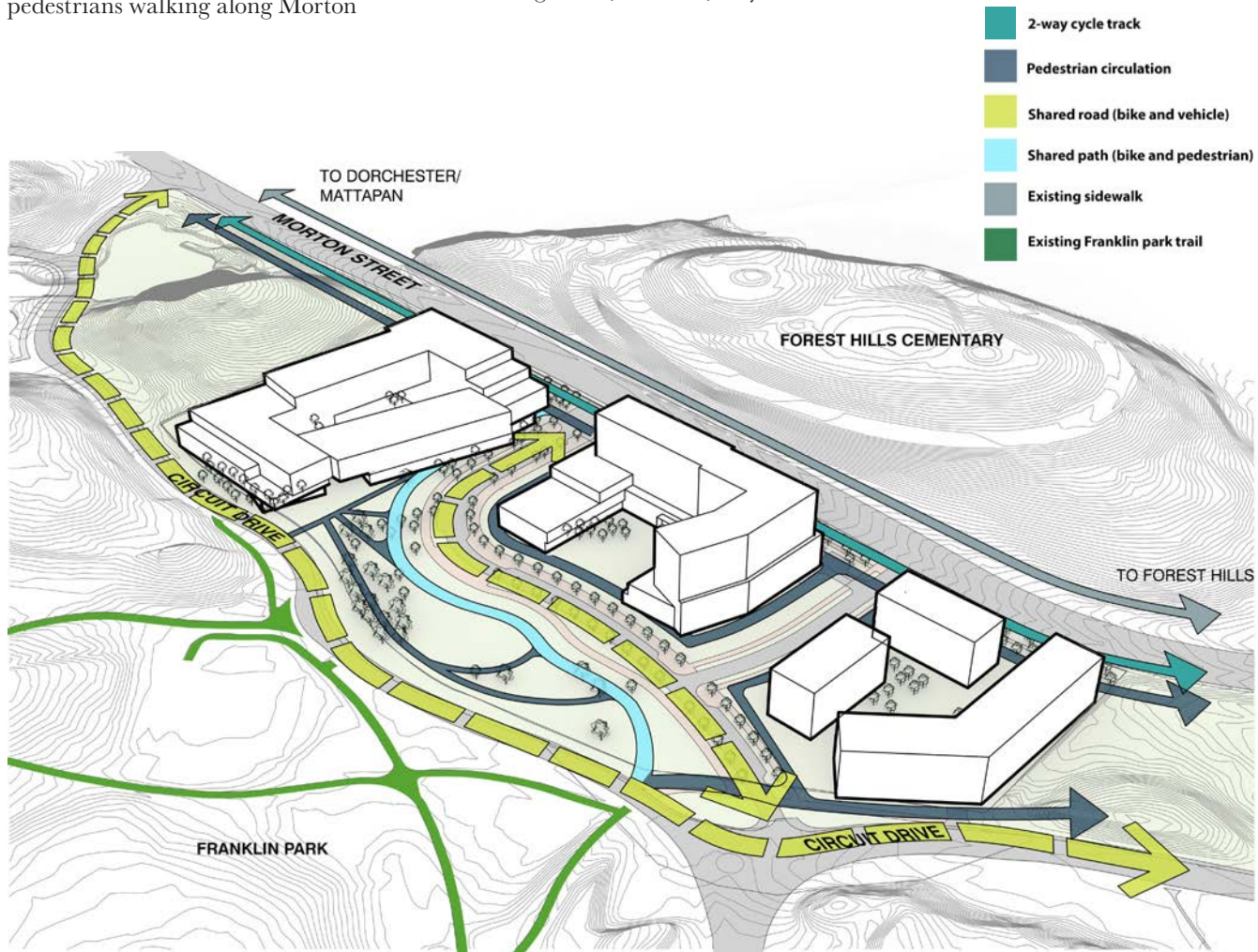
Bicycle and Pedestrian Access:

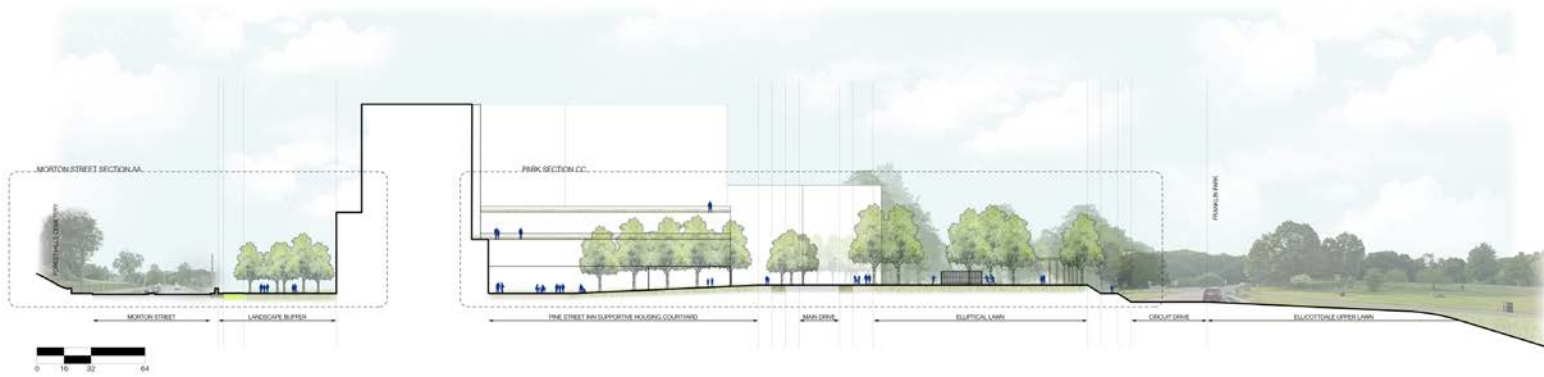
Although there is an existing unprotected bike lane along the edge of Morton Street, it is narrow and not safely separated from adjacent fast-moving traffic. As a result, it is not extensively used. Even for those who now travel this path, access to the Shattuck campus is not encouraged or friendly. Also, there are bike lanes installed along portions of Circuit Drive. In general, however, bicycle

access across the secured campus is not allowed.

Because the Shattuck site is now a secured campus, general public pedestrian access is not allowed from Franklin Park along Circuit Drive. And, although Franklin Park's picnic grove and tennis courts are located directly across Circuit Drive from the campus, a ten-foot high sloped embankment and a fence atop the embankment on the Shattuck property prevents access to users of Franklin Park.

Two accessible routes will connect the new Shattuck site with the paths of the Ellicottdale Lawns, and an additional site stair near the proposed clinical building will provide another connection across the steeper slope in that area.





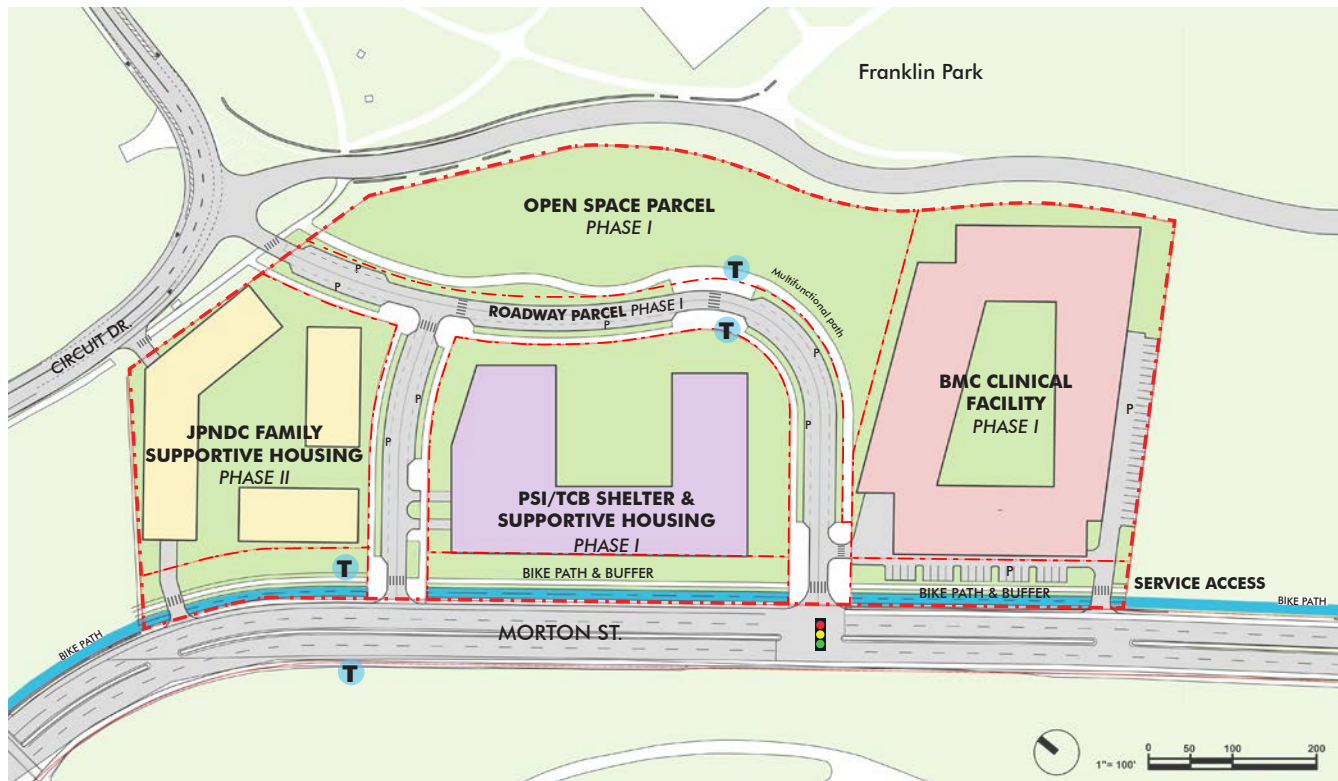
Project Approach: Weaving the Site into Surrounding Communities and Parklands

The Shattuck Coalition and its design team have enthusiastically embraced the challenge and opportunity to create a new state-of-the-art behavioral health care campus that not only creates a well functioning continuum-of-care campus, but also welcomes the surrounding communities to the site, expands views across the campus to eliminate its current isolation, and creates new publicly-accessible green open spaces and a significant new park that support and embrace Franklin Park's Elicottdale district along Circuit Drive. These new open space parks will be the campus's new front door openly embracing its Franklin Park neighbor.

And so, while our team certainly has created a carefully programmed and designed health care community that specifically works well for all the health care and supportive housing providers that will operate here and their clientele, it has more broadly taken a wider contextual approach to site design that will more fluidly weave and invite nearby neighborhood residents to Shattuck, expand accessible park open spaces for all, and increase multi-modal accessibility to and through the site.

Conceptual Site Plan

The proposed site plan has been carefully designed to create a well-integrated continuum-of-care campus that opens out to Franklin Park as the campus' new front door. The program and plan will consist of: a variety of outpatient and inpatient clinical services, emergency shelter and transitional housing, individual supportive housing, family supportive housing, and publicly accessible green open spaces. These major programmatic elements are grouped into four distinctive zones: 1) Clinical Services facilities, 2) Shelter and Supportive Housing, 3) Park Open Space adjacent to Franklin Park, and 4) Family Supportive Housing. These zones have been laid out to provide internal adjacencies that support the continuum-of-care campus concept. (For example, supportive housing for individuals is located almost immediately adjacent to clinical services facilities so that one can support the other. And, significant new internal landscaped open spaces are sited immediately adjacent to the supportive housing zone for those residents' enjoyment and benefit.)



Four Zones Woven Together by a New Multi-path Central Street Spine

These four distinctive zones are integrally woven together on-site with a new serpentine tree-lined multi-path street (e.g. auto, MBTA bus, BMC shuttle bus, pedestrian, and bicycle) that connects Morton St. to Circuit Drive. This new street, the site's central spine, will be open to the public and will better integrate Morton Street with Franklin Park activities. The new street intersection of this internal drive with Morton St. will be signalized and will be designed as the site's major entrance. The design for this street's intersection with Circuit Drive, in the vicinity of the rotary there, will be configured and finalized in future discussions with city and park agencies.

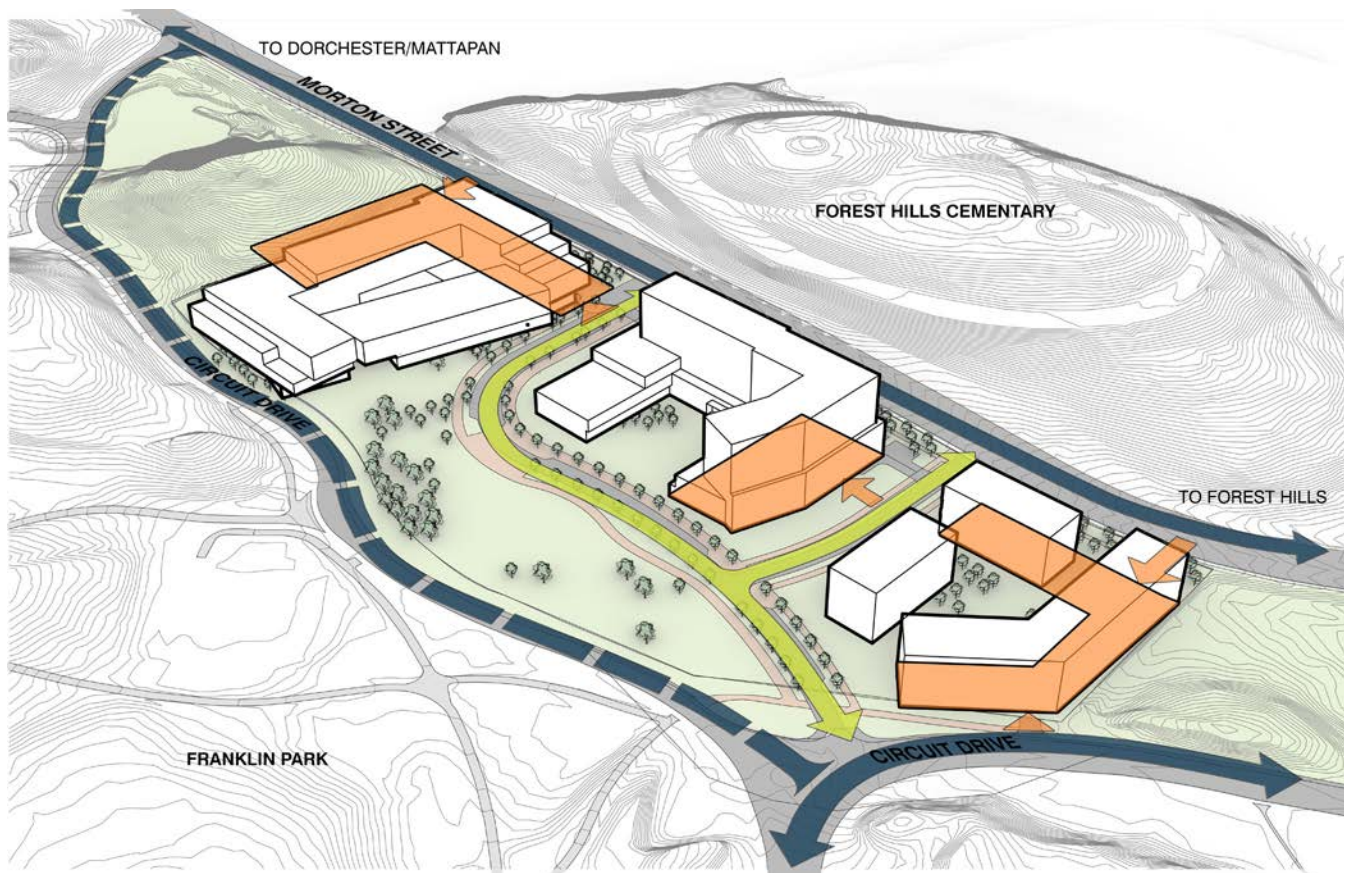
Additional Street and Service Access

Three additional site access points (curb cuts) from Morton St. will be provided: 1) a service access and parking drive entrance will be provided at the far edge of the Clinical Services facilities zone adjacent to Rock Milton, 2) a new access drive between the Shelter/Individual Supportive Housing and Family Supportive Housing, linking Morton St. with the internal street spine, will be provided that allows vehicular, bicycle and pedestrian access, and 3) a new service drive access will be provided at the far edge of the Family Supportive Housing. None of these three additional access points will be signalized.

Parking Strategy

Parking will be provided on-site, but only the minimum parking necessary to support the various program elements. New well landscaped one-bay-wide surface parking will be provided along the Morton St. edge of the Clinical Facility buildings and will be tucked underneath. Individual parking for both Supportive Housing and Family Supportive Housing will be underground by taking advantage of a drop in site elevation. Aside from this minimal amount of new parking provided, the site's current expansive parking lot areas will be eliminated. Much of these existing lots will be returned to landscaped open spaces.

Additionally, the Main Drive and Connector will provide new curbside parking along much of its length, thereby diminishing the need for new surface parking.



- 2-way vehicular circulation around the site
- 2-way vehicular circulation through the site
- Parking

Utility and Infrastructure Capacity Available to the Site to Support the New Program

Please see Section 6-3D for a detailed description of utility and infrastructure capacity.

Commonwealth Design Partnerships Required

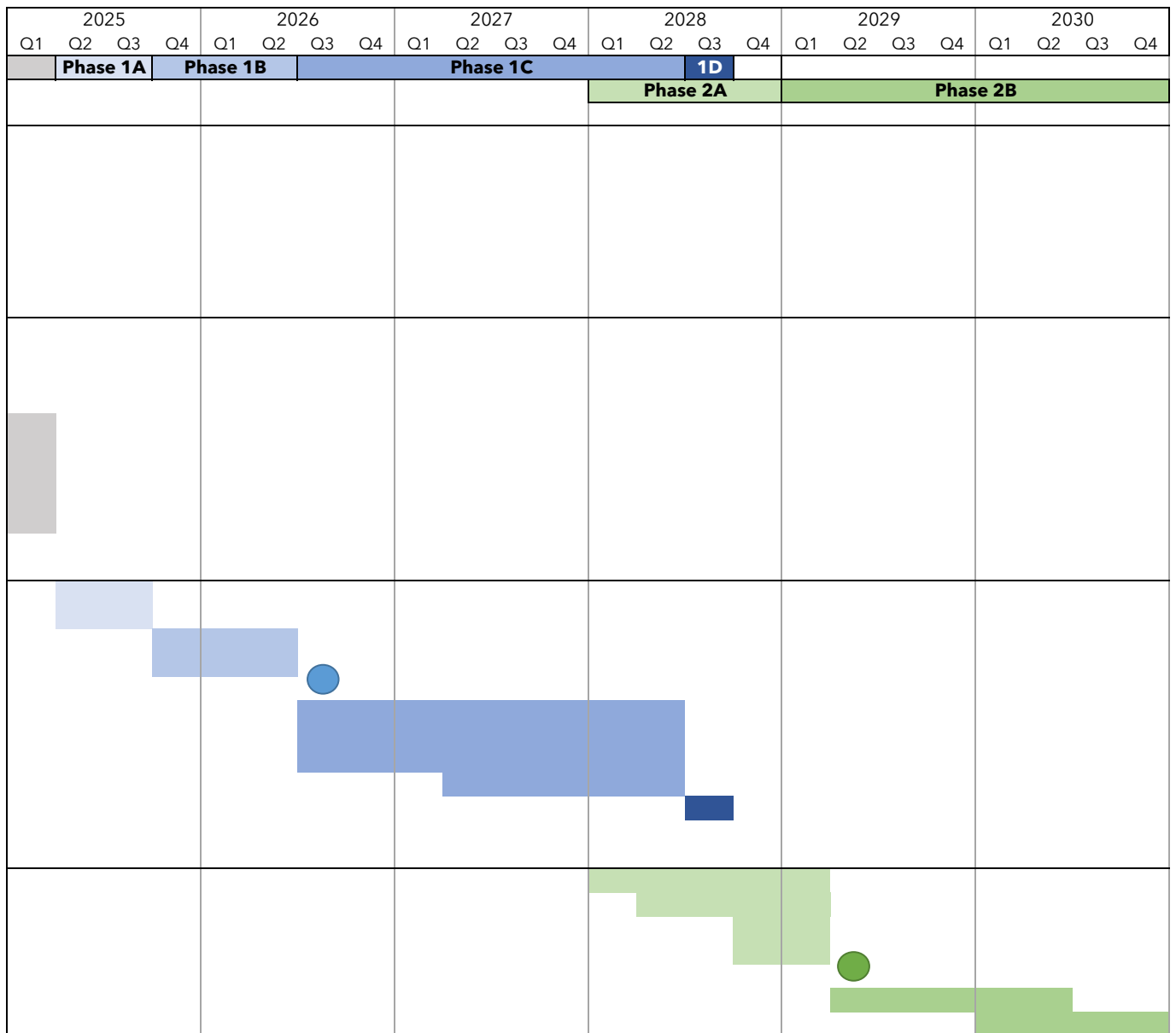
The development and design team hopes to partner with certain Commonwealth agencies to make this project a design success. For example, the team hopes to provide a safe new multi-path for pedestrians

and bicyclists along Morton St. that will better connect with broader pedestrian and bicycle networks, including along Circuit Drive. Space has been created in the site plan within the property line along Morton St. to provide for this multi-path. Other design options may attempt to utilize the existing Morton Street right-of-way to provide these improved multi-path amenities.

CONCEPTUAL SCHEDULE FOR REDEVELOPMENT

	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
					Interim Phase							
Site Acquisition												
Preparation of RFP Response												
Designation and Memorandum of Understanding												
Due diligence period (incl. hazmat and env. testing)												
Execution of License Agreement (full site)												
Preliminary stakeholder outreach												
Preliminary outreach to funding sources												
Pre-Development												
Site planning for permitting submissions												
Preliminary building design - BMC Clinical												
Preliminary building design - PSI Facility												
Preliminary development implementation planning												
Permits and entitlements*												
Site and facility planning and design												
Sourcing of financing												
Capital and Operating budget development												
Preparation of temporary facilities on and off site												
Clinical and Pine Street Inn Building Development												
Closure of Shattuck Hospital building												
Activation of temporary facilities												
Abatement and demolition of Shattuck Hospital building												
Environmental remediation of Phase 1 sites												
Execution of Phase 1 Parcel Leases												
Construction of BMC Clinical Services building												
Construction of Pine Street Inn building												
Construction of new street and infrastructure												
Construction of open space and site improvements												
Phase 1 facilities begin operation												
Family Supportive Housing Development												
Housing buildings planning and design												
Sourcing of financing												
Abatement and demolition of Power Plant building												
Environmental remediation												
Execution of Phase 2 Parcel Lease												
Construction of Family Supportive Housing												
Final site and open space improvements												

*See Section 6-3D for a more detailed description of permitting pathways under consideration for this project.



2022-2023

Site Acquisition

- Preparation of RFP Response
- Designation and Memorandum of Understanding
- Due diligence period (incl. hazmat and env. testing)
- Execution of License Agreement (full site)
- Preliminary stakeholder outreach
- Preliminary outreach to funding sources

2023-2025

Predevelopment

- Site planning for permitting submissions
- Preliminary building design - BMC Clinical
- Preliminary building design - PSI Facility
- Preliminary development implementation planning
- Permits and entitlements
- Site and facility planning and design
- Sourcing of financing
- Capital and Operating budget development
- Preparation of temporary facilities on and off site

2025-2028

Phase 1 Development: BMC Clinical Services and Pine Street Inn/TCB Buildings

- Closure of Shattuck Hospital building
- Activation of temporary facilities
- Abatement and demolition of Shattuck Hospital building
- Environmental remediation of Phase 1 sites
- Execution of Phase 1 Parcel Leases
- Construction of BMC Clinical Services building
- Construction of Pine Street Inn building
- Construction of new street and infrastructure
- Construction of open space and site improvements
- Phase 1 facilities begin operation

2028-2030

Phase 2 Development: Family Supportive Housing Buildings

- Housing buildings planning and design
 - Sourcing of financing
 - Abatement and demolition of Power Plant building
 - Environmental remediation
 - Execution of Phase 2 Parcel Lease
 - Construction of Family Supportive Housing
 - Final site and open space improvements
-

Master Planning Approach

The Shattuck Coalition is acutely aware of the challenges of implementing the proposed redevelopment plan for the Shattuck Campus. The redevelopment requires a very high level of development skill and experience to guide the programming, planning, design, permitting, procurement, construction and commissioning of the new facilities and site improvements.

Implementation Approach

Compounding the complexity of the redevelopment is the makeup of the Coalition team, with three development groups having to coordinate all their efforts over eight to ten years of development.

The Shattuck Coalition will put into place the following development management structure if selected:

Overall Site and campus Development Management

- a. A dedicated, qualified group within the BMC organization charged with overseeing and managing the overall development of the site, infrastructure, and preparing each development parcel for the parcel developer, and coordinating construction activities on each development parcel
- b. Assisting the internal BMC development group will be a development management team from Leggat McCall Properties, experienced in the development of large, multi-phase development sites.

Development of BMC Clinical Building

- a. A client group within the BMC organization, the Clinical Services Building Committee, will be charged with overseeing the overall development of the BMC Clinical Services Building on the Clinical Services Building Parcel.

- b. Serving the Building Committee, an Owners Project Management team from Leggat McCall Properties, experienced in the development of large, complex health care facilities will do the day to day project planning and management for the construction of the Clinical Building

Development of the Pine Street Inn/TCB Building

- a. A dedicated, qualified group within TCB and the Pine Street Inn will be charged with overseeing and managing the development of their building on the PSI/TCB parcel

Development of the Family Supportive Housing

- a. A dedicated, qualified group within JPNDC organization will be charged with overseeing and managing the development of their building on the FSH parcel
- b. The actual development will be executed by a dedicated team from JPNDC and The Community Builders, experienced in the development of large scale urban mixed use development buildings



Roles and Responsibilities Across Development Phases

	2022-2023	2023-2024
Phase	Site Acquisition	Pre-Development
Key Activities	Preparation of Response to DCAMM RFP; preliminary outreach to key stakeholders, including City of Boston; development of a preliminary estimate of development capital costs and operating budgets; identification of funding sources for development, negotiation of pre-development, license agreement with DCAMM; due diligence on site and existing building conditions	Planning, design and permitting of overall development; identifying and securing Financing for Phase 1 developments; plans and specifications for demolition and environmental clean up on Phase 1 development parcels; costs estimates for environmental clean-up and demolition prepared; schematic, design development, and construction docs for Phase 1 developments. Finalization of site environmental clean up plans and cost estimates, finalization of demolition scope and cost estimates; finalization of permits and approvals to commence construction, finalization of plans and specifications for Phase 1 buildings; finalization of infrastructure plans and specification to support Phase 1 projects; procurement of all Phase 1 construction; closing of financing for Phase 1 construction
Activities On Site	Environmental testing and sub-surface exploration; geotechnical surveys; surveying of existing infrastructure; hazmat surveys in all buildings; demolition surveys	
DCAMM Responsibilities	Negotiate pre-development agreement, license agreement to use and access certain areas of the site to allow environmental remediation, construction, and occupancy of temporary facilities immediately prior to closing	Cooperation with Master Developer in the permitting of the proposed redevelopment; review and concurrence with environmental clean up and demolition scope and costs
Master Developer Responsibilities	Negotiate pre-development agreement, license agreement, with DCAMM	Oversight of all pre-development activities
BMC Clinical Development Team Responsibilities	On hold pending disposition agreements	Planning and schematic design of BMC Clinical facilities; identification and securing of funding for the BMC Clinical facilities
PSI/TCB Development Team Responsibilities	On hold pending disposition agreements	Planning and schematic design of the Pine Street Inn facilities; identification and securing funding sources for building development
JPNDC Development Team Responsibilities	On hold pending disposition agreements	Schematic design of JPNDC development

	2025-2028		2028-2030	
Phase	Phase 1A-B	Phase 1C-D	Phase 2A	Phase 2B
Key Activities	Clearing site, environmental remediation as required; Demolition of Shattuck Hospital; Temporary access provisions for PSI operations in Power House Buildings, temporary buildings and relocation of Cottage Community	Execution of Phase 1 lease; construction of BMC Clinical Building and Pine Street Inn Building and supporting infrastructure including new intersection on Morton Street; improvements to Phase 1 open space area, environmental clean up tied to construction activities	Clearing site, environmental remediation as required; Demolition of Power Plant Building	Execution of Phase 2 lease; construction of final roads and infrastructure to support Phase 2; construction of Family Supportive Housing; final landscaping and park amenities
Activities On Site	Preliminary site preparation and demolition of Shattuck Hospital Building; erection of temporary building(s) to house specific on-site healthcare programs	same as above	same as above	same as above
DCAMM Responsibilities	Funding of environmental clean-up and demolition escrow accounts; oversight of spending from those accounts	Funding of environmental clean-up and demolition escrow accounts; oversight of spending from those accounts	Funding of environmental clean-up and demolition escrow accounts; oversight of spending from those accounts	Funding of environmental clean-up and demolition escrow accounts; oversight of spending from those accounts
Master Developer Responsibilities	Oversight of all site preparation and demolition activities	Oversight of all site wide infrastructure and landscaping construction	Oversight of all site preparation and demolition activities	Oversight of the completion of site infrastructure and park amenities and landscaping
BMC Clinical Development Team Responsibilities	Construction documentation and procurement of construction for BMC clinical facilities	Oversight of all BMC Building development and construction activities on BMC Parcel		
PSI/TCB Development Team Responsibilities	Coordination of site preparation on the PSI site to specifications of building construction; construction documentation and procurement of construction for Pine Street Inn facilities	Oversight of all PSI Building development and construction activities on the PSI parcel		
JPNDC Development Team Responsibilities			Finalizing design and financing for family housing development	Oversight and development of the Family Supportive Housing Facilities on the JPNDC development parcel

Approach to Vision Plan Design Goals

Please see Section 6-3C above for a detailed description of how our plans for the site and for each building component respond to the Design Goals voiced in the Vision Plan and RFP.

Description of Proposed Property Management and Services Plans

The Shattuck Coalition understands that to create a project that is welcoming and accessible to all, residents and visitors alike must feel confident that the redeveloped site is clean, safe, and well-maintained. BMC and its partners will form a new operational partnership with responsibility for site maintenance, including landscaping, snow removal, trash collection and pest management services, as well as site-wide security. The Shattuck Coalition will take steps to achieve MBE/WBE targets for the site’s long-term operations.



	Building	Owner	Property Manager	Service Providers
Interim Phase	Cottage Community	Eliot/CCA	Eliot/CCA	Eliot/CCA
	Mobile OTP Clinic	HCRC	HCRC	HCRC
	Modular Inpatient Facility	BMC	Bay Cove	Bay Cove
Phase 1	Clinical Services	BMC	BMC	BMC, Bay Cove, Victory, HCRC, BHCHP
	Pine Street Inn Building	The Community Builders	The Community Builders	Pine Street Inn, BHCHP
	Green Space and Roadways	BMC as licensee	Coalition	N/A
Phase 2	Family Supportive Housing	JPNDC	Property Manager to be selected by JPNDC	TBD

Stakeholder Engagement Plan

Please see Section 6-3B above for a description of outreach activities completed to date, as well as a proposed plan for stakeholder engagement moving forward.

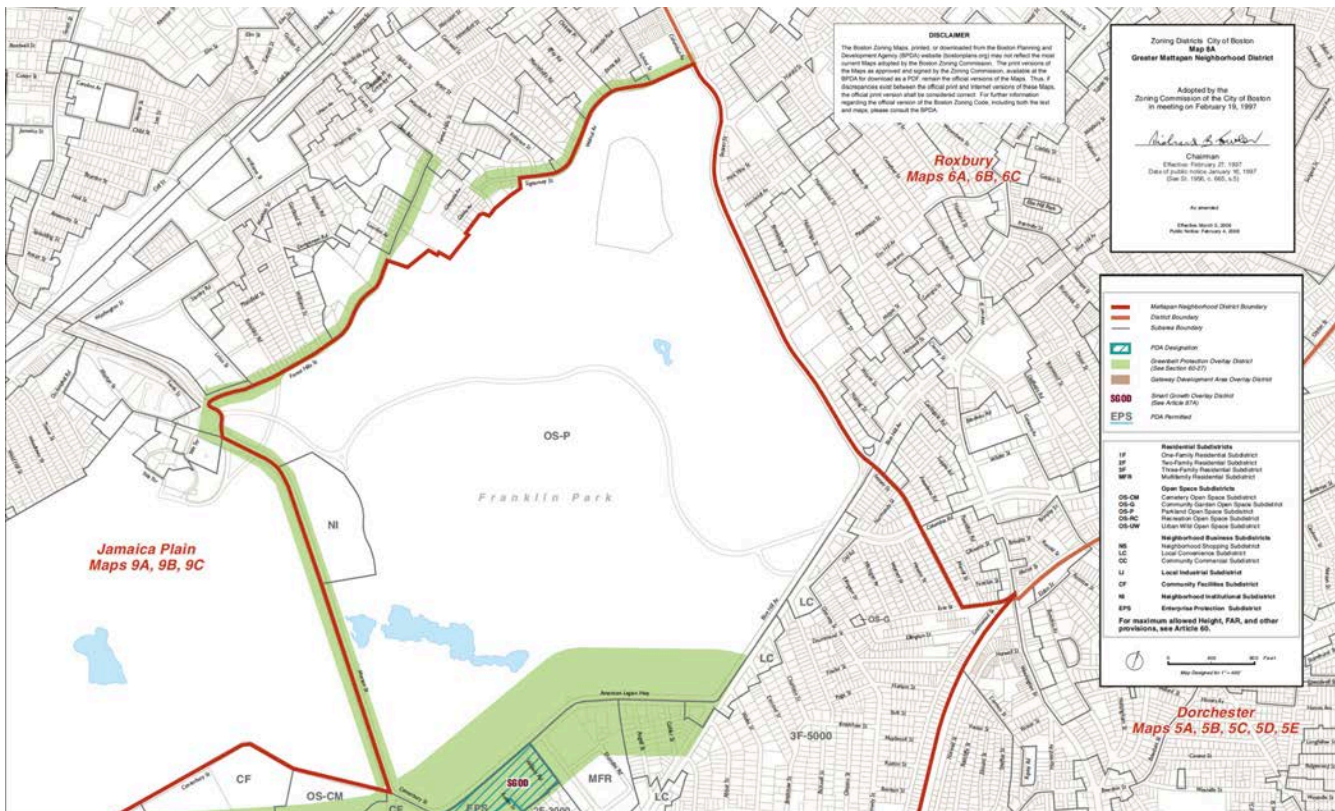
Regulatory Context and Permitting Approach

The existing 13 acre Commonwealth-owned Shattuck Hospital site is under the control of and operated by the Massachusetts Department of Public Health (DPH) and lies entirely within the City of Boston adjacent to historic Franklin Park on Morton St. The new proposed development there, as a large project, is likely to be subject to a variety of state and local regulatory, permitting, environmental, and zoning control reviews, as well as guidance from a number of applicable master planning documents – most specifically DCAMM’s own Shattuck Hospital Vision Plan prepared in 2020, and the ongoing Franklin Park Action Plan / Ellicotdale District now being prepared by the Boston Parks and Recreation Department.

Although Commonwealth property is generally exempt from municipal zoning when it is being used for essential governmental functions, it is anticipated that this new project may be reviewed under the City’s zoning regulations since new uses will include both private and non-profit services and facilities. Both the Commonwealth and the Shattuck Coalition hope to work closely with the City to achieve state and community goals by working closely in a collaborative process.

Below is a summary of the various legal restrictions and regulatory and statutory reviews likely to be undertaken as the design of the Shattuck project progresses. Additionally, several recently prepared master planning documents will provide guidance:

1. Shattuck property deed restrictions and site statutory use restrictions (Chapter 770 of the Special Acts of 1949) that prescribe that the Shattuck site is to be used for public health care purposes.
 2. Boston Zoning Code review requirements: The project will be reviewed under the requirements of Boston’s Article 60 Greater Mattapan Neighborhood District / Lemuel Shattuck Neighborhood Institutional (NI) Subdistrict, and the Mattapan Morton St. Greenbelt Protection Overlay District (GPOD). However, because of the project’s significant size, the City is most likely to review the project under the provisions of Article 80 Large Project Review.
 3. Commonwealth Environmental and Historic Reviews may include those by the Massachusetts Historic Commission (MHC) and the MEPA office of the Executive Office of Environmental Affairs (EOEA). DCAMM files Project Notification Forms with the Massachusetts Historical Commission (MHC) for all major projects. Although the Shattuck Campus itself is not an historic resource, it is surrounded by National Register and State Register listed historic properties - namely Franklin Park, the Emerald Necklace, and Morton Street as part of the metropolitan parkway system. In addition, Franklin Park and the Emerald
- Necklace are both designated as City of Boston landmarks. Any consultation with MHC will include the Boston Landmarks Commission.
4. Additional City Reviews are likely to be undertaken by the Boston Parks Commission, Boston Landmarks Commission, and Department of Public Health.
 5. Master Planning Guidance: The design of the Shattuck site will very much be guided by the community-based recommendations of recent or ongoing master planning efforts.
 - a. DCAMM’s Shattuck Vision Plan, prepared in 2020 with significant community input, provides guidance for the site’s new health care and supportive housing uses; connections with adjacent parks and parkways; vehicular and public transportation access; and suggested building heights (six stories).
 - b. The Franklin Park Action Plan, currently underway by the Boston Parks and Recreation Department, will provide recommendations for the ‘Ellicotdale’ portion of Franklin Park immediately adjacent to the Shattuck site, as well as for improvements and modifications to the adjacent Circuit Drive.



Boston Zoning Requirements, Constraints and Reviews

The Shattuck site lies within the Greater Mattapan Neighborhood Zoning District / Shattuck Neighborhood Institutional Subdistrict (NI), and a small portion lies within the Mattapan Morton Street Greenbelt Protection Overlay District (GPOD) Article 60 Greater Mattapan Neighborhood District / Lemuel Shattuck Hospital Neighborhood Institutional (NI) Subdistrict Requirements.

Large projects within this NI Subdistrict are subject to review and are not allowed as-of-right.

Allowed Uses: All allowed and conditional uses are outlined in the Use Table C. All ‘Health Care Uses’ and ‘Public Service Uses’ proposed for the redevelopment of the Shattuck Hospital site are either Allowed (A) or Conditionally Allowed (C). Specifically, ‘Transitional Housing’ or ‘Homeless Shelters’ are Conditionally Allowed (C).

Dimensional Requirements: Dimensionally within this NI Subdistrict, according to Table G, a Maximum Floor Area Ratio of 2.0 is allowed (approximately 1,132,000 gsf). The Maximum Building Height is 55 feet. Required minimum Usable Open Space is 50 sf per dwelling unit.

Parking Requirements: According to Table H, the off-street parking requirement for Health Care Uses is 1.0 per 1,000 GFA. However, Table H parking requirements do not apply when a project is subject to Large Project Review.

2) Greater Mattapan / Morton St. Greenbelt Protection Overlay District (GPOD) Requirements

The Mattapan-Morton St. GPOD runs along the length of Morton Street adjacent to the Shattuck Hospital site. The overlay district either side of the Morton St. centerline dimensionally overlaps the Shattuck property. GPODs are overlaid along many of the city’s landscaped boulevards or parkways, such as Morton Street within the Emerald Necklace.

The intention of the GPOD review is to ensure: 1) provision for landscaping treatment that maintains the natural and aesthetic quality of the greenbelt parkway when development is proposed; and 2) avoidance of significant adverse impact on parkway traffic and parking.

A project proponent seeking a Building Permit for a project within a GPOD applies to BPDA and the Boston Parks Commission to seek a conditional use permit. Projects that fall within a GPOD may also be subject to Article 80 Large Project Review.

3) Article 80 Large Project Review Process

Projects larger than 50,000 gsf in size, such as this proposal for the redevelopment of the Shattuck site, typically trigger an Article 80 ‘Large Project Review’ by the BPDA. A wide variety of design considerations and project impacts will likely be required to be studied – including urban design, transportation, sustainability and environmental impacts. The supportive housing developers, The Community Builders and Jamaica Plain Neighborhood Development Corporation, are extremely experienced in successfully coordinating Article 80 Large Project Review for projects.

As a first step, the project proponent is requested to submit a Letter of Intent. Upon review, the BPDA will review the issues and then require that the proponent file an expanded PNF / Project Notification Form with the BPDA and other city agencies which outlines the scope of the project and potential impacts. After reviewing the PNF, the BPDA will then issue a ‘Scoping Determination’ or ‘Preliminary Advisory Determination’ which outlines the design and impact categories which BPDA may require the project proponent to subsequently investigate in a more detailed Project Impact Statement.

Permitting Pathways

The redevelopment of the Shattuck Campus will require numerous state and City of Boston permits and approvals, and a continuation of the high level of community engagement and input that DCAMM has already achieved in the development of the Vision Plan and the Request for Proposals. It is the intention of the Shattuck Coalition to actively solicit key stakeholders at the state, City and community levels about their perspectives and concerns, and put together a permitting strategy that reflects that feedback.

As a baseline, we believe the proposed uses included in the redevelopment plan are fully compatible with the use restriction set forth in Chapter 770 of the Acts of 1949 (the “Shattuck Act”), the special act conveying the Shattuck Site from the City of Boston (the “City”) to the Commonwealth of Massachusetts (the “Commonwealth”). In passing the Shattuck Act, the legislature authorized the conveyance of the Shattuck Site from the City to the Commonwealth but limited the use of the land for the purposes of the Department of Public Health (“DPH”). The program of the proposed redevelopment is believed to be in compliance with the activities and purposes of the Department of Public Health.

Despite the state ownership of the Shattuck Building and its use by the state for a public facility, we understand from the RFP that the redevelopment will be expected to undergo a full permitting process, with no exemptions made available by virtue of the ownership of the site by the Commonwealth, and its typical immunity from local zoning. We are keenly aware of vulnerabilities to the appeal of permits and approvals, and litigation, and will craft a rezoning and permitting strategy that minimizes these risks to the extent possible.

We have identified five pathways for securing the appropriate zoning for the redevelopment, each presenting its own unique challenges.

1. **Rezoning of the Site:** As described above, the Shattuck Hospital site comprises the entire Lemuel Shattuck Hospital Neighborhood Institutional (“NI”) Subdistrict of the Greater Mattapan Neighborhood District. One option to secure the zoning relief necessary to develop the Project will be to rezone the Shattuck NI Subdistrict. This effort will entail modifying the applicable use and dimensional regulations of the NI Subdistrict to accommodate the proposed uses and dimensions of the Project. A rezoning process, however, can be lengthy and cumbersome. Before the BPDA typically rezones an area, it conducts an extensive planning study which can take several months and involves a significant community engagement process. Such a process will likely not be consistent with the ideal development time frames as developed by DCAMM and DPH.

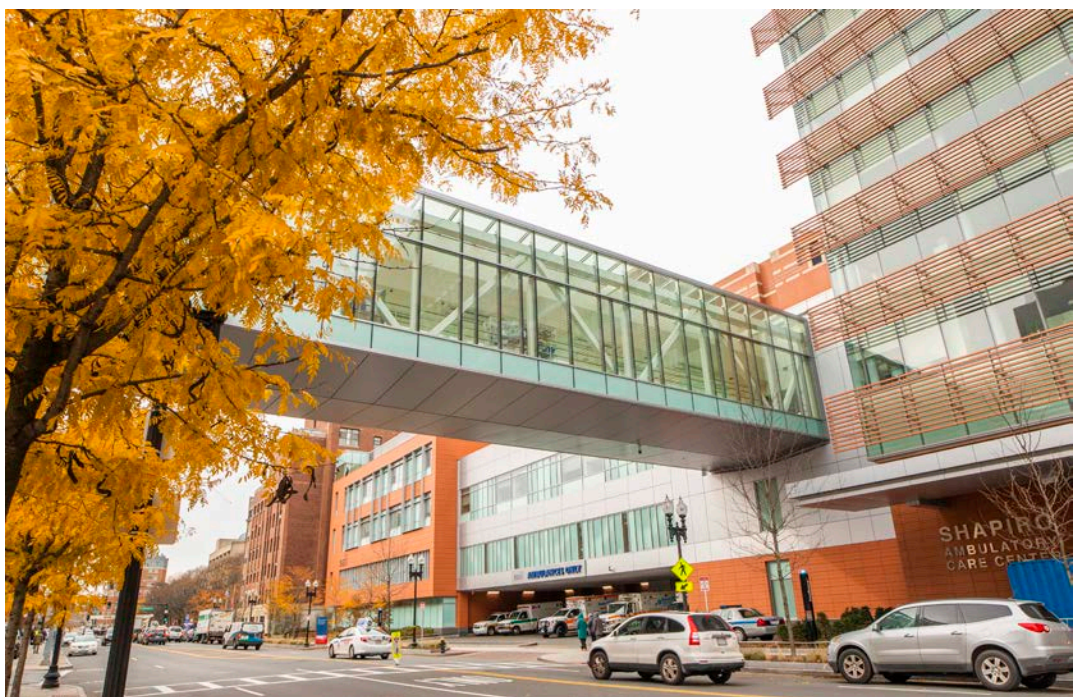
2. **IMP Process:** Securing zoning relief through an Article 80D Institutional Master Plan Review process, while possible if BMC was the only proponent, presents significant challenges for the other participants. The purpose of Article 80D is to guide institutional expansion and mitigate its impacts. Accordingly, if BMC were to be the sole ground lessee and user tenant of the Site, an IMP amendment (amending BMC's existing IMP) and associated map amendment will be a viable and perhaps preferred approach. However, since this proposal contemplates leases with other non-profit organizations, and multiple leasehold interests, this is unlikely to be the preferred option.

3. **ZBA:** Another option for the redevelopment will be to seek the necessary zoning relief from the Zoning Board of Appeal. In this scenario, the Coalition will design the Project as desired and request relief for any use and dimensional regulations not in compliance with the underlying zoning. This approach will entail obtaining Article 80 approval from the BPDA Board followed by an appeal to the ZBA for the required relief. While achievable, the ZBA process presents inherent risks. Any abutter could challenge the ZBA's decision in court and subject the Project to months, if not years, of litigation. Additionally, case law has demonstrated that variances are very difficult to uphold in court.

4. **PDA:** The fourth option will be to seek a Planned Development Area ("PDA") designation for the Site. PDAs provide for greater flexibility and additional controls for project development. PDAs may allow for greater height and density, a greater range of uses, a greater or lesser number of parking spaces, and other variations from the provisions of the underlying zoning. A large scale, multi-phased project such as the one being proposed, is well suited for the PDA mechanism. As discussed, however, PDAs currently are not permitted in the Shattuck NI Subdistrict. Accordingly, a zoning text amendment designating the NI Subdistrict as PDA-eligible, and an associated map amendment creating the overlay, would be required. This will require support from BPDA leadership to approve and facilitate such an approach, and we are optimistic that such support could be garnered, particularly with input from DCAMM, DPH, and other City of Boston agencies.

As the Shattuck site comprises the entire Shattuck NI Subdistrict, a PDA designation for the site will essentially affect only this Project and not have unintended consequences on other sites. Additionally, the site is surrounded by open space with the nearest residential neighbors being separated by the four-lane Morton Street. As such, the impacts of the development on the surrounding neighborhood of a multi-phased PDA development project would be modest. If the BPDA were to support this approach, BPDA staff would engage and inform the community of the proposed zoning change (with assistance from the Coalition team), likely simultaneously with the Article 80 review of the Project.

As the site consists of more than 5 acres, it would be eligible for a PDA Master Plan. The approval of a PDA master plan provides the approval of a general development concept, including changes in the underlying zoning's permitted uses and allowed density. A typical master



plan sets forth certain dimensional, parking and open space requirements, as well as permitted uses for the master plan area. However, a full PDA development plan addressing all other aspects of a proposed development must be approved before any project may be developed within a PDA.

5. **121A:** The fifth option will be to apply for treatment as an urban redevelopment project for all or portions of the project, pursuant to M.G.L. c.121A, which could streamline permitting and provide tax and other benefits for the project. 121A has many of the same benefits as PDA, while not requiring a zoning text amendment. The purpose of Chapter 121A is to facilitate and encourage the redevelopment of blighted, decadent, and substandard areas. For a 121A Project, the private developer is offered tax incentives by way of a tax limitation agreement negotiated with the City's Assessing Department in exchange for redeveloping a blighted area that would otherwise lack private investment. In addition to tax incentives, 121A Projects can also provide zoning relief through "deviations" from the underlying zoning regulations to facilitate development. These "deviations" are included in the 121A Application and, once approved by the BPDA Board, become the zoning for the site without requiring approval from the ZBA and BZC. 121A

Projects typically include extraordinary public benefits including, but not limited to, a significant affordable housing component, substantial jobs creation and/or an extensive open space network. The Article 80 process is the same as in other paths. Two of the Development Partners, JPND and TCB, have recently used this method for a similar large site, multi-phase development with a large portion of the site designated for affordable housing. As with a PDA, this approach will require support from BPDA leadership to approve and facilitate such an approach, and we are optimistic that such support could be garnered, particularly with input from DCAMM, DPH, and other City of Boston agencies.

Each path outlined has distinct advantages and obstacles; if selected, we will engage with DCAMM and the BPDA to evaluate the rezoning path most likely to succeed in light of the community engagement by the City and DCAMM to date, and the anticipated reactions to the proposed redevelopment plans by key stakeholders.

In parallel with any rezoning effort we will initiate the Article 80 Large Project Review process with the Boston Planning and Development Agency (BPDA) along with Massachusetts Environmental Policy Act (MEPA) review to ensure consistency of submission materials and community outreach efforts and efficiency of process. We anticipate that the redevelopment projects will be responsive to the City's Climate Resiliency Checklist, proposed LEED

Scorecard, Green Building Analysis, and projected compliance with the updated Building Energy Reporting and Disclosure Ordinance (BERDO) and Coastal Flood Resiliency Overlay District (CFROD) requirements, with compliance established during the Article 80 process. For a MEPA submission, we anticipate the potentially applicable thresholds will include those relating to Wastewater, Transportation, and Land, among others.

In addition to early conversations with the BPDA to identify the best overall permitting path, we will begin engaging almost immediately with the communities surrounding the site, Jamaica Plain, Mattapan, Dorchester and Roxbury, as well as the Franklin Park Coalition.

Following the rezoning, Article 80 and MEPA processes, we would also expect to be subject to reviews by agencies having jurisdiction for transportation impacts, utility impacts, and parks and open space. These would include pursuit of a new or amended Air Pollution Control Commission parking freeze permit, and review by the MBTA given the project's proximity to MBTA bus stops. For utility impacts, we expect to interface with both the Boston Water and Sewer Commission and Public Improvements Commission for applicable reviews. We would work with Boston Transportation Department on the plans for new points of access to the site, including as signalized intersection, from Morton Street.

For natural resources protection, we will seek to ensure compliance with the new Local Wetlands Ordinance, if applicable, as well as file for review by the Boston Parks Commission given the site's adjacency to Franklin Park.

As described in Section 6-3B, our approach to both a successful permitting process and a project that will be successful in the long-term is based on a strategy of early and transparent community engagement to create a project that is responsive to community concerns. Our initial list of community groups includes:

CITY-WIDE/MULTIPLE NEIGHBORHOODS

- Alternatives for Community and Environment (ACE)
- ACEDONE
- Action for Equity
- Authentic Caribbean Foundation
- Boston Climate Action Network
- Boston Cyclists Union
- Boston Food Forest Coalition
- Boston Tenant Coalition
- City Life/Vida Urbana
- Ctr to Support Immigrant Organizing
- Emerald Necklace Conservancy
- Franklin Park Coalition
- Franklin Park Tennis Association
- Mass Alliance of HUD Tenants
- Mass Audubon
- Mass Senior Action Council
- Zoo New England Franklin Park Zoo
- BMC Health Accelerator Advisory Board
- Roxbury Homecoming Committee/Juneteenth
- Greater Boston National Pan-Hellenic Council

DORCHESTER

- Bowdoin Geneva Neighborhood Association
- Franklin Field North
- Harvard St Community Health Center
- Lena Park Community Center
- NE United for Justice
- Talbot Harvard Triangle NA

JAMAICA PLAIN

- Arborway Coalition
- Bethel AME Church
- Brookside Health Center
- First Baptist Church
- Hyde Square Task Force
- Jamaica Hills Association
- JP Neighborhood Council
- JP Progressives
- Southern JP Health Center
- Stony Brook Neighborhood Association
- West Roxbury Courthouse Neighborhood Association
- Woodbourne Neighborhood Association
- First Unitarian Church

MATTAPAN

- Haitian Americans United (HAU)
- Jubilee Christian Church
- Mattapan Community Health Center

- Mattapan Food & Fitness Collaborative
- Greater Mattapan Neighborhood Council
- Mattapan Square Main Streets
- Morningstar Baptist Church
- True Alliance Center
- Urban Farming Institute
- Voice of the Tabernacle Church
- Black Ministerial Alliance

ROSLINDALE

- Mt. Hope/Canterbury Neigh Association
- Greater Roslindale Community Health Center

ROXBURY

- Egleston Square Main Street
- Egleston Square Neighborhood Association
- Garrison Trotter Neighborhood Association
- Keep it 100 Egleston
- Project RIGHT
- Reclaim Roxbury

SOUTH END

- Newmarket Business Association
- South End Forum

Our proposed scheme for the redevelopment of the Shattuck Campus was developed in response to the specific program goals delineated in the RFP, as well as many of the recommendations and concerns voiced by the community and its representatives during DCAMM's outreach in the preparation of the Vision Plan. Those comments and concerns largely focus on vehicular, bicycle and pedestrian accessibility, environmental sustainability and enlargement and enhancement of green space, interface with Franklin Park, and programming/use mix. We have incorporated our thinking on these comments into our response, and have maintained flexibility to incorporate additional feedback from the surrounding communities as design – and stakeholder engagement – advance.

Summary of Permits likely required for the redevelopment:

CITY OF BOSTON

- BPDA — Article 80B Large Project Review; Article 80C Planned Development Area Review
- Boston Zoning Commission (if PDA option) — text and map amendments; approval of PDA Development Plan and/or Master Plan
- ZBA (if ZBA option) — variances and conditional use permits
- ISD — building permits and certificates of occupancy
- Landmark Commission — Article 85 Demolition Delay approval
- PIC approval — street layout/reconfiguration
- Parks Commission approval — Parks ordinance jurisdiction (100' from a park)

- BWSC — site plan approval; water and sewer connections
- DPW — street excavation (if necessary)

STATE

- MEPA — full MEPA review will likely be required given the scale of the Project and its location on/leasehold interest in state-owned land
- MHC — no adverse effect determination
- MWRA — construction dewatering permit
- MassDOT — highway access permit (for access from Morton Street)

Infrastructure and Site Improvements

Water

Water for the project site is provided by the Boston Water and Sewer Commission (BWSC). There are five water systems within the City, and these provide service to portions of the City based on ground surface elevation. The five systems are southern low (commonly known as low service), southern high (commonly known as high service), southern extra high, northern low, and northern high. There is an existing 8-inch southern high water main located on the westerly side of Morton Street. There is also an existing 36-inch water main owned by the Massachusetts Water Resource Authority (MWRA) that parallels the 8-inch BWSC water main in Morton Street. There is also an existing 48-inch water main owned by the MWRA on the easterly side of Morton Street.

There is a 12-inch water connection off the existing 8-inch water main in Morton Street that is brought into the site and into a check valve manhole. The water line then proceeds on the northerly side of the Service Building where there appears to be a structure with a connection to the building and then the 12-inch water main continues to the northeast. The site's 12-inch water line runs on the northerly and easterly sides of the site where it terminates at a hydrant and the old feeds for the Nurses Home Building and the Superintendent's House, both of which are no longer on the site. There is an 8-inch water line off the 12-inch water main that feeds a hydrant on the southerly side of the Shattuck Building. There appears to be two (2) cross connections off this 8-inch water line to the existing 8-inch BWSC water main in Morton Street and the existing 48-inch MWRA water main in Morton Street.

PROPOSED WATER SERVICES

The water for the Project will be supplied by the BWSC system located in Morton Street. There appears to be sufficient capacity of the existing water system to support the proposed Project.

New water services will be installed in accordance with the latest local, state, and federal codes and standards. Backflow preventers will be installed at both domestic and fire protection service connections. New meters will be installed with Meter Transmitter Units (MTU's) as part of the BWSC's Automatic Meter Reading (AMR) system.

Efforts to reduce water consumption will be made. Aeration fixtures and appliances will be chosen for water conservation qualities. In public areas, sensor operated faucets and toilets will be installed.

Sewer

The BWSC has an existing sanitary 10-inch sanitary sewer main located in Forest Hill Street that the Site is connected to. A new 10-inch sewer main was installed from the Site, onto Morton Street, then to Cemetery Road and then to the existing sewer main in Forest Hills Street when the Shattuck Hospital was constructed.

Not including the sewer services that extended to the Nurses Home Building and the Superintendent's House which are no longer there, there is a sewer manhole near the southwest corner of the Shattuck Hospital Building with a 10-inch sanitary sewer main. Sewer flows from the sewer manhole flow in a westerly direction where there are approximately 14 service connections including two (2) acid waste lines and two (2) grease trap lines with exterior grease traps that flow to the sewer manhole in Morton Street and eventually Cemetery Road where it discharges to the sewer main in Forest Hills Street. The 10-inch BWSC sanitary sewer main in Forest Hills Street ultimately flows to the MWRA Deer Island Wastewater Treatment Plant for treatment and disposal.

PROPOSED SEWER SERVICE

New building sanitary sewer services for each building will be designed to connect to the Campus sanitary sewer mains with tees and in compliance with BWSC regulations and standard details. Sizing, number, and locations of the building sanitary sewer services will be determined by the Plumbing Engineer. There appears to be sufficient capacity of the existing sewer system to support the proposed project.

Improvements to the sanitary sewage system will be reviewed and approved by the Boston Water and Sewer Commission (BWSC) as part of their Site Plan Review process, including video inspection and dye tested to evaluate rehabilitation requirements for reuse.

Storm Drainage

There are several storm drain structures (catch basins, drop inlets, etc.) that collect stormwater runoff on the southwesterly side of the Site (near Morton Street) and three (3) 12-inch and one (1) 8-inch storm drain services from the southerly and easterly sides, respectively, of the Shattuck Building that connect to an 18-inch storm drain line in Morton Street.

There are several storm drain structures (catch basins, drop inlets, etc.) that collect stormwater runoff on the northeasterly side of the Site (near Circuit Drive) and flow in westerly and southwesterly directions via an 18-inch storm drain line to a drain manhole in Morton Street.

The storm drain lines converge into a 24-inch storm drain line in Morton Street that flows in a westerly direction to an existing storm drain line of unknown size in Cemetery Road.

Record plans do not indicate any storm drain service line from the Service Building to the 18-inch storm drain that runs by it.

PROPOSED STORM DRAINAGE SYSTEM

Per BWSC requirements, all impervious areas on the site will be subject to a stormwater storage and infiltration volume equal to the impervious area of the site times 1.25-inch depth of stormwater. There appears to be sufficient capacity of the existing storm drain system to support the proposed project.

Improvements to the stormwater management system will be reviewed and approved by the BWSC as part of their Site Plan Review process. Stormwater collected from building roofs and the adjacent pedestrian walkways will be routed to infiltration systems located near the buildings. Stormwater collected from the roadway systems will be conveyed to downstream locations for collection, treatment, and infiltration. Any underground gravity infiltration

systems will be comprised of perforated pipe or storage chambers surrounded in crushed stone.

Soil testing will be required to categorize the onsite soils, identify seasonal high groundwater elevations, and determine infiltration rates. The stormwater management system will be designed to meet the Department of Environmental Protection's Stormwater Management Standards to the maximum extent practicable.

Utility Tunnels

Based on available record plans, there is a tunnel from the easterly side of the Service Building to the northwest corner of the Shattuck Building with 2 cold water lines, 2 hot water lines, 2 hot water return lines, an oxygen line and an unknown 6" line located on a rack.

There was a tunnel from the southerly side of the Shattuck Hospital Building to the westerly side of the former Nurses Home Building. Nitsch is unaware of any utilities that may still be present in the tunnel since the Nurses Home Building was demolished several years ago.

Existing Site Topography

The Shattuck site largely rests on a raised almost-level plateau approximate 10 to 13 feet above much of the length of Circuit Drive and the adjacent picnic areas and tennis courts of Franklin Park. Along the edge of Circuit Drive adjacent to the site, the slope of this ten foot rise is steep and forms a formidable embankment and barrier to site access.

On the other side of the campus, however, along portions of the Morton St. frontage, and particularly in the rear loading dock / service area of the existing hospital, the land falls ten feet or more from the plateau elevation. This lower land area off of Morton St. may provide an opportunity to construct a below-level parking deck should one be called for in the new site design.

E. Phasing



In order to bring the Core Project Elements on-line as quickly as possible, the Shattuck Coalition team has proposed the following phasing for the development:

Interim Phase (2023-2024)

During the Interim Phase of the project, we propose to complete site preparations for the modular ATS and mobile OTP facilities to support interim operations of Bay Cove and HCRC's services. Victory Programs' current services will be temporarily relocated, and the Cottage Community will remain in place during this time, as discussed further in Section 6-4B, Interim Operating Plan.

Phase 1 (2025-2028)

Phase 1A

During Phase 1A, the Commonwealth will discontinue operations at the Shattuck Hospital building. HCRC will begin operations in the mobile facility and Bay Cove will begin operations in the modular facility. The Cottage Community and all Pine Street Inn programs will continue operating normally.

Phase 1B

During Phase 1B, the Shattuck Hospital building will be demolished (following necessary abatement activity) and preparations for the construction of new site infrastructure and the Phase 1 buildings will begin.

Phase 1C

During Phase 1C, the BMC Clinical Services and Pine Street Inn buildings will be constructed, along with a significant portion of the open space to be made available for public access. The Cottage Community will be relocated to a site near the Power Plant building.

Phase 1D

The BMC Clinical Services and Pine Street Inn/TCB buildings will begin operations in Phase 1D. HCRC and Bay Cove will relocate operations from their temporary facilities into the BMC Clinical Services building, and Victory Programs will resume operating on-site. Pine Street Inn's emergency shelter and SOAP will be relocated to the new Pine Street Inn/TCB building. The 200 units of individual Permanent Supportive Housing will begin operating, along with the new Safe Haven Program. The BMC Coalition will work collaboratively with CCA and Eliot

Human Services to relocate current guests of the Cottage Community into appropriate housing options on site, and the cottages will be relocated off-site. The majority of green space will become available to the general public at this time, including the central lawn and space identified for potential playing fields or community gardens. By the conclusion of Phase 1 (estimated to be in 2028) all Core Program Elements will have been realized.

Phase 2 (2028-2030)

Phase 2A

During Phase 2A, following relocation of all Pine Street Inn operations to their new facility, the Power Plant building will be demolished. This clears the way for the development of the final component of the project.

Phase 2B

Phase 2B will include the construction of 205 units of Family Supportive Housing and accompanying services across three buildings, as described further in Sections 6-3C and 6-4A. As construction on site concludes and staging areas are no longer needed, final components of site infrastructure and the remaining open space will be completed.

F. Commonwealth Scope



The Shattuck Coalition team has proposed a predevelopment plan that calls for Commonwealth funding to support demolition and abatement efforts, but will enable the Coalition to undertake this work directly. As described in Section 6-3D and 6-5A, the Coalition will look to the Commonwealth to fund escrow accounts for the costs of site remediation, hazardous materials abatement, and demolition across all phases of development. Preliminary cost estimates will be established during the due diligence period, and finalized during predevelopment.

In addition to these costs that are key to enabling work on the site to begin, we will seek Commonwealth funding of improvements along Morton Street, from the entrance to Franklin Park to the Eastern edge of the site. These improvements will include protected bike paths, sidewalks to accommodate pedestrian connections, and the addition of a signalized intersection on Morton Street.

We anticipate that the new road running through the development site would be a public right-of-way, in keeping with the Commonwealth's goals of enhancing public access and improving connectivity for park users and the surrounding neighborhoods.

G. Redevelopment Timing



The Shattuck Coalition team understands that (1) it is DCAMM's desire to identify a redevelopment partner by the end of calendar year 2022, and (2) that the redevelopment of the Shattuck Hospital site is contingent upon the Commonwealth relocating existing DPH operations to their new home in the Newton Pavilion, anticipated to be complete in 2025. Based on these milestones, our proposal recommends the following timeline:

2022: Site Acquisition and Negotiation of License Agreement

2023-2024: Predevelopment

2025-2028: Demolition of Shattuck Hospital building; development of BMC Clinical Services and Pine Street Inn/TCB Building and restoration of Open Space

2028-2030: Demolition of Power Plant building; development of Family Supportive Housing buildings and final site improvements

Please see Sections 6-3D, Site Planning and Implementation, and 6-3E, Phasing, for a more detailed schedule of proposed activities.

6-4

Public Health Program and Implementation

- A. Program Description
- B. Interim Operating Plan
- C. Operating Assumptions/Commonwealth Operating Role
- D. Long-Term Project Controls



A. Program Description



Our proposed redevelopment plan includes the following Core Project Elements as identified in the RFP:

Creation and Operation of a Minimum of 75-100 Units of New Permanent Supportive Housing

Our proposal includes 200 units of new permanent supportive housing for individuals as part of the first phase of the project to come on-line. An additional 205 units of supportive housing for families is also included in the latter phase of site development.

Creation and Operation of New Clinical Space Geared Towards Residential Treatment and Related Physical and Behavioral Health Services Addressing Substance Use Disorder (SUD)

Our proposal calls for more than 200,000 SF of new clinical services space including 272 residential treatment beds across all phases of care. This building is included as part of the first phase of the project to come on-line.

Creation of a New Permanent Location for an Opioid Treatment Program ("OTP") and Provision for Continuity of Operations of the Existing OTP Serving 300-400 Patients Daily during the Redevelopment Process

Our proposal includes a permanent location for the HCRC Opioid Treatment Program as part of the Clinical Services building, and accounts for interim operations of the OTP program on-site during demolition and construction.

Dedication of a Significant Portion of the Campus to Publicly Available Open Space Supporting both Passive and Active Uses

Our proposal includes 7.8 acres of open space accessible to the general public. We have proposed a design for this open space that responds to parallel planning efforts underway as part of the Franklin Park Action Plan. Proposed uses include a new elliptical lawn with opportunities for pick-up frisbee and soccer, a sloping informal amphitheater that could be used for community activities or arts events, and a series of smaller spaces for respite activities such as reading, therapeutic uses, and smaller gatherings.

For more information on the proposed staging of activities, please see our detailed description of Phasing in Section 6-3E.

Core Element: Creation and Operation of New Clinical Space

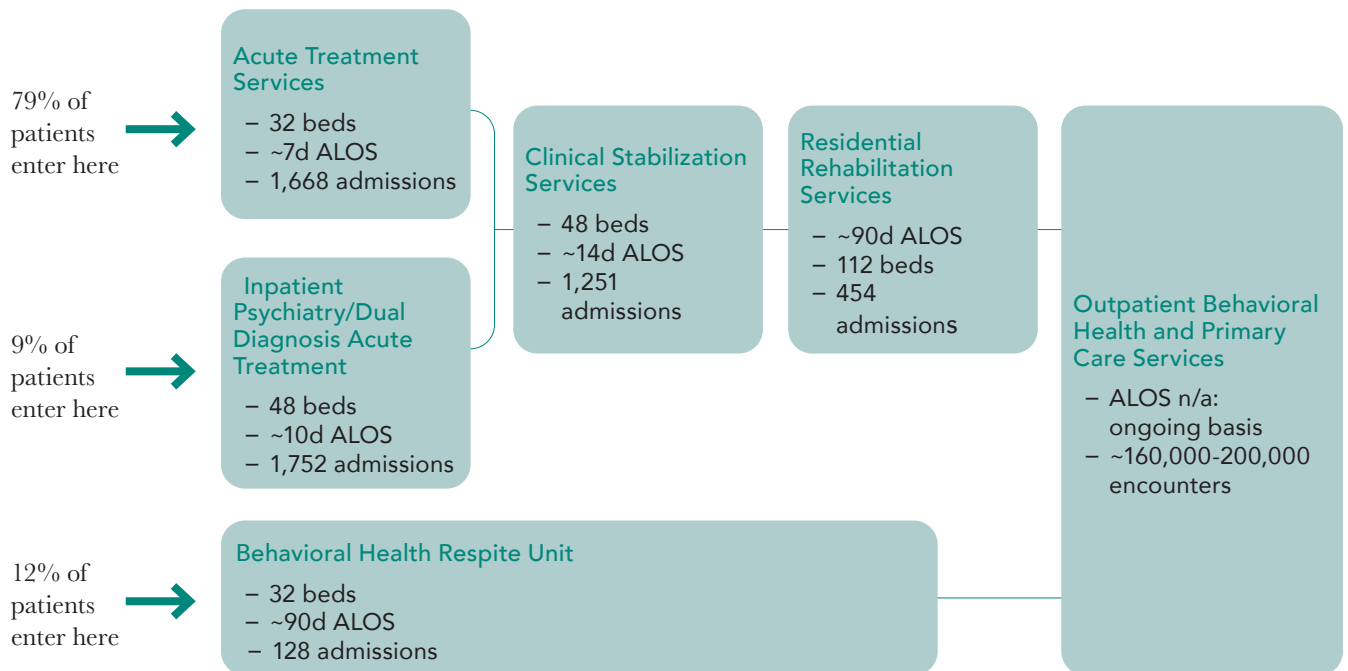
In **Phase 1**, we will complete the construction of the proposed 229,706 Building Gross Square-Foot (BGSF) Clinical Services Building to be owned and operated by BMC. Most of this building will be devoted to inpatient services, including ATS, CSS, RRS, the Inpatient Psychiatry Unit (IPU), and the new BHRU. Approximately 25,000 BGSF will be devoted to outpatient behavioral health and primary care services.

As shown in the Annual Projected Patient Flow through the Clinical Services Building Diagram below,

based on the extensive preliminary analyses described in Section 6-3, *Project Vision*, we have projected that 79% of patients will enter the care continuum through ATS; 12% will be directly admitted to the Inpatient Psychiatry Unit, and 9% will enter through the Behavioral Health Respite Unit. We have allocated enough beds in these three inpatient services such that, once the campus is fully operational, a projected 3,874 patients will be able to enter the care continuum annually through one of these three points of entry, including 1,668 through ATS, 1,752 through the IPU, and 454 through the BHRU. Patients discharged from these services will “step down” to CSS, RRS, and eventually, to outpatient counseling. We calculated the number of CSS and RRS beds needed to reduce

bottlenecks. In addition, we calculated the square footage dedicated to various outpatient services to meet industry standards for the design of health care facilities and to leave adequate office space for project administration and on-site social services, as well as a resource center, with offerings including housing assistance and benefits enrollment (the “hub”).

Note that while we are striving to limit bottlenecks, we will still need partnerships with off-site providers of certain clinical programs like RRS and housing like PSH, as we cannot fit every needed bed onto one campus - particularly for later-in-continuum programs with longer lengths of stay.



Annual Projected Patient Flow through the Clinical Services Building Diagram

This Diagram depicts a simplified model for patient flow through the care continuum housed in the Clinical Services Building, followed by detailed descriptions of the inpatient and outpatient services to be provided.

Inpatient Behavioral Health Care

The Shattuck Campus Inpatient Annual Capacity table below summarizes the number of inpatient beds in the Clinical Services Building and their annual capacity.

Shattuck Campus Inpatient Annual Capacity Table

Service	Proposed Beds	Assumed LOS* (in days)	Annual Capacity
Acute Treatment Services**	32	7	1,668
Clinical Stabilization	48	14	1,251
Inpatient Psychiatry**	48	10	1,752
Behavioral Health Respite**	32	90	128
Residential Rehabilitation	112	90	454

*Length of Stay *Of note, we do not plan to offer beds devoted specifically to transitional support services (TSS); instead, TSS will be embedded in inpatient services and provided as the patient prepares to transition to outpatient care.*

**Front Door into Building

The five components of the inpatient care continuum are:

- 1. Acute Treatment Services (ATS),** or medically monitored detoxification. ATS will take place in the course of an average 7-day inpatient stay during which counseling will be initiated and the patient helped to overcome physical and psychological dependence on alcohol and/or drugs. Detoxification services will be delivered 24/7 by nursing and counseling staff, under the consultation of a licensed physician, who will work together to monitor an individual's withdrawal from alcohol and other drugs and alleviate symptoms. Services will include biopsychosocial evaluation; individual and group counseling; psycho-educational groups; and discharge planning.
- 2. Crisis Stabilization Services (CSS).** CSS will consist of intensive mental health care for patients experiencing an acute psychiatric crisis, with the goal of stabilizing the patient. An alternative to hospitalization, CSS will require an ALOS of 14 days providing continuous 24-hour observation and supervision. Services at this level of care include crisis stabilization, initial and continuing biopsychosocial assessment, care management, medication management, and mobilization of family/guardian/natural supports and community resources. The primary objective of CSS is to promptly conduct a comprehensive assessment of the individual and to develop a treatment plan to stabilize and restore the individual to a level of functioning that requires a less restrictive level of care. Active family and natural supports are needed unless contraindicated.
- 3. Inpatient Psychiatric Care.** The ALOS for inpatient psychiatric care will be 10 days in the IPU, which will be our licensed psychiatric inpatient unit for patients with SUDs and SMI, functioning like a dual-diagnosis addiction treatment (DDAT) program. Inpatient psychiatric care will include multi-disciplinary assessments and multimodal interventions that are provided in a 24-hour, locked, secure, medically staffed environment that is psychiatrically supervised. Twenty-four-hour skilled nursing care, daily medical care, and a structured treatment milieu are included. The goal of acute inpatient care is to stabilize patients who display acute psychiatric conditions, and our model of care will also be geared to support people with co-occurring SUDs.



Clinical Services Building

4. **Residential Rehabilitation Services (RRS).** With an ALOS of 90 days, RRS will deliver an intermediate level of inpatient care for patients with SUDs, including those with SMI, who have been discharged from short-term inpatient stays but who are still early in their recovery journeys and not yet ready to transition to outpatient care. RRS provides a structured, sober environment emphasizing recovery and treatment within a therapeutic setting.^{xxviii} Residents are encouraged to integrate with the community and to access community resources, including self-help groups and employment. Some RRS programs offer enhanced services for pregnant and post-partum people and their infants, including coordination of prenatal/pediatric care, which we propose to provide to our patients, either on-site or via referral. (Note: RRS beds will include the Living and Recovery Community, or LARC Program, operated by Victory Programs.)
5. **A Behavioral Health Respite Unit (BHRU)** will provide up to 90 days of respite for chronically unhoused patients with SUDs and/or SMI who are not ready to enter ATS. This new level of care is designed to meet the housing and medical needs of the top 1% of high-risk patients, who typically have multiple serious medical co-morbidities (e.g., hepatitis C, HIV, cellulitis, and heart disease) and many behavioral risk factors. In addition to treating medical conditions, the multidisciplinary team will work to earn the trust of patients, provide harm reduction counseling, and provide transitional support services as the patient transitions to permanent supportive housing.

With the exception of the BHRU, our innovation, these are all levels of care recognized by the American Society of Addiction Medicine and the Massachusetts Behavioral Health Partnership. The BHRU is a concept that we have long felt a need for, filling a substantial gap that homeless patients with medical and behavioral complexity face. As it is a new level of care, we will need the State to generate a rate for it—we suggest a day rate similar to RRS. Although the final organization and staffing of these services by our clinical partners is yet to be determined, we anticipate continued roles for these partners in the Clinical Services Building, particularly Bay Cove and Victory Programs.

Outpatient Behavioral Health and Primary Care Services

The Clinical Services Building will also house outpatient behavioral health and primary care services. In all, our outpatient clinical space will accommodate from 160,000 to 200,000 outpatients per year (see table below). Of the total number of patients accessing outpatient care, excluding OTP services, 50% will be “graduates” of our inpatient and residential behavioral health services and 50% will reside in the community.

Outpatient Services and Encounters on the Shattuck Campus Table

Service	Estimated Annual Encounters
Opioid Treatment Program (OTP)	109,500-146,000
Behavioral Health Services	36,000
Structured Outpatient Addiction Program (SOAP)	10,800*
Primary Care	18,000

Brief descriptions of these services follow.

1. **Opioid Treatment Program (OTP).** HCRC will continue to provide OTP throughout all phases of Shattuck redevelopment. OTP is a comprehensive treatment program that involves the long-term prescribing of methadone as an alternative to the opioid on which the patient was dependent. Daily dosing and routine urine toxicology screenings are integral to OTP. Also central to OTP is the provision of counseling, case management, and other medical and psychosocial services. In specialized OTP programs, physicians commonly work closely with on-site counselors. A cohesive treatment team, which may include an on-site pharmacist and/or a nurse, makes therapeutic decisions. Once the patient is stabilized at the right dose, methadone will: suppress opioid withdrawal symptoms, reduce cravings for opioids, not induce

intoxication (e.g., sedation or euphoria), and reduce the euphoric effects of other opioids, such as heroin.

2. **Behavioral health services** may include peer recovery coaching, harm reduction services, psychoeducation, individual and group psychotherapy, relapse prevention planning, case management, and psychiatric consultations and encounters for differential diagnosis, treatment planning, and psychopharmacology, including medication adjustments. The focus is on long-term recovery. We are also open to exploring operating this as a site linked to our Boston-based CBHC program, if of interest to the Commonwealth.
3. **The Structured Outpatient Addiction Program (SOAP)** is a 24/7, shelter-based intensive outpatient program designed for patients who are

experiencing homelessness and need enhanced supports to remain in recovery. SOAP serves individuals for a minimum of 28 days, and includes daily check-ins; individual, group, family, and family support therapy; psychiatric consultation and referral; on-site 12-step meetings; emergency after-hours coverage; aftercare planning and aftercare groups; referrals to community-based resources to address the social determinants of health (SDOH); and case management services. For stable patients who have been engaged in care, routine outpatient behavioral health (six hours per week or less) will include ongoing addiction counseling, harm reduction services, relapse prevention planning, psychoeducation, and individual and group therapy. These services will be integrated with shelter beds specifically designated for the SOAP, with primary medical

care, including an urgent care clinic, available in the adjacent clinical services building. (The SOAP is currently operated by Pine Street Inn, which will continue to offer this care throughout the redevelopment project and will locate it in their building, developed with TCB.)

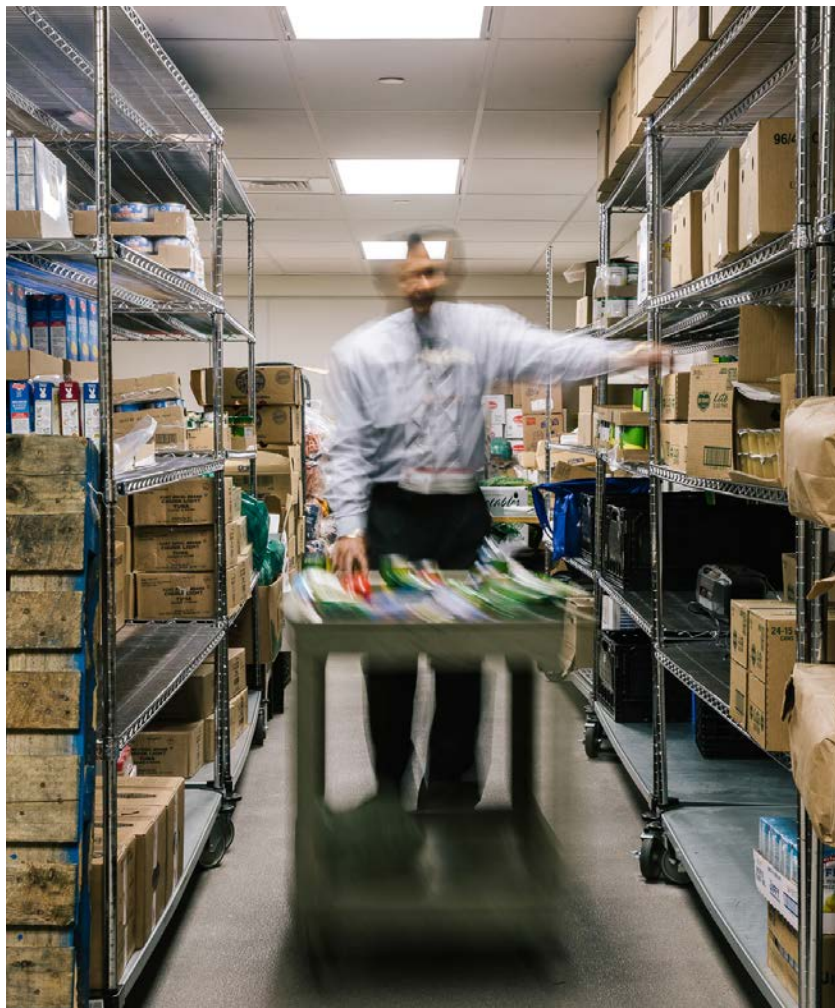
4. **Primary care services** are health services that cover a range of prevention, wellness, and treatment interventions for common illnesses, infectious diseases, and chronic conditions (diabetes, hypertension). Primary care teams include doctors, nurses, nurse practitioners, physician assistants, and social workers

who work collaboratively to provide holistic, patient-centered care and coordinate with specialty care and inpatient providers. BMC has integrated both individual and group psychotherapy and psychiatric consultations into its routine primary care practices, as well as office-based addiction treatment (OBAT) with buprenorphine/suboxone for patients with opioid use disorder. OBAT services include verification of addiction, titration on buprenorphine/suboxone, checking of the Massachusetts Prescription Monitoring System, peer recovery coaching, and urine toxicology screening.

Non-clinical Services

Space in the Clinical Services Building has been reserved for non-clinical services. Foremost among them is a “hub”, to be implemented in the style of Victory Programs’ existing Boston Living Center (BLC). Founded in 1989 at the height of the HIV/AIDS epidemic, BLC was for many years New England’s largest community and resource center for people living with HIV/AIDS. Starting in 2020, Victory Programs broadened the population served to include anyone with chronic health conditions, those experiencing homelessness or having recently exited homelessness, and people facing food insecurity or other forms of social isolation. The Boston Living Center offers access to congregate meals, a food pantry, peer support, psychosocial and educational groups, art classes, wellness services including haircuts, acupuncture, and massage, recreational opportunities as well as ongoing connection to support staff such as case managers and clinicians. While the programs to be included in the “hub” space have yet to be fully defined, they will be modeled on this concept and participation will be equally low-barrier and completely voluntary.

In addition to the BLC, space in the Clinical Services Building will be reserved for other social services, as required by the Shattuck RFP. We will designate several shared office spaces that can be used, for instance, by representatives from the SNAP and TANF programs, MassHealth employment agencies, Legal Aid, financial counseling, and other social services. We may also extend some of the supportive services currently provided on site at BMC to the Shattuck Campus, such as our Prescription Food Pantry, Street Cred (tax preparation assistance), and Uber Health transportation. The services to be offered on the Shattuck campus will be finalized in collaboration with our Stakeholder Advisory Committee.



Core Element: Creation and Operation of New Permanent Supportive Housing

Permanent Supportive Housing will be developed in two stages: 200 units of Permanent Supportive Housing for individuals, in Phase 1, and an additional 205 units of Family Supportive Housing, in Phase 2.

In Phase 1, we will build the new, 222,048 BGSF Emergency Shelter and Permanent Supportive Housing Building. Upon completion, we will relocate the 120 shelter beds that Pine Street now operates in the Power Plant to the new building. In addition to the new emergency shelter and transitional housing facility, the new Pine Street Inn building will include a 30-bed Safe Haven Program, 54-bed dormitory for the SOAP, outpatient SOAP services, and 200 units of permanent supportive housing,

Pine Street Inn Emergency Shelter and Transitional Housing Operations

Pine Street Inn (PSI) has provided Emergency Shelter and Transitional Housing in Boston for 50+ years. Facilities include the Men's Inn, Women's Inn, Shattuck Shelter, Holy Family Inn, and Charles River Inn. The programs offer 400 beds. PSI facilities are all low-threshold, low-barrier environments; there are no requirements for literally homeless adults to access shelter or receive services and no limits to the length of stay. These facilities provide three meals and overnight accommodation for people experiencing homelessness and are open 24/7/365. The Emergency Shelters are generally at capacity. Pine Street Inn accepts

guests who walk in, those who receive information about PSI from other agencies serving people experiencing homelessness, agencies that provide information and referral services, and emergency responders such as the Boston Police Department. Pine Street Inn also provides transitional housing services, where guests can stay for longer than typical emergency shelter programs. At Shattuck Pine Street Inn plans to operate transitional housing as well as emergency shelter within the 90-bed footprint; the transitional housing will be equipped to accommodate low-threshold needs in some units, too. This reflects a continuation of an important model of care Pine Street Inn is already operating on the Shattuck campus today that provides people experiencing homelessness with SUDs with access to housing and intensive case management to engage them in treatment and housing search.

Across Pine Street Inn's emergency shelter and transitional housing programs, Triage Specialists conduct standardized intake using the Boston Continuum of Care (CoC) Coordinated Access Triage form. Demographic data, reasons for homelessness, services needed, and place of the last residence are critical

pieces of data collected during intake. Guests' access to beds is 24/7, except for a few hours for daily cleaning. A guest retains their assigned bed nightly. This trauma-informed approach limits guest contact from a public health perspective. Shelters offer daily showers (towels and toiletries included). PSI provides bedding, clean towels, and linens. Relaxation spaces generally include a sitting room with a TV and substantial fresh air space. Shelter staff receives Trauma-Informed Care training to help address the high level of trauma associated with experiencing homelessness and cover the needs of individuals with opioid addiction disorders. Staff support guests who access addiction treatment through outreach and engagement services designed to assess and assertively connect guests to services. These include, but are not limited to, primary medical care, detoxification, substance abuse treatment, mental health, and HIV/AIDS prevention/treatment. Guests will also have access to the on-site OTP, operated by HCRC, to support their recovery. Medical services, including nurses who provide onsite assessments, are available through Boston Health Care for the Homeless Program. While



Pine Street Inn/TCB Building

stabilization services are plentiful and varied, case management is crucial to attaining permanent housing. Housing Placement Specialists and Housing Resource Specialists offer targeted services based on guests' individual needs and goals. Guest Services Specialists provide assistance applying for mainstream public benefits and make referrals — including medical care, mental health services, behavioral health, and eye and dental examinations. PSI shelters and transitional housing provide programs for guests with behavioral health needs and specialty programs for Veterans. PSI offers multiple psycho-education groups to the guests. The Shattuck Shelter includes Structured Outpatient Addictions Program (SOAP) beds. The SOAP is described in greater detail in the above section on Outpatient Services.

Pine Street Inn provides housing navigation, Asset and Benefits Specialists, and connections to workforce development programs to increase income and benefits. PSI's emergency shelter programs offer access to facilities, transportation, and other essential services to obtain and retain employment. The goal of the PSI Emergency Shelter program is to have guest stays that are rare, brief, and non-recurring. The new emergency shelter facility to be constructed during Phase 1 will continue to utilize Pine Street Inn's best practices and methodologies as described above, with the benefit of a modernized facility that includes back-of-house space for PSI staff, additional resource space to support guest well-being, and semi-private rooms.

Permanent Supportive Housing Capacity and Services

Permanent Supportive Housing (PSH) is a nationally recognized best practice supported by the U.S. Department of Housing and Urban Development (HUD), with extensive research documenting efficacy in improving lives and reducing taxpayer costs. The highly successful PSH model combines subsidized housing with support services. People with complex challenges build independent living skills and receive assistance with housing stability and retention. PSH is the most effective solution to homelessness and an important social determinant of health.

Pine Street Inn (PSI) has created Permanent Supportive Housing specifically for people experiencing homelessness since 1984 and has grown the portfolio with increasing velocity. In addition to 32 congregate sites (510 units) PSI developed, PSI master leases seven (7) properties, manages and provides supportive services at six (6) locations, and leases 362 scattered site apartments in 18 Greater Boston communities. With a robust housing pipeline, PSI will offer over 1,000 units soon. PSI had an FY21 96% HUD Housing Retention Rate, well above the standard 80%. Housing retention has exceeded 90% since 2005. While there is turnover in all PSI Housing, units remain full without extended vacancies. Pine Street Inn Permanent Supportive Housing currently has a low vacancy rate of 6%.

The PSI Permanent Housing Department (PHD) has a Housing First Policy and Service Philosophy. *Housing First is an evidence-based practice that offers immediate access to permanent housing without preconditions for people*

experiencing homelessness who also have disabilities. The approach is guided by the belief that people must have their basic needs met before they can begin to make changes in their lives. The goals of Housing First are to help people obtain housing quickly, increase self-sufficiency, and remain housed.^{xxix} It is possible to succeed in housing regardless of housing history, duration of homelessness, criminal history, mental illness, trauma history, and sobriety.

The PHD provides safe and affordable housing using a Housing First approach that relies on the following principles:

- Housing access is immediate, recognizing that while there are no preconditions for “housing readiness,” the individual may fluctuate in their ability to accept housing, and there may be external requirements that may prolong the process
- Participants are given opportunities for choice in their housing (when an option is available)
- Participants have the right to self-determination
- Support is oriented toward recovery on a harm reduction scale
- Support is individualized and participant-driven
- Support includes social and community integration

Pine Street Inn is dedicated to providing PSH in a Housing First model. For over 17 years, PSI has used the low threshold Housing First approach across all programs. Housing First is now thoroughly embedded in PSI's culture and a core principle of operations.



Pine Street Inn Permanent Supportive Housing Operations

Pine Street Inn (PSI) provides access to safe, permanent housing, where individuals stabilize more quickly than in shelter or on the streets. PSI Housing is a solid foundation to address other needs such as unemployment, behavioral health treatment, or chronic medical conditions.

Everyone is “ready” for housing. The admission policies and procedures are low threshold, and getting keys to a unit is streamlined. The intake process is person-centered and flexible. The professional property management team for this project has leases available in multiple languages and access to translation services so that all participants understand their lease.

PSI has minimum furniture standards to ensure health and safety and provides all furniture for tenants. These pieces are bed bug, flame, fluid/water, bacterial/fungal/microbial, stain and tear-resistant, non-allergenic, and reasonably durable. As tenants move in, they receive a Welcome Basket, toiletry bag, cooking and eating utensils, kitchen implements, and bed and bath linens.

The tenant’s portion of the rent is 30% of their adjusted (gross) monthly income. PSI staff will house tenants without income and work with them to

access mainstream benefits. Tenants who received services through other PSI divisions (Street Outreach, Triage, Emergency Shelter, or Rapid Rehousing) will often have previously acquired mainstream benefits.

The PSI PHD Support Services and Property Management teams are flexible with appointments and rescheduling. Whenever possible, drop-in hours are available so that participants need not “keep” an appointment as a prerequisite to housing. The Property Management team works to “screen in” participants.

PHD staff follows all principles and regulations for Fair Housing and works to ensure access mitigates racial disproportionality and disparity. The Property Management team is trained in administering lotteries and aspects of Fair Housing and receives ongoing updates. PSI maintains a rigorously enforced anti-discrimination and Equal Access policy in its shelters and housing — fully aligned with Equal Access to Housing in HUD Programs.

Housing case managers help individuals transition and stabilize in housing. New tenants receive support and connection to recovery centers, outpatient treatment, resources in the community, and linkages back to inpatient care as needed. The team assesses stabilization needs related to Substance Use Disorder/Co-Occurring Disorder (SUD/COD), budgeting, shopping, using appliances,

and local transportation, and links participants to appropriate services. Stabilization staff and case managers educate, coach, and reinforce Activities of Daily Living (ADL) skills such as personal hygiene, budgeting, cooking, and leisure time activities.

Service delivery includes a personalized case management approach, and trained staff employs the evidence-based practices of Trauma-Informed Care, Motivational Interviewing, Harm Reduction, and Critical Time Intervention. A mixture of staff with specific duties is present during the day. They provide various services, including individual case management, employment services, insurance navigation, behavioral health assessment, consult and referrals, connection to community services and social supports, programmatic oversight, and building reception and security.

Housing case management is crucial to stabilization and retention. PHD staff support and promote tenants’ housing retention, income maximization, and greater self-determination. Case managers work with the tenant to create person-centered goals such as employment, reconnecting with family, referral to a primary care provider, and connection to services such as Meals on Wheels and the MBTA Ride. PSI case management staff also work closely with community providers offering medical and behavioral health

services, Home Health Aid, Visiting Nurse Association, and Personal Care Attendant services.

PSI defines and measures success by housing retention and an individual's progress towards greater independence. PSI's Phases of Care (POC) assessment and planning tool evaluates housing stability across nine service domains (housing payments, legal, healthcare, substance use, mental health, community engagement, income and work, independent living skills, tenancy history.) Each domain is assigned a score of 1 through 4, corresponding with a POC:

1. Newly housed/or experiencing a crisis
2. Starting to see periods of increased stability
3. Thriving with support
4. Achieving self-sufficiency with little to no support

PSI staff conducts the POC Assessment every 90 days. Tenants and their services team use the assessment to guide their quarterly Individual Service Plan (ISP).

Pine Street Inn understands the model is "Housing First" — not housing only. PSI offers a robust level of services — assessment, case management, job training (with two extensive food

services and housekeeping programs) and workforce development, life skills, mental health and counseling, and transportation; with referrals to alcohol and drug abuse, education and instruction, home health, HIV/AIDS, legal, and other services.

PSI recognizes that community involvement and low-cost, sober recreational activities bolster success in housing. Case managers discuss existing and potential cultural and ethnic supports that will provide alternatives to boredom or loneliness and promote a sense of meaning and purpose. These may include faith-based organizations, volunteer programs, 12-Step groups, and supportive family and friends.

The staff is also present and available to meet with, support, or facilitate case management requests at night. If there is a need for crisis support, PSI's Housing Stabilization Team responds onsite and in person. Program Supervisors and Directors are available 24/7. Residential Staff and Mobile Overnight Counselors provide evening and overnight coverage.

PSI's 96% HUD Housing Retention rate indicates the PSI model's effectiveness. Permanent Supportive Housing is a solid model with a sizeable body of research supporting its efficacy. Pine Street Inn's PHD has a proven track record of nearly 40 years of successful operations and the practicality and fortitude to evolve and incorporate new evidence-based/best practices. Pine Street Inn offers tenants the framework and steady support to achieve lasting and successful tenancies, ending their experience of homelessness.

The Pine Street Inn Building to be completed as part of Phase 1 will include 200 units of Permanent Supportive Housing, to be developed, owned and managed by The Community Builders, and support services for the residents to be provided by Pine Street Inn in keeping with the above principles.

TCB and Permanent Supportive Housing

TCB and Pine Street Inn have an established partnership for providing Permanent Supportive Housing in Boston. TCB acts as the owner, developer and property manager of the PSH. PSI provides the services, as described above. TCB and PSI currently have under development a 202-apartment building in Jamaica Plain, near the Shattuck. That building will have 140 apartments for chronically homeless individuals, the same population that will be served in the PSH building at the Shattuck. The two parties have worked out a partnership and service agreement where we have divided up roles in such a way that plays to both organizations' strengths. We will build on that partnership to develop, own, manage and provide services for the PSH building at the Shattuck.

With several properties nationwide with units set aside for households with histories of homelessness and close to 60 years of experience serving these residents, The Community Builders (TCB) has expanded access to supportive units in response to the increasingly acute challenges of homelessness in its communities. Nearly 500 units are located in projects or properties exclusively reserved for households that have experienced homelessness, or are unemployed due to either a disability or factors such as a lack of vocational skills, technical experience, or access to requisites like transportation. At many of our sites, TCB directly aids our residents by providing coordinated onsite case management, counseling, and referrals through Resident Service Coordinators. Our work at these locations has incorporated our holistic model with site-specific services.

Enhanced resident services for chronically homeless individuals is achieved through our place-based Community Life (CL) program. CL builds resources in multiple ways to achieve impact: we build



partnerships with local organizations and stakeholders; we coordinate the work with our partners and ensure that all contracted obligations are met; we provide exceptional support services and case management to senior and adult residents who live in our communities; we integrate the residents living in set aside apartments with the rest of the community; and we leverage TCB's position and brand as a developer to mobilize broader community revitalization.

Family Supportive Housing Services

The residences that JPNDC will create to provide Family Supportive Housing in the new community at the Shattuck site will be a model of co-locating two vital services: rapid stabilization housing for families transitioning from homelessness and comprehensive economic prosperity and family security services. The families that live in these 205 supportive housing units will be able to easily access a wide array of resources and services that will support them in addressing challenges related to addiction, the mental and behavioral health impacts of homeless and the health challenges that have resulted from racism.

JPNDC will create a Center for Economic Prosperity Annex on-site, in conjunction with the new housing development. This ecosystem will

create a service-rich community that models JPNDC's organizational mission to transform the lives and amplify the voices of the formerly homeless families in the community who have been excluded from prosperity by an inequitable and racist economic system.

How It Will Work:

The residents of the Family Supportive Housing in the new residential community transitioning from homelessness will have priority in scheduling, placement and access to all services teams within the primary building. Located on the ground floor of the primary building will be approximately 20,000 square feet of commercial space. This space will offer Family Prosperity Services and childcare resources crucial to remove key clinical and environmental drivers or barriers subsequent to homelessness. Our goal is to maximize opportunities for success and sustainability.

– **Family Childcare & Extended Day Center:** Approximately 10,000sf will be used for a family childcare and extended day center supporting up to 100 children ages 0-5 years. Residents of the new housing development will have priority for these childcare slots.

Slots not used by residents will be made available to the community; this responds to a community priority articulated in the neighborhood outreach and community engagement process over the past four years.

– **Family Prosperity Services Center:** Approximately 2,000sf will be used for FPS career and financial coaching offices for residents of the supportive housing and surrounding community. This facility will include both individual workstations and group training rooms. This space also will double as evening

and weekend community space for larger community meetings; this responds to a community priority articulated in the neighborhood outreach and community engagement process to ensure the properties are available to the public.

– **Behavioral & Mental Health Support for Children and Families:** Adjacent with the FPS space will be approximately 1,200sf of mental/behavioral health support facilities for assessment, private clinical sessions as well as small group cohorts. JPNDC will partner with specialized healthcare services providers to deliver the vision for integrated mental and behavioral health services for children and families.

These specialized healthcare providers may include those operating elsewhere on site, such as HCRC. This approach responds to the public health agenda articulated June 2022 by Mayor Wu with the City's first-ever appointment of a Chief Behavioral Health Officer within the Boston Public Health Commission and convening of a Commission to End Family Homelessness.

– **Community-Oriented Commercial Space:** Approximately 5,500sf of the ground floor will be dedicated to commercial retail space supporting food-service delivery businesses for the new residential community. An emphasis will be placed on providing jobs to members of the re-entry workforce and the formerly homeless within these businesses. JPNDC will leverage its commercial leasing expertise to identify community-based BIPOC food service operators for the leased space.





Family Supportive Housing

- **Resident Empowerment and Property Management Offices:** JPNDC’s Resident Empowerment Management staff along with third party property management staffers will have an on-site presence including offices of approximately 1,800sf.

Staffing:

The majority of the population being served in the Shattuck family supportive housing community will be transitioning from chronic or acute family homelessness; most also will have layered trauma. Therefore, service-enriched housing with appropriate staff presence will be required.

- Each resident will be assigned a **Resident Empowerment Manager (REM):** this is an enhanced Case Management role. The REM will be available during daytime hours 5 days per week.

- The Resident Empowerment Managers will perform initial critical needs screening with new residents. The REMs also will introduce Family Prosperity Services and childcare services and embark on a resident-led relationship to, over time, create the family’s Security & Prosperity Plan that will include targeted and supported goals and objectives. The REM also will maintain resident files and connect the resident with appropriate resources across the City for goals that fall outside of immediate JPNDC FPS services.

- A **Live-in Responder** will reside in one of the three residential buildings. This person will be available during evening hours 7 nights per week (including coverage for emergencies). The responder will work with residents on activities of daily living and be available to respond to any situations that arise.

- The buildings will also have a **Senior Property Manager** responsible for rent collection, lease enforcement, maintenance and all aspects of building operations. She or he will be supported by facilities staff who will handle the daily residential lease and housekeeping of the common areas.

Staffing will increase gradually until all 205 family supportive units are occupied.

The Resident Empowerment Managers, live-in responder, and property management and facilities staff will report to JPNDC’s Asset Management Director who is responsible for coordinating the care provided the residents of JPNDC’s portfolio and reports to the Director of Real Estate.

In addition to ongoing supervision, performance appraisals are conducted by the to provide commendation for excellent work and/or to identify areas for future professional development.

Coordination and Communication:

Given the mental and behavioral health needs of the residents, a high level of coordination in assisting them is required. Each of the positions described above has responsibilities that contribute to the welfare of the individual living in the residence to reframe their association with their current circumstances by delicately unpacking and rebuilding a positive narrative of racial healing and a growth mindset. Taken together, each initial position within the FPS ecosystem contributes to the stability and progress towards stability and transformation to prosperity.

Communication among staff occurs daily through email, data tracking applications and telephone, as well as through informal conversations. Meetings are held on a regular basis with property management and the REM to discuss each resident and to revisit an effective approach to any problems s/he may be experiencing. In addition, the Asset Management Director and Regional Property Management Supervisor, and FPS administrators, and the RE Director are also accessible to all residents.

Resident Services/ Supports

The services provided across JPNDC's housing portfolio will be consistent with services offered in other JPNDC residences and will include but not be limited to the following:

Immediate Needs

- Food and furnishings security
- Assistance to determine eligibility and then to access and navigate entitlements and benefits
- Tenancy preservation
- Landlord engagement (addressing payment and lease violations in a constructive manner)

- Dispute resolution (inter-tenancy relationship management)
 - Activities of daily living (ADL) skills (e.g., childcare, food shopping, nutrition, personal hygiene, and interpersonal skills)
 - Identifying and accessing health care (to focus on physical well-being)
 - Identifying and accessing substance-use disorder treatment and support services
 - Identifying and accessing mental health support systems
 - Transportation (arranging for and/or accompaniment to medical appointments)
 - Transportation to AA/NA meetings
 - Assistance with financial matters, including accessing representative payee services
 - Arranging for home health aides and other personal care attendants (to maintain a safe and clean environment)
 - Crisis intervention
 - Immigration referrals
 - Assistance with various legal matters (e.g., referral to legal aid clinics)
 - Reuniting and visiting with family (e.g. healing family fractures)
- Positive Parenting
 - Positive Discipline
 - Parenting cohorts / peer support
 - Holiday celebrations and a variety of recreational and social activities
 - Housing search for those seeking an alternative living environment (this includes rapid rehousing-style goal setting for those interested in homeownership)
 - Job training and employment search
 - Accessing educational opportunities
 - Career coaching
 - Financial coaching
 - Family Self Sufficiency (FSS) programming — Savings and matched savings program
 - Debt reduction and credit-building
 - Asset and Wealth creation
 - Down payment assistance

JPNDC REM staff will be available to facilitate Family Self Sufficiency (FSS) programming in conjunction with property management obtaining proper documentation and administration of the program. FSS will be a central opportunity for all residents of the Family Supportive housing in the Shattuck community to avail themselves of.

Agency and Empowerment

- Psychological safety/ trust building
- Trauma-informed response
- Racial equity and healing
- Building community within the housing and reintegrating into the larger community

Safety and Security

Attention to safety is paramount. This residence will be fully sprinklered. Security is provided through appropriate door and window hardware plus the presence of highly trained staff.

Resident Participation Plan

Vision:

At the root of the issues facing our community is structural racism. Our family supportive housing participation will be built through authentic culturally sensitive engagement that will help our residents learn to recognize they are not at fault for their circumstances; giving them permission to be kind to themselves as we endeavor together to reframe and reset. We will peel back the complex layers of both internalized and institutional racism. By unmasking racism's impacts and inner workings across the spectrum of daily engagement we will make space for healing and disrupt historically oppressive cycles. The Family Supportive Housing community will foster a "safer" nurturing environment to stabilize daily living. By learning to share laughs and tears, stories, resources, positive outcomes and lessons learned, we will build a strong community of healing from within. Our "come where you are" welcoming

community will engender trust for our residents to participate in activities to rebuild their narratives, leverage common strengths, values, and principles as a BIPOC community of agency and dignity. As we learn to show up differently for ourselves, our children and our community we will build the momentum to mend and the audacity to turn the tide and rise.

Community Prosperity Activities and Engagement:

JPNDC REM, FPS and FCS team will promote this resident-led participation model in all on-site and extended services. We will leverage the richness and healing resources offered by Franklin Park's trails, green space, community programming and zoo as a core component of this effort. The team will seek and ultimately be guided by recommendations from the residents themselves. We envision offering fun family events including art, health and wellness, food culture, engaging educational support activities for the children, money culture, BIPOC speaker series and watch parties.

Individual Prosperity Plans and Engagement:

Each resident family will be empowered to lead their specialized prosperity plan within this participation model with the support of the REM and FPS staff (as their goals dictate).

- Residents will have access to
 - 1:1 coaching and mentorship that engenders trust such that they are gradually encouraged to take on more of the lead role in their resource coordination needs for their family — 1:1 coaching and mentorship will be readily available such that residents are not left to feel alone in approaching or completing challenging or transitional tasks to achieve their goals.
- Residents will be encouraged, over time, to "take up space" as resident leaders in developing our "stronger together" community for themselves and to foster peer leadership cohorts focused on prosperity.



Core Element: Creation of a New Permanent Location for an Opioid Treatment Program and Continuity for the Existing Program

Our proposal assumes HCRC will continue to operate in its present location in the Lemuel Shattuck Hospital until such time as the building is decommissioned in Phase 1, at which time it will be relocated into a temporary on-site OTP facility until the new Clinical Services Building is opened. Its permanent home in the new Clinical Services building will be 5,000 square feet, including staff offices, consultation rooms, and additional treatment windows. We anticipate HCRC will be able to serve 300-400 visits daily.



Core Element: Dedication of a Significant Portion of the Campus to Publicly Open Space

We understand that returning part of the current Shattuck Hospital site to publicly accessible green space is a high priority both for the Commonwealth and the surrounding communities. Our design provides for more than seven acres of new green open space, designed to accommodate a variety of both active and passive uses appealing to visitors of all ages and abilities. We have located the new green space nearest the existing bound of Franklin Park to ensure this new space feels both visually and physically connected to the existing park, and allows visitors to utilize existing pedestrian and bicycle connections to and through the landscape. Our vision for the green space currently includes an elliptical lawn that can be used as a meditative, passive space or for pick-up soccer and frisbee games, as well as a sloping natural amphitheater that can be used both for informal seating or for arts performances and convenings. We look forward to further refining these concepts during our community engagement process following designation.

For more detail on the design goals that have informed our approach to open space on site, please see Section 6-3C.

Public Health Program Mix by Project Phase

	Existing	Interim	Completion of Phase 1	Completion of Phase 2	All Phase Total
OTP (Daily Visits)	300-400	300-400	300-400	N/A	300-400
Residential Treatment	158 Beds	64** Beds	326* Beds	N/A	326*
Shelter and Transitional Housing	120*** Beds	120*** Beds	90 Beds	N/A	90 Beds
Transitional Housing: Cottages	24 Beds	24 Beds	N/A; Transition to PSH and cottages shift to new site	N/A	N/A
Safe Haven	0	0	30	N/A	30
Supportive Housing Units	N/A	N/A	200 Units	205 Units	405 Units
Green / Open Space	0 acres				7.8 acres

*Includes SOAP

**Includes off-site programs

***Operating with 30 beds low-threshold housing beds today

B. Interim Operating Plan



As described in the RFP, there is a need for the continuation of health care and housing services currently provided on the Shattuck Campus during the redevelopment of the site. The Shattuck Coalition is made up of many of the providers of these services, including HCRC, Bay Cove, Victory Programs, Boston Healthcare for the Homeless, and Pine Street Inn. The proposed redevelopment and its phasing has been planned with input from these service providers with the goal of providing accommodations of critical programs on the Shattuck Campus.

Continuous Operation of the HCRC OTP with Minimal Disruption

HCRC currently operates out of an outdated space on the ground level of the Shattuck Hospital and serves 300 to 400 patients per day. A priority of the team is ensuring no disruption of the existing OTP services during the redevelopment process as we construct the new Clinical Services Building.

As part of this redevelopment program, HCRC is currently working with the Department of Public Health to obtain a mobile methadone license and financing for a mobile methadone clinic that it will operate for the Phases 1A-C. The mobile clinic will be set up on the current Shattuck campus in the Phase 2 area that is not being redeveloped until completion of the clinical building; once that facility is completed HCRC will move its clinic into the new clinical building. HCRC expects to either establish this as a satellite of another nearby facility, or to transfer the license to another building on site (most likely the Power Plant building) on a temporary basis. This facility will be capable of meeting the current needs of the people it serves—reaching 300+ patients per day.

Continuous Operation of Emergency Shelter Beds

Based on our phased redevelopment approach, Pine Street Inn's current operations of their shelter and SOAP will continue uninterrupted until the completion of their Phase 1 building, at which point they will move from the power plant into the Pine Street Inn Building. Only once Pine Street Inn has moved out of the power plant and into its new building will the power plant be demolished to accommodate Phase 2 buildings.

Relocation of Living and Recovery Community Beds with Minimal Disruption

It is the coalition's intention to continue operations of the Bay Cove and Victory Programs SUD treatment beds throughout the redevelopment process, ensuring that essential program capacity remains online and available to the community. Re-siting them outside of the Shattuck Hospital tower will allow us to begin Phase 1 construction as quickly as possible to reduce project cost and have access to permanent beds sooner.

- **Victory Programs Beds:** Victory Programs expects to be able to relocate its 40 RRS treatment beds from the Shattuck tower to a temporary site, where it will operate from the demolition of the tower until the completion of the new clinical building. We believe we have identified a suitable facility proximate to Boston that may be usable for this purpose—built for licensed SUD treatment purposes.
- **Bay Cove Beds:** Bay Cove hopes to continue operating its 24-bed men's inpatient detoxification program throughout campus redevelopment as well. Given the difficulty of siting ATS beds, we plan to lease temporary medical facilities accommodating 24 beds that can be placed on the Phase 2 site for the period of redevelopment.

Relocation of Cottages with Minimal Disruption

Our proposal will allow the Cottage Community to continue operation in their current location during early stages of development, eventually relocating them to the Phase 2 site. We will work with the Commonwealth and Cottage operators to identify existing power and water infrastructure to support this relocation. Following completion of the Phase 1 buildings, we will look to rehouse cottage residents into the SOAP or permanent supportive housing facilities where possible, and will work with the Commonwealth to find a permanent relocation site for the Cottages beyond the Shattuck campus.

Required Commonwealth Resources

The Shattuck Coalition will seek support from the Commonwealth to cover the start-up costs of licensing, financing, and operating the proposed interim facilities to enable continuity of services throughout development. These will include:

LICENSING

Transition of licensed beds for Victory from Shattuck Hospital Tower to new building and then back to Phase 1 Clinical Services building

Transition of licensed beds for Bay Cove from Shattuck Hospital Tower to modular clinical space leased and placed on campus and then back to Phase 1 Clinical Services building

Approval of mobile methadone unit to be located on site during Phase 1

OPERATIONS

Relocation of cottages to Phase 2 parcel at right time.

Relocation of cottages to new site after redevelopment is complete.

FINANCING

Cost of leases and modular/mobile facilities, maintenance, and utilities for Victory, Bay Cove, and HCRC interim operations, estimated at \$6 million.

By Phase, this is how these programs will be accommodated:

INTERIM PHASE

- Site preparation, utility hook-ups and placement of modular buildings adjacent to the Power Plant building to accommodate the detox unit currently operated on-site by Bay Cove
- Procurement of mobile clinic facility for the methadone clinic and dispensary operated by HCRC; securing of license and financing from BSAS for mobile methadone clinic operations.

PHASE 1A

Closing of Shattuck Hospital Building and move of Shattuck Hospital to the Newton Pavilion

- Move of Victory Program 40 bed RRS program to an alternate facility
 - Requires transfer of license of program from current facility to the new facility on temporary basis
- Move of Bay Cove men's detoxification unit to temporary modular building facility adjacent to the Power Plant building
 - Requires transfer of license of program from current facility to temporary modular building facility on temporary basis
- PSI programs remain operational in Power Plant building
- Cottages operated by Eliot/CCA remain operational
- HCRC operates mobile methadone clinic on site adjacent to the Power Plant building

PHASE 1B

Demolition of Shattuck Hospital Building, site preparation for BMC Clinical Building

- Bay Cove Detox unit operational in temporary modular building facility
- PSI programs remain operational in Power Plant building
- Cottages operated by Eliot/CCA remain operational in current location
- HCRC operates mobile methadone clinic on site adjacent to the Power Plant building

PHASE 1C

Construction of Pine Street Building and BMC Clinical Building

- Bay Cove detox unit operational in temporary modular building facility
- PSI programs remain operational in Power Plant building
- Cottages moved to new site in parking lot to the east of the Pine Street Inn Building construction site
- HCRC operates mobile methadone clinic on site adjacent to the Power Plant building

PHASE 1D

BMC Clinical Building and Pine Street Inn Building Completed

- Move of Victory Program RRS unit to new BMC clinical building
- Move of Bay Cove detox unit to new BMC clinical building
- PSI programs remain operational in Power Plant building
- Cottages operated by Eliot remain operational
- HCRC moves methadone clinic into BMC Clinical Building
- Move of PSI programs in Power Plant to new PSI Building
- Move of Cottage residents to PSH in new PSI Building, where possible

PHASE 2A

Demolition of Power Plant Building; site preparation for Family Supportive Housing

- Demolition of Power Plant Building

PHASE 2B

Construction of Family Supportive Housing

- Construction of Family Supportive Housing buildings and implementation of associated support services

This phasing is further summarized in the chart that follows.

Continuity of Services Across Phases

	Interim Phase	Phase 1A	Phase 1B	Phase 1C	Phase 1D	Phase 2A	Phase 2B	
	Site work, demolition and construction activity	Site preparation for modular ATS and mobile OTP facilities	Closure of Shattuck Hospital building	Demolition of Shattuck Hospital building	Construction of BMC Clinical Services and Pine Street facilities	Completion of BMC Clinical Services and Pine Street facilities	Demolition of Power Plant building	Construction of Family Supportive Housing and final site work
Current Services On-site	HCRC OTP Services	Regular operation; Licensing for mobile OTP facility	Begin operating in mobile facility	Operating in mobile facility		Begin operation in new Clinical building	Regular operation in new building	
	Emergency Shelter Beds (including BHCHP)	Regular operation				Begin operation in new Pine Street building	Regular operation in new building	
	SOAP	Regular operation				Begin operation in new Pine Street building	Regular operation in new building	
	Bay Cove Inpatient Treatment Beds	Regular operation	Begin operating in modular facility	Operating in modular facility		Begin operation in new Clinical building	Regular operation in new building	
	Victory Programs Inpatient Treatment Beds	Regular operation	Temporary relocation to offsite facility	Operating in offsite location		Begin operation in new Clinical building	Regular operation in new building	
	Cottage Community	Regular operation			Relocation to site near Power Plant; Operating in new location	Cottage guests transferred to Pine Street building	Cottage Community relocated offsite	
	Expanded inpatient and outpatient clinical services					Begin operation in new Clinical building	Regular operation in new building	
New Services	Individual Permanent Supportive Housing and Safe Haven program					Begin operation in new Pine Street building	Regular operation in new building	
	Family Supportive Housing							Begin operation in new Family Supportive Housing facilities

C. Operating Assumptions / Commonwealth Operating Role



Our Coalition’s vision for a reimaged Shattuck will require material commitments from the Commonwealth to realize. Indeed, most of the programs and services offered on the reimaged Shattuck campus will require government payment to operate. These commitments span three primary categories: contracts between Coalition members and the Commonwealth, reimbursements from public health insurance programs, and support with licensure and regulatory approvals.

Contracts with Commonwealth entities

DHCD: Pine Street Inn’s emergency shelter and transitional housing operations will require financial support for operations through DHCD, or another similar payer, for ongoing operations. Further, JPNDC and TCB will require housing vouchers for their supportive housing programs, including vouchers controlled by DHCD. In total, TCB will need 200 project-based vouchers, and JPNDC will need at least 103 project-based vouchers. These could be Section 8 vouchers or a combination of Section 8 and Massachusetts Rental Voucher Program (MRVP) vouchers.

Inclusion of these vouchers is necessary in order to serve formerly homeless households that will have incomes below 30% AMI. All of the supportive housing units in the Pine Street/TCB permanent supportive housing building are designed to house individuals below 30% AMI. In addition, 50% of the units in the family supportive housing will serve households with incomes below 30% AMI. The other 50% of family supportive housing units will be targeted to households with incomes below 60% AMI and will not require vouchers.

DMH: Pine Street Inn’s Safe Haven program will require a contract with DMH to fund its operations.

Reimbursements for public health programs

MassHealth: In our program we have assumed that we are serving a mix of patients that is 70% MassHealth/20% Medicare/10% commercial, meaning that MassHealth will be our single most important payer for services. Our Coalition members will require reimbursements at appropriate, sustainable rates for inpatient and outpatient programs—including CSP for housing residents’ supportive services where feasible—in order to operate our programs. As we discuss in the Finance section, the operating financials for clinical services are challenging, and we are concerned about long-term rate sustainability. Further, we will need MassHealth to generate a rate for BH Respite as a new level of care.

Licensure and regulatory approvals

Our proposed programs are largely regulated by DMH (IP Psych) and DPH (other clinical programs), and we will require support from both entities in licensing these new programs or in transferring existing licenses (e.g., Bay Cove’s) to the new facility. We will also require assistance in managing licensure transitions as described in our interim operations plan. We may need special support on licensure in specific areas to reflect our attempts to innovate to improve the SUD treatment continuum, including a licensure pathway for the BH Respite program and an exemption to operate the RRS COE level of care with management overseeing more beds than standard to facilitate the larger scale of RRS program we have contemplated.

Other forms of support

In our financing section we also describe the capital support we require from the Commonwealth in order to realize our proposed redevelopment. BMC and our Coalition cannot finance the full capital cost of this program on our own, for many of the services included in the RFP do not have sufficient operating margin to leverage debt to fund large up-front capital investments. Accordingly, we will require deep partnership with the Commonwealth, as well as the City, on financing the capital cost of the proposal.

We do contemplate the possibility of Commonwealth agencies (e.g., DTA) establishing onsite offices—either themselves or their contractors—to assist with benefits access and enrollment, as outlined in our description of our proposed programmatic model. We welcome the Commonwealth’s perspective on which services should be included. We also welcome ideas of other Commonwealth programs or services we have not contemplated herein as potential features of the redeveloped site.

D. Long-Term Project Controls



The Shattuck Coalition will meet identified public health needs for the duration of the ground lease term. We understand and agree that the ground lease(s) will contain mechanisms to periodically revisit appropriate site uses in the context of the statutory requirement that the campus be utilized for public health purposes. We look forward to engaging with the Commonwealth and our Stakeholder Advisory Board to optimize the public health uses of the campus in light of the public health needs in our catchment area. We envision an annual “lookback” for this purpose to evaluate the strengths and weaknesses of our public health program from diverse perspectives and make plans to enhance them as needed.

In addition, the coalition will monitor and report to the Commonwealth on its progress against workplans and financial performance and routinely evaluate the effectiveness of its programs and services. We propose to measure the success of our clinical and housing programs against a range of key performance indicators that are commonly used as measures of the effectiveness of programs to treat SUDs and SMI and to address homelessness. The Shattuck Coalition Steering Group, which includes leadership from all Coalition Partner organizations, will monitor performance on a quarterly basis for the purposes of quality control and formative evaluation, and will alert the Commonwealth to any deviations from our project schedule and budget and any operational challenges identified. We will make a formal report to DCAMM on our performance on these long-term project controls at the end of our first year of operation and annually thereafter.



Monitoring our Progress Against Workplans

At its quarterly meetings, the Shattuck Steering Group will monitor implementation of the Proposed Project Schedule to determine the extent to which the partners, and the Coalition as a whole, are completing assigned tasks on time. Concurrently, the Steering Group will monitor expenditures to ensure that work is completed within budget. Findings from this quarterly process evaluation will be summarized for each partner and for the Coalition as a whole and reported to the Commonwealth. Any needed modifications in our project schedule and/or budgeted funds will be made in collaboration with the Commonwealth.

Measuring the Success of Our Clinical Program

As described in Section 6-6, members of this coalition bring to the project an enormous wealth of experience operating treatment and housing programs. BMC Health System also has the distinct advantage of being a health plan, and the largest MassHealth Managed Care Organization in the Commonwealth. Thus, while we plan to operate Shattuck in a payer-agnostic manner, we will still be able to track clinical outcomes for the subset of patients insured by WellSense, using our claims data.

The table below lists the measures we contemplate using to evaluate the effectiveness of behavioral health care services provided on the campus. This is a preliminary set of measures, and we welcome a discussion with the Commonwealth around other measures of interest to it. The most essential of these measures listed is the percent completing treatment and engaged in the next step in the care continuum, vs. return to use. As mentioned, we have based the layout of our Clinical Services Building on generous retention of our patients across the care continuum, such that 43% eventually engage in outpatient counseling and primary care.

Metrics to Evaluate the Effectiveness of Behavioral Health Care Table

Clinical Service	Measures	Provider(s)
Acute Treatment Services (Inpatient Detoxification)	<ul style="list-style-type: none"> - N admitted - Percent completing treatment (vs. return to use) - Percent engaged in step down care by type (e.g., CSS, RRS, SOAP, or outpatient counseling) within 30 days of discharge (vs. return to use) 	Bay Cove
Inpatient Psychiatry	<ul style="list-style-type: none"> - N admitted - Percent completing treatment - Percent engaging in step down care by type 	BMC
Behavioral Health Respite Unit	<ul style="list-style-type: none"> - N admitted - Percent completing ATS (vs. return to use) - Percent engaging in step down care by type 	BMC
Clinical Stabilization Services	<ul style="list-style-type: none"> - N admitted - Percent completing CSS (vs. return to use) - Percent engaging in stepdown care by type 	BMC and Bay Cove
Residential Rehabilitation Services	<ul style="list-style-type: none"> - N admitted - Percent completing RRS (vs. return to use) - Percent engaging in stepdown care by type 	Victory Programs
SOAP	<ul style="list-style-type: none"> - N admitted - Percent completing SOAP (vs. return to use) - Treatment completion - Percent engaging in stepdown care by type 	Pine Street Inn
OTP	<ul style="list-style-type: none"> - N referred to OTP - Percent initiating treatment - Percent completing 30 days of treatment (engagement) - Percent in care at 90 and 120 days after treatment initiation 	HCRC
Supportive Housing	<ul style="list-style-type: none"> - Housing Retention - Moving on to permanent housing - Maintaining or Increasing Income 	Pine Street Inn and JPNDC
Counseling and Other Behavioral Health Services	<ul style="list-style-type: none"> - Percent initiating outpatient counseling/ other behavioral health services - Percent completing 30 days of treatment (engagement) - Percent of missed appointments - Percent returning to use 	BMC and Bay Cove
Primary Care/MAT	<ul style="list-style-type: none"> - Percent engaging in primary care - Percent engaging in MAT - Missed appointments - Return to use 	BMC and Boston Healthcare for the Homeless

Note: For all clinical programs we also anticipate monitoring and reporting on 7- and 30-day readmissions, occupancy rates, and transition of care duration (length of time before moving to the subsequent program in the continuum).

Please note that, as patients progress through the behavioral health care continuum, some may be referred to providers in the community for OTP, primary care, and other services. It will be challenging to quantify this “leakage” from our self-contained care continuum; however, we will track patients referred to external providers and remove them from the numerator against which we evaluate treatment initiation and completion.

Also note that, as detailed in Section 6-3.B, we are presently working on new information technology (IT) infrastructure needed to share electronic health record data among BMC and various provider

partners and, in theory, it would be possible to automate data collection, aggregation and reporting. However, from a practical perspective, there are legal constraints with respect to the sharing of behavioral health data with medical providers, such that we may need to rely on a REDCap database containing only de-identified patient-level information for the purposes of both reporting to DCAMM and conducting program evaluation. Should that be the case, we will work with our partners in the predevelopment phase to ensure that they have in place data collection systems that can populate the fields we will program into the REDCap database for program evaluation.



Measuring the Success of Permanent Supportive Housing

Pine Street Inn's commitment to quality management principles includes continuously examining and improving any aspect of management, operations, service delivery, and program implementation. PSI has a robust Dept. of Program Evaluation (DPE), which oversees and analyzes data collection and promotes [strategic, data-based growth](#). PSI's experienced and adept DPE staff collect data according to HUD's HMIS performance measures and principles. The team ensures accuracy, completeness, and timeliness through standard dataset reporting, [frequent internal data quality checks](#), and internal outcome goals reporting. Leadership uses this data to quantify progress on meeting outcomes specified in PSI's organizational strategic plan and corresponding program outcomes system.

The DPE produces required monthly or quarterly reports to funders (HUD, VA, MA Departments of Public and Mental Health, various private foundations, etc.) using HMIS data, additional custom data systems as needed, and narratives. These reports identify [aggregate trends, length of stay in programs, barriers, disparities in equity, and housing status](#). Data and report results are disseminated through the organization and discussed at appropriate program and leadership levels. This information sharing provides a mechanism for staff input into program development. The President reports macro-level agency and program-specific data to PSI's Board of Directors and uses it as the basis for setting priorities for each fiscal year.

Including the perspective of [people with lived experiences of homelessness](#) in the evaluation process is vital. One of PSI's core beliefs is that participants, guests, and tenants should have direct access to those who make management/operational decisions impacting their experience and services. Supervisors and Directors (as much as possible) are located to facilitate direct access and provide immediate and unfiltered feedback, ideas, complaints, and compliments.

PSI's Supportive Housing department operates a Tenant Advisory Group (TAG) that convenes quarterly to provide input and feedback regarding program planning, design, and implementation. Emergency Shelters use monthly Town Meetings and suggestion boxes as primary sources of regular guest feedback but also employ guest surveys and one-on-one meetings to solicit guest feedback.

Other consumer feedback mechanisms include:

1. Client satisfaction/program evaluation surveys are available in English and Spanish.
2. Verbal input solicited by staff.
3. All guests/tenants are informed of their rights to raise concerns and pursue grievances with their service and the program.

Results from all approaches are incorporated to increase overall effectiveness.

PSI defines and measures success by housing retention and an individual's progress towards greater independence. PSI's Phases of Care (POC) assessment and planning tool evaluates housing stability across nine service domains (housing payments, legal, healthcare, substance use, mental health, community engagement, income and work, independent living skills, tenancy history.) Each domain is assigned a score of 1 through 4, corresponding with a POC:

1. Newly housed/or experiencing a crisis
2. Starting to see periods of increased stability
3. Thriving with support
4. Achieving self-sufficiency with little to no support

PSI staff conducts the POC Assessment every 90 days. Tenants and their services team use the assessment to guide their quarterly Individual Service Plan (ISP).

6-5

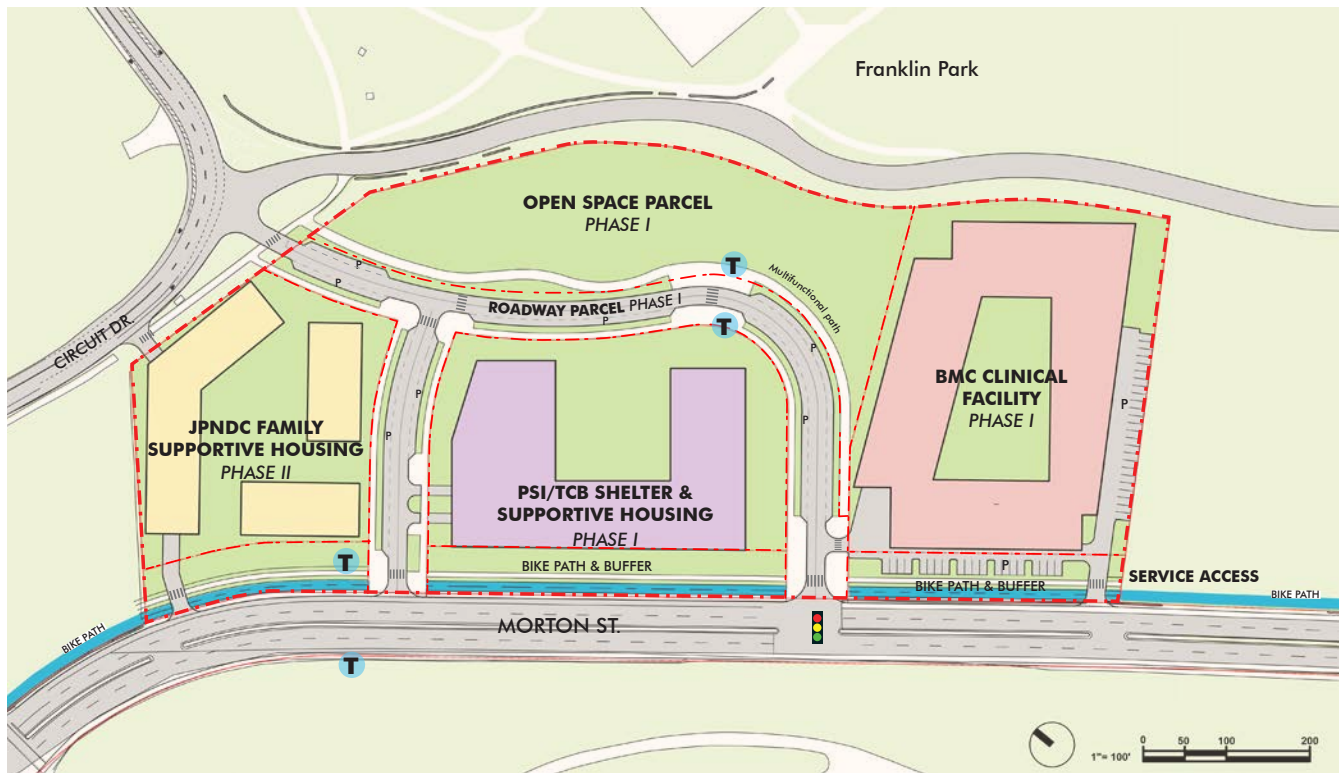
Transaction Details, Financing and Proposal Feasibility

- A. Ground Lease Proposal
- B. Financing



A. Ground Lease Proposal





Proposed Terms and Conditions of Site Acquisition from DCAMM

1. Premises:
 - a. The 13 acre Shattuck Hospital Campus
2. The Campus will be parceled per site plan as follows:
 - i. The BMC Clinical Facility Development Parcel ("BMC Parcel")
 - ii. The Pine Street Inn/TCB Development ("PSI/TCB parcel")
 - iii. The JPNDC Development Parcel ("JPNDC Parcel")
 - iv. The roadway parcel ("Roadway Parcel")
 - v. The Open Space Parcel ("Open Space Parcel")
3. Licensors and Lessor: DCAMM
4. Licensee of the premises: Boston Medical Center or a BMC-controlled affiliate or assignee
5. License for use: DCAMM will license the use of the site to the Licensee for site investigation and due diligence activities, site preparation and remediation activities, demolition of existing structures, placement of temporary and relocated structures, and the construction and maintenance of publicly accessible infrastructure. License will commence for specific uses and for specific areas of the site on a to-be negotiated basis. The license fee will be negligible.

6. Term of License: the sooner of 10 years, or the commencement of lease on each parcel for that parcel.
7. Leases by Parcel:
 - a. The BMC Clinical Facility Development Parcel ("BMC Parcel")
 - i. Lessee: BMC or affiliate or assignee
 - ii. Term of lease: 99 years
 - iii. Lease payment at term commencement: \$100
 - iv. Lease commencement: At closing of development financing
 - b. The Pine Street Inn/TCB Development ("PSI/TCB parcel")
 - i. Lessee: TCB or assignee
 - ii. Term of lease: 99 years
 - iii. Lease payment at term commencement: \$100
 - iv. Lease commencement: At closing of development financing
 - c. The JPNDC Development Parcel ("JPNDC Parcel")
 - i. Lessee: JPNDC or assignee
 - ii. Term of lease: 99 years
 - iii. Lease payment at term commencement: \$100
 - iv. Lease commencement: At closing of development financing
8. Due diligence Period: 180 days from execution of a Memorandum of Understanding (MOU). Licensee can withdraw for any reason during the due diligence period.
9. Premises shall be delivered vacant and unoccupied no later than January, 2026, except for the following programs:
 - i. HCRC OTP clinic
 - ii. Victory Programs and Bay Cove operations in Shattuck Hospital Building
 - iii. Pine Street Inn programs in the Power Plant Building
 - iv. The Eliot/CCA Cottages
 - a. All current utility services will be transferred to the Lessee.
10. Ability to sub-let: The Lessees will have the right to sub-let their parcels.
11. Environmental
 - a. During the license period, the Licensee will conduct comprehensive environment assessment of the site and prepare a detailed estimate for the remediation of environmental conditions as required under the relevant municipal, state and federal statutes and regulations. The Licensor shall escrow 200% of this estimated cost of remediation, including the costs of assessment, and these funds will be used by the Licensee or its designee to address these environmental conditions. Any unspent funds will be returned at the completion of remediation activities on the site.
12. Hazardous materials
 - a. During the license period, the Licensee will conduct comprehensive hazardous materials survey of the existing buildings, utility tunnels and infrastructure, and overall site, and prepare a detailed estimate for the removal and disposal of hazardous materials as required under the relevant municipal, state and federal statutes and regulations. The Licensor shall escrow 150% of this estimated cost of hazardous material removal and disposal, including costs of the survey, and these funds will be used by the Licensee to address these hazardous materials conditions. Any unspent funds will be returned.
13. Existing Buildings on site
 - a. During the license period, the Licensee will conduct comprehensive survey of the existing buildings, utility tunnels and infrastructure, and overall site, and prepare a detailed estimate for the demolition of the existing buildings, foundations and supporting infrastructure on site. The Licensor shall escrow 150% of this estimated cost of demolition and removal and disposal of demolition debris, and these funds will be used by the Licensee to remove existing structures on site. Any unspent funds will be returned.

B. Financing



Financing



The financing plan for the redevelopment of the Shattuck Campus reflects the premise that the development is, in essence, a public health facility developed by a coalition of a private institution and private developers. Many of the services requested by the RFP and proposed in the document produce very little, zero, or negative margin, presenting a fundamental challenge where there is insufficient operating income projected to be available to support debt—specifically for the Pine Street Inn shelter facilities and the Boston Medical Center clinical facilities. As such, the financing of the capital costs of the development will rely to a very significant degree on public subsidies. The permanent supportive housing facilities will be financed using the typical capital stack available for affordable housing projects in Boston.

As detailed in the capital expenditures, we estimate the overall cost of the redevelopment to be approximately \$550 million, in today's dollars. Primary sources of funding for these costs are proposed to be:

- Significant capital contributions from the Coalition, led by Boston Medical Center and Pine Street Inn organizations with proven track records in philanthropic fundraising for capital programs
- Direct funding from the Commonwealth for the costs of site environmental remediation, hazardous materials removal and demolition of the existing structures and parking lots
- Direct grants from the Commonwealth and the City of Boston for facility development
- Grants or loans from state programs (MassWorks) for the development of infrastructure
- For the supportive housing components of the development, the primary sources of funding will be:
 - Low-income housing tax credits (LITHC) and possibly new market tax credits (NMTC)
 - Hard and soft debt supportable by operating revenues
 - Direct grants from the City and State
 - Deferred developer fees

Boston Medical Center, Pine Street Inn and the other service partners are committed to working with the Commonwealth and the City of Boston to maximize revenues for services provided from public and private sources, but do not anticipate sufficient income to support the development of the proposed facilities. Rather, the Coalition is looking to the Commonwealth and the City of Boston to significantly fund the

development of a ground-breaking facility and model for public care of the most vulnerable citizens of the state and City.

Total capital costs include:

- \$14 million for site development, construction of common facilities and amenities, and landscaping of common areas. This will be completed in 2025-2028.
- \$242 million for construction of Clinical Services Building, to be completed in 2025-2028.
- \$157 million for the Pine Street Inn Building, to be completed between 2025-2028.
- \$136 million for construction of the family supportive housing building, to be completed from 2028 through 2030.

The capital costs of the redevelopment of the Shattuck Campus have been broken down into its sequential phases of development. Sources and uses of funds are conceptual, and have been provided to portray an order of magnitude in unescalated 2022 dollars, reflecting the early stage of development planning.

Of the total projected capital outlay of about \$550 million, approximately \$4 million is projected to be incurred during the site acquisition and pre-development phases. These costs would be supported by the members of the Coalition from their own funds.

The next phases of development will require significant commitments from the City and the State to supplement the financial commitments of the Coalition, raised through philanthropy, member equity and, in the case of housing, private tax-credit equity. The Coalition organizations cannot nearly cover the full capital expenditures required to develop these public health facilities without very meaningful help from government.

The costs of site preparation and temporary building (\$10 million)

and the BMC clinical facility (\$242 million) are proposed to be financed in a 50%/25%/25% cost-sharing arrangement between State/City/Coalition, where the Coalition would fund approximately \$63 million, while the State and City would fund the balance.

The development of the PSI/TCB shelter (\$69 million) would involve a cost-sharing approach as well, with \$40 million and \$20 million from the State and City, respectively, complementing \$9 million provided by the Coalition.

PSI/TCB's supportive housing space (\$88 million) would also require State and City support (\$20 million each), and would also draw on deferred developer fees and tax credit financing worth \$48 million.

JPNDC's family supportive housing facilities (\$135 million) would require \$43 million in State and City support (\$21 million and \$22 million, respectively) and would rely on \$92 million of deferred developer fees, mortgage, and tax credit financing.

While the State would be responsible for identifying sources of funds to cover its share, we believe several venues are available: e.g., a Congressional appropriation for the project, directing Determination of Need funds from Boston-area hospitals to the project, introducing a state bond bill, or utilizing opioid settlement funds, among other options. The City has options for raising its share as well, including its capital budget as well as proceeds from a real estate transaction. The Coalition welcomes the opportunity to work with the City and the Commonwealth on identifying and pursuing funding sources, both public and private, for the creation of the new campus.

Our coalition has already had advanced discussions with the City of Boston about such a structure, and we believe that we can all come together to pool resources to create this generational project to benefit a population in great need of support.

Capital Budget - Sources and Uses

	2022	2023-2024	2025-2026			2025-2028		
	Site Acquisition	Pre-development	Site Preparation & Temporary Building			BMC Clinical Facility		
	All Parties	All Parties	Developer: BMC			Developer: BMC		
	Response to DCAMM RFP; negotiation of disposition agreement	Planning, design and permitting of overall development	Clearing site, environmental remediation as required; Demolition of Shattuck Hospital; construction of temporary building for on-site clinical programs			Construction of roads, landscaping, parking infrastructure to support BMC Clinical Facilities; construction and furnishing of Clinical Facility		
Uses			QUANTITY	\$/SF OR ACRE	PROJECTED COST	QUANTITY	\$/GSF OR ACRE	PROJECTED COST
Site Acquisition								
Environmental Remediation					By DCAMM			By DCAMM
Demolition					By DCAMM			
Site Infrastructure Construction			1 acre		\$1,000,000	5 acres	\$900,000	\$4,500,000
Site common areas/landscape							\$300,000	\$1,500,000
Common facilities/amenities/parking								\$2,000,000
Hard Costs								
Building Construction			15,000	\$400	\$6,000,000	230,000	\$670	\$153,750,000
FFE			15,000	\$50	\$750,000	230,000	\$90	\$20,500,000
Hard Cost Contingency @ 5%					\$387,500			\$9,112,500
Total Hardcosts					\$8,137,500			\$191,362,500
Soft Costs		\$3,000,000			\$2,034,375			\$47,840,625
Soft Costs								
Financing Costs								
Reserves								
Developer Fee Paid								
Developer Fee Deferred								
Soft Cost Contingency								\$2,392,031
Total Development Costs - unescalated	\$950,000	\$3,000,000			\$10,375,313			\$241,595,156
Sources								
First Mortgage								
City Gap Funds					\$2,593,828			\$60,398,789
State Gap Funds					\$5,187,656			\$120,787,578
State Credit Loan Proceeds								
Deferred Developer Fee								
Federal LIHTC								
Developer(s) Funding	\$950,000	\$3,000,000			\$2,593,828			\$60,398,789
Other								
Total Sources	\$950,000	\$3,000,000			\$10,375,313			\$241,595,156

All Sources and Uses above and on the next page are conceptual and reflect best current thinking about the development costs and potential funding sources. Actual Sources and Uses could vary significantly from those projected above. We expect to refine these financial projections during the Site Acquisition and Pre-development phases of the project.

Capital Budget - Sources and Uses

2026-2028			2026-2028			2029-2030		
Pine Street Inn Shelter			Pine Street Inn Supportive Housing			Family PSH and Site Completion		
Developer: The Community Builders			Developer: The Community Builders			Developer: JPND		
Construction of roads, parking infrastructure to support construction of PSI Shelter Facilities above parking facility			Construction of roads, parking infrastructure to support Phase 2B; construction of PSI housing above PSI Shelter			Clearing site, demolition of Power Plant Building, environmental remediation as required; construction of roads, parking infrastructure; construction of Family Permanent Supportive Housing and landscaping		
QUANTITY	\$/GSF OR ACRE	PROJECTED COST	QUANTITY	\$/GSF OR ACRE	PROJECTED COST	QUANTITY	\$/GSF OR ACRE	PROJECTED COST
		By DCAMM			By DCAMM			By DCAMM
								By DCAMM
5 acres	\$900,000	\$4,500,000				3 acres	\$900,000	\$2,700,000
	\$300,000	\$1,500,000					\$300,000	\$900,000
			60 Spaces	\$100,000	\$6,000,000			
118,655	\$438	\$51,968,610	112,000	\$501	\$56,067,600	228,000		\$88,200,000
								\$1,680,000
								\$4,494,000
		\$57,968,610			\$62,067,600			\$94,374,000
		\$7,301,128			\$9,127,602			\$18,600,000
		\$200,000			\$7,290,754			\$9,600,000
					\$1,450,000			\$2,700,000
		\$3,273,487			\$5,121,798			\$9,750,000
					\$2,921,798			
		Included above			Included above			Included above
		\$68,743,225			\$87,979,552			\$135,024,000
								\$22,350,000
		\$20,000,000			\$19,919,755			\$22,270,000
		\$40,000,000			\$19,919,755			\$21,240,000
					\$5,925,000			\$11,600,000
		\$8,743,225			\$2,921,798			\$53,600,000
					\$39,293,143			\$3,964,000
		\$0			\$101			
		\$68,743,225			\$87,979,552			\$135,024,000

Operating Financials

While these services are critical and have the potential to be transformative for the patients, guests, and residents we serve, the financial picture of the operations reflect the reality that many of the services are breakeven or worse to operate, particularly when serving a MassHealth-concentrated payer mix. This financial reality is a substantial driver of why there is an undersupply of such programs for our community's most vulnerable. Our Coalition expects programs in aggregate to be below breakeven on an operating margin basis, with supportive housing projects able to break even, but not clinical and shelter projects.

Clinical Services Building

Assuming 90% utilization of inpatient beds, we have projected that the Clinical Services Building will yield an annual operating loss of approximately \$8M at steady state in Y5. We assume that bedded services and primary care are delivered for a 70%/20%/10% MassHealth/Medicare/Commercial payer mix, and we assume the Commonwealth generates a rate for BH respite since it is a new level of care designed to fill a structural gap faced by patients experiencing homelessness. However, this steady-state operating loss points to a need for our Coalition to work with the Commonwealth on rate and/or other modes of financial support to bolster financial stability in steady-state.

Our approximately \$8M per year projected loss in the Clinical Services Building is driven by program-level performance as follows: an anticipated loss of \$0.6M per year on ATS, margin of \$1M per year on IP Psych, loss of \$1.5M per year on CSS, loss of \$0.7M per year for RRS, breakeven for BH respite, and loss of \$3M per year on outpatient BH services and primary care. These are long-term projections looking years into the future, and MassHealth may be planning rate or clinical requirement changes that would impact these projections favorably or unfavorably.

Pine Street Inn/ TCB Building

For the Pine Street Inn and TCB project, the operating picture looks different for the permanent supportive housing versus the emergency housing and addiction programs. For the 200-unit permanent supportive housing program, net operating income will support a significant portion of needed supportive services, which, combined with significant services endowment that Pine Street Inn hopes to raise, will make it possible for capital partners to underwrite long term operations and supports. The operating income includes rental vouchers to make the housing affordable to vulnerable individuals, as well as tax credits and existing state and city affordable housing capital program loans for construction. For the 90 shelter and transitional housing beds, the 54 SOAP beds, and the 30 safe haven beds, getting to breakeven requires contracts with DHCD and EOHHS for shelter services, with MassHealth for SOAP services, and with DMH for safe haven program services. This operating financial outlook for the Shelter portion of programs necessitates capital support from government as discussed previously.

JPNDC Building

The family supportive housing envisioned by JPNDC projects net operating income sufficient to cover operating expenses, some supportive services, and debt service coverage to support a first mortgage. The rental income includes housing vouchers allocated by government to enable vulnerable families to access the housing and modest rent contributions by tenants (which are determined by the tenants' income). These resources will cover all operating expenses. The use of project-based vouchers will also generate sufficient rental income to support some of the supportive services. We anticipate that our service partners will bring additional resources to support the full suite of supportive services. The amount of the debt service needed will be reduced by the fact that the capital resources include private equity generated by tax credits and contributions from existing state and city affordable housing capital program.

Clinical Services Operating Projection

Year	1	2	3	4
IP beds utilized (incl. ATS, IP psych, CSS, RRS, BH respite)	83	227	248	248
Total IP capacity	272	272	272	272
% Occupancy	21%	81%	90%	90%
IP revenue	\$ 11,712,221	\$ 33,162,372	\$ 36,652,631	\$ 37,131,984
Total expenses	\$ 21,098,986	\$ 37,753,418	\$ 40,467,034	\$ 41,819,418
Staffing expense	\$ 10,801,087	\$ 23,024,967	\$ 24,940,290	\$ 25,826,328
Other operating expense	\$ 9,126,677	\$ 11,412,213	\$ 11,861,481	\$ 12,279,891
Corporate allocation (10%)	\$ 1,171,222	\$ 3,316,237	\$ 3,665,263	\$ 3,713,198
Net IP operating loss	\$ (9,386,764)	\$ (4,591,045)	\$ (3,814,403)	\$ (4,687,433)
Annual OP BH encounters (excl. OTP)	24,024	34,476	36,000	36,000
OP BH revenue*	\$ 5,261,298	\$ 7,701,206	\$ 8,202,514	\$ 8,366,564
Total expenses	\$ 6,584,070	\$ 9,826,377	\$ 10,671,239	\$ 11,098,088
Staffing expense	\$ 4,994,630	\$ 7,454,221	\$ 8,095,127	\$ 8,418,932
Other operating expense (includes 10% corporate allocation)	\$ 1,589,441	\$ 2,372,156	\$ 2,576,112	\$ 2,679,156
Net OP BH operating loss	\$ (1,322,772)	\$ (2,125,171)	\$ (2,468,725)	\$ (2,731,524)
Annual Primary Care encounters	12,012	17,238	18,000	18,000
Primary care revenue	\$ 2,576,595	\$ 3,771,481	\$ 4,016,984	\$ 4,097,324
Total expenses	\$ 2,329,912	\$ 3,477,271	\$ 3,776,243	\$ 3,927,292
Staffing expense	\$ 1,533,945	\$ 2,289,331	\$ 2,486,166	\$ 2,585,612
Other operating expense	\$ 795,967	\$ 1,187,939	\$ 1,290,077	\$ 1,341,680
Net Primary Care operating profit / loss	\$ 246,683	\$ 294,210	\$ 240,742	\$ 170,032
Annual OTP encounters (assumes 300 visits / day in Y1, 350 / day in Y2, 400 / day Y3-Y10)	109,500	127,750	146,000	146,000
Per encounter OTP revenue	13	13.76	14.03	14.31
Total OTP revenue	\$ 1,476,829	\$ 1,757,426	\$ 2,048,657	\$ 2,089,630
Total expenses	\$ 1,082,609	\$ 1,313,565	\$ 1,561,266	\$ 1,623,717
Total expenses / encounter	\$ 10	\$ 10	\$ 11	\$ 11
Staffing expense / encounter	\$ 5	\$ 5	\$ 6	\$ 6
Other operating expense / encounter	\$ 5	\$ 5	\$ 5	\$ 5
Net OTP operating profit	\$ 394,220	\$ 443,861	\$ 487,391	\$ 465,913
Park land maintenance	\$ (250,000)	\$ (260,000)	\$ (270,400)	\$ (281,216)
Total clinical services building operating loss	\$ (10,318,634)	\$ (6,238,146)	\$ (5,825,396)	\$ (7,064,229)

*Assumes CBHC bundled encounter rates and cost structure

Assumes 4% cost inflation for all levels of care

Assumes 2% revenue inflation for all levels of care

OTP projections based on HCRC 2021 operating financials

5	6	7	8	9	10
248	248	248	248	248	248
272	272	272	272	272	272
90%	90%	90%	90%	90%	90%
\$ 37,619,651	\$ 38,115,828	\$ 38,620,720	\$ 39,134,536	\$ 39,657,492	\$ 40,189,810
\$ 43,218,944	\$ 44,667,279	\$ 46,166,150	\$ 47,717,344	\$ 49,322,712	\$ 50,984,171
\$ 26,743,904	\$ 27,694,140	\$ 28,678,203	\$ 29,697,298	\$ 30,752,676	\$ 31,845,632
\$ 12,713,075	\$ 13,161,556	\$ 13,625,875	\$ 14,106,592	\$ 14,604,287	\$ 15,119,559
\$ 3,761,965	\$ 3,811,583	\$ 3,862,072	\$ 3,913,454	\$ 3,965,749	\$ 4,018,981
\$ (5,599,293)	\$ (6,551,451)	\$ (7,545,430)	\$ (8,582,808)	\$ (9,665,220)	\$ (10,794,362)
36,000	36,000	36,000	36,000	36,000	36,000
\$ 8,533,895	\$ 8,704,573	\$ 8,878,665	\$ 9,056,238	\$ 9,237,363	\$ 9,422,110
\$ 11,542,012	\$ 12,003,692	\$ 12,483,840	\$ 12,983,193	\$ 13,502,521	\$ 14,042,622
\$ 8,755,689	\$ 9,105,917	\$ 9,470,154	\$ 9,848,960	\$ 10,242,918	\$ 10,652,635
\$ 2,786,322	\$ 2,897,775	\$ 3,013,686	\$ 3,134,234	\$ 3,259,603	\$ 3,389,987
\$ (3,008,117)	\$ (3,299,119)	\$ (3,605,175)	\$ (3,926,956)	\$ (4,265,159)	\$ (4,620,512)
18,000	18,000	18,000	18,000	18,000	18,000
\$ 4,179,271	\$ 4,262,856	\$ 4,348,113	\$ 4,435,075	\$ 4,523,777	\$ 4,614,252
\$ 4,084,384	\$ 4,247,760	\$ 4,417,670	\$ 4,594,377	\$ 4,778,152	\$ 4,969,278
\$ 2,689,037	\$ 2,796,598	\$ 2,908,462	\$ 3,024,801	\$ 3,145,793	\$ 3,271,625
\$ 1,395,347	\$ 1,451,161	\$ 1,509,208	\$ 1,569,576	\$ 1,632,359	\$ 1,697,653
\$ 94,886	\$ 15,096	\$ (69,557)	\$ (159,301)	\$ (254,375)	\$ (355,025)
146,000	146,000	146,000	146,000	146,000	146,000
14.60	14.89	15.19	15.49	15.80	16.12
\$ 2,131,422	\$ 2,174,051	\$ 2,217,532	\$ 2,261,883	\$ 2,307,120	\$ 2,353,263
\$ 1,688,665	\$ 1,756,212	\$ 1,826,461	\$ 1,899,519	\$ 1,975,500	\$ 2,054,520
\$ 12	\$ 12	\$ 13	\$ 13	\$ 14	\$ 14
\$ 6	\$ 6	\$ 7	\$ 7	\$ 7	\$ 7
\$ 6	\$ 6	\$ 6	\$ 6	\$ 6	\$ 7
\$ 442,757	\$ 417,839	\$ 391,071	\$ 362,364	\$ 331,621	\$ 298,743
\$ (292,465)	\$ (304,163)	\$ (316,330)	\$ (328,983)	\$ (342,142)	\$ (355,828)
\$ (8,362,231)	\$ (9,721,798)	\$ (11,145,421)	\$ (12,635,684)	\$ (14,195,276)	\$ (15,826,984)

TCB/PSI Shattuck - Permanent Supportive Housing - Operating Projection

	<u>Budget Yr 2022</u>	<u>yr 1 Completion</u>	<u>Yr 2 Stablized</u>	<u>Yr 3</u>	<u>Yr 4</u>	<u>Yr 5</u>	<u>Yr 6</u>
Income		-	-	-	-	-	-
Supportive Units S8	4,446,000	4,812,493	4,908,743	5,006,918	5,107,056	5,209,198	5,313,382
Annual Total Income	-	4,812,493	4,908,743	5,006,918	5,107,056	5,209,198	5,313,382
Expense							
Renting Exp	(3,800)	(4,277)	(4,405)	(4,537)	(4,674)	(4,814)	(4,958)
Admin	(152,400)	(171,528)	(176,673)	(181,974)	(187,433)	(193,056)	(198,847)
Mgmt Fee	(222,300)	(250,201)	(257,707)	(265,438)	(273,401)	(281,603)	(290,051)
Utilities	(573,200)	(645,142)	(664,496)	(684,431)	(704,964)	(726,113)	(747,896)
Op & Maint.	(352,800)	(397,080)	(408,992)	(421,262)	(433,899)	(446,916)	(460,324)
Payroll	(468,600)	(527,413)	(543,236)	(559,533)	(576,319)	(593,608)	(611,417)
RE Tax	(202,600)	(228,028)	(234,869)	(241,915)	(249,172)	(256,648)	(264,347)
Insurance	(314,400)	(353,860)	(364,476)	(375,410)	(386,672)	(398,273)	(410,221)
Res Services	-	-	-	-	-	-	-
Reserve Deposits	(70,000)	(78,786)	(81,149)	(83,584)	(86,091)	(88,674)	(91,334)
Partnership Fees	-	-	-	-	-	-	-
Misc.	(139,900)	(157,459)	(162,182)	(167,048)	(172,059)	(177,221)	(182,538)
0	-	-	-	-	-	-	-
Annual Total Expense	-	(2,813,772)	(2,898,185)	(2,985,131)	(3,074,685)	(3,166,925)	(3,261,933)
Stablized NOI	1,946,000	(311,719)	1,879,844	2,021,787	2,032,372	2,042,272	2,051,449
Service Reserve (Sinking Fund)							
Services Escrow Beginning Balance		17,250,000	17,508,750	17,771,381	17,188,709	16,521,751	15,765,974
Surplus Cash Deposits (afte priority payments)		-	-	2,016,483	2,026,908	2,036,645	2,045,652
Annual Service Expense		(2,701,221)	(2,782,258)	(2,865,726)	(2,951,697)	(3,040,248)	(3,131,456)
Estimated Interst on Escrow Account		258,750	262,631	266,571	257,831	247,826	236,490
Service Escrow Ending Balance		17,508,750	17,771,381	17,188,709	16,521,751	15,765,974	14,916,660

Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16
-	-	-	-	-	-	-	-	-	-
5,419,649	5,528,042	5,638,603	5,751,375	5,866,403	5,983,731	6,103,405	6,225,473	6,349,983	6,476,982
5,419,649	5,528,042	5,638,603	5,751,375	5,866,403	5,983,731	6,103,405	6,225,473	6,349,983	6,476,982
(5,107)	(5,260)	(5,418)	(5,580)	(5,748)	(5,920)	(6,098)	(6,281)	(6,469)	(6,663)
(204,813)	(210,957)	(217,286)	(223,805)	(230,519)	(237,434)	(244,557)	(251,894)	(259,451)	(267,234)
(298,753)	(307,715)	(316,947)	(326,455)	(336,249)	(346,336)	(356,726)	(367,428)	(378,451)	(389,804)
(770,333)	(793,443)	(817,246)	(841,764)	(867,016)	(893,027)	(919,818)	(947,412)	(975,835)	(1,005,110)
(474,134)	(488,358)	(503,008)	(518,099)	(533,642)	(549,651)	(566,140)	(583,125)	(600,618)	(618,637)
(629,759)	(648,652)	(668,112)	(688,155)	(708,800)	(730,064)	(751,965)	(774,524)	(797,760)	(821,693)
(272,277)	(280,446)	(288,859)	(297,525)	(306,451)	(315,644)	(325,114)	(334,867)	(344,913)	(355,260)
(422,527)	(435,203)	(448,259)	(461,707)	(475,558)	(489,825)	(504,520)	(519,655)	(535,245)	(551,302)
-	-	-	-	-	-	-	-	-	-
(94,074)	(96,896)	(99,803)	(102,797)	(105,881)	(109,058)	(112,329)	(115,699)	(119,170)	(122,745)
-	-	-	-	-	-	-	-	-	-
(188,014)	(193,654)	(199,464)	(205,448)	(211,611)	(217,960)	(224,498)	(231,233)	(238,170)	(245,315)
-	-	-	-	-	-	-	-	-	-
(3,359,791)	(3,460,585)	(3,564,402)	(3,671,334)	(3,781,474)	(3,894,919)	(4,011,766)	(4,132,119)	(4,256,083)	(4,383,765)
2,059,858	2,067,457	2,074,201	2,080,041	2,084,928	2,088,812	2,091,639	2,093,354	2,093,900	2,093,217
14,916,660	13,968,899	12,917,579	11,757,383	10,482,780	9,088,015	7,567,105	5,913,826	4,121,711	2,184,034
2,053,888	2,061,308	2,067,867	2,073,517	2,078,209	2,081,891	2,084,510	2,086,012	2,086,337	2,085,428
(3,225,399)	(3,322,161)	(3,421,826)	(3,524,481)	(3,630,215)	(3,739,122)	(3,851,295)	(3,966,834)	(4,085,839)	(4,208,415)
223,750	209,533	193,764	176,361	157,242	136,320	113,507	88,707	61,826	32,761
13,968,899	12,917,579	11,757,383	10,482,780	9,088,015	7,567,105	5,913,826	4,121,711	2,184,034	93,808

**Pine Street Inn, Inc.
Shattuck Campus Redevelopment
10-Year Proformas**

Emergency Shelter and Transitional Housing (90 beds)

Year	1	2	3	4
Annual stays (bed nights)	32,850	32,850	32,850	32,850
Revenue	\$ 5,857,774	\$ 6,006,148	\$ 6,158,426	\$ 6,314,714
Total expenses				
Staffing expense	\$ 3,121,825	\$ 3,215,480	\$ 3,311,944	\$ 3,411,303
Other operating expense	\$ 2,735,949	\$ 2,790,668	\$ 2,846,482	\$ 2,903,411
Net operating profit	\$ -	0.00	(0.00)	(0.00)

Substance Recovery (SOAP) (54 beds)

Year	1	2	3	4
Annual stays (bed nights)	19,710	19,710	19,710	19,710
Revenue	\$ 3,018,671	\$ 3,100,148	\$ 3,183,887	\$ 3,269,953
Total expenses				
Staffing expense	\$ 2,110,315	\$ 2,173,625	\$ 2,238,833	\$ 2,305,998
Other operating expense	\$ 908,356	\$ 926,523	\$ 945,054	\$ 963,955
Net operating profit	\$ -	0.00	0.00	(0.00)

Save Haven (30 beds)

Year	1	2	3	4
Annual stays (bed nights)	10,950	10,950	10,950	10,950
Revenue	\$ 1,418,569	\$ 1,457,419	\$ 1,497,361	\$ 1,538,425
Total expenses				
Staffing expense	\$ 1,047,901	\$ 1,079,338	\$ 1,111,718	\$ 1,145,070
Other operating expense	\$ 370,668	\$ 378,081	\$ 385,643	\$ 393,356
Net operating profit	\$ -	0.00	(0.00)	0.00



The primary teaching affiliate of the
Boston University School of Medicine

August 18, 2022

Shattuck Campus at Morton Street
c/o Office of Real Estate Division of Capital Asset Management
Attn: Ginger Cross
One Ashburton Place, 14th Floor Reception, Room 1411
Boston, Massachusetts, 02108

RE: Assurance of Financial Means

Dear Ms. Cross:

On behalf of Boston Medical Center Corporation (BMC), I am happy to provide assurance that if the Commonwealth selects BMC, BMC has the financial resources and capabilities necessary to execute on the commitments described in BMC's response to the Commonwealth's Request for Proposals. We are confident that, with a financial partnership with the Commonwealth as articulated herein, and with the support of our Developer and Service Provider Partners, we can bring to life these transformative clinical and housing programs that will benefit Massachusetts residents for years to come.

Sincerely,

DocuSigned by:

Terri T. Newsom

92C152A6054E48D...

Terri T. Newsom

Chief Financial Officer, BMC

6-6

Proposed Team and Experience

- A. Team Roles
- B. Experience
- C. Equity, Diversity and Inclusion



A. Team Roles



Table below provides an overview of the partnering organizations, their roles, and the functions associated with these roles.

Roles and Functions of Shattuck Redevelopment Partners Table

Role	Organization	Functions	Principal(s)
Lead Proposer (Developer and Service Provider Partner)	Boston Medical Center	Planning Oversight Financing Governance Liaison with DCAMM and DPH	Rob Koenig
Service Provider Partners	Pine Street Inn	Permanent supportive housing Transitional housing Emergency shelter Behavioral health services	Jan Griffin
	Bay Cove Human Services	Behavioral health services	Carley Lubarsky
	Victory Programs, Inc.	Residential rehabilitation services	Sarah Porter
	Health Care Resource Centers	Outpatient Treatment Program	Dan Greer
	Boston Healthcare for the Homeless Program	Medical care	Barry Bock
Developer Partners	The Community Builders	Development, ownership and property management of the Pine Street Building Resident pathways to opportunity Social engagement Strategic partnerships with local nonprofits and businesses	Andy Waxman
	Jamaica Plain Neighborhood Development Corporation	Family supportive housing Supportive services (e.g., child care, financial literacy, job coaching, community-building)	Rebecca Mautner and Teronda Ellis
Consultants	Stull & Lee	Master planner	David Lee
	CannonDesign	Healthcare architect	Shary Adams and Brian McKenna
	Jonathan Garland Enterprises and Prellwitz Chilinski Associates	Housing architect	Jonathan Garland and Andres Bernal
	Klopfert Martin Design Group	Landscape architect	Mark Klopfert
	Nitsch Engineering	Civil and traffic engineer	Deb Danik
	Haley & Aldrich	Geotechnical engineer	Mike Weaver
	Harry Smith	Community engagement consultant	Harry Smith
	Leggat McCall Properties	OPM services for site development	George Cole

We can confirm that no local, state, or federal taxes are due and outstanding for the Lead Proposer, Service Provider Partners, or Developer Partners. Further, there are no legal or administrative actions past, pending, or threatened that relate to the conduct of the team's business or its compliance with laws and other governmental requirements or its ability to execute the Legal Documents.

As discussed in Section 6-3A, we anticipate a close working relationship with DCAMM and the Commonwealth throughout all stages of the project. We would propose a series of monthly meetings to provide regular updates on the progress of the development effort. These meetings would include representatives of the Coalition partners involved in each particular stage of development,

as well as representatives from the relevant partner agencies. To the extent a single point of contact is required, Rob Koenig, BMC's Executive Director for Strategic Programs, will serve as liaison to DCAMM for this effort.

BMC is the Lead Proposer for this response. BMC’s authorized representative is:

Rob Koenig
Executive Director, Strategic Programs
Boston Medical Center
85 E Concord St, 6th floor
Boston, MA 02118
617-953-6165

Rob Koenig has been designated as the contact person for all correspondence relating to this proposal.

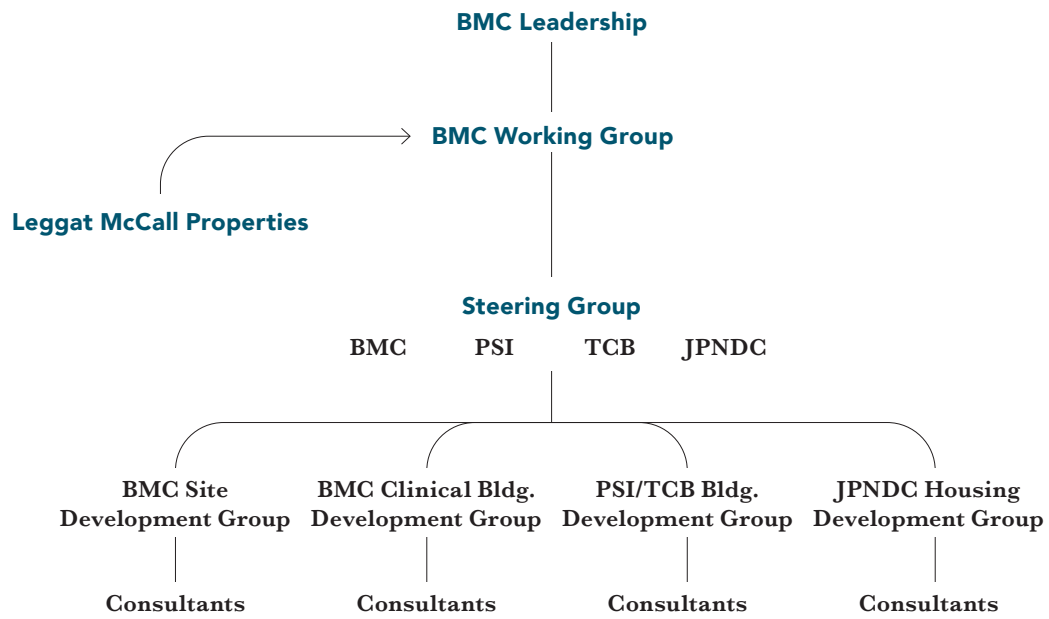
As described in the proposed ground lease term sheet in Section 6-5A, we anticipate that Boston Medical Center or a BMC-controlled affiliate or assignee will be the licensee for the site during the early stages of the project. Following the site work completed under a license agreement, separate ground leases would be executed for the various parcels: to BMC, The Community Builders, and Jamaica Plain Neighborhood Development Corporation (or their respective affiliates/assignees). Each of these entities is a 501c3 non-profit entity registered to do business in the Commonwealth of Massachusetts.

We do anticipate team roles will vary by development phase; please see Section 6-3D, and specifically the table titled “Roles and Responsibilities Across Development Phases” for a detailed description of our approach.

Contact information for each of the principals on the proposer team is below, and resumes and bios for key staff members from each organization have been provided in the appendix.

Boston Medical Center	Rob Koenig, Executive Director for Strategic Programs	robert.koenig@bmc.org	617-953-6165
Pine Street Inn	Jan Griffin, Vice President, Housing Development	jan.griffin@pinestreetinn.org	617-892-9100
Bay Cove Human Services	Carley Lubarsky, Chief Operating Officer	clubarsky@baycove.org	617-371-3000
Victory Programs	Sarah Porter, Executive Director	sporter@vpi.org	617- 541-0222
Health Care Resource Center	Dan Greer, Regional Vice President of Operations	dgreer@hrccenters.com	703-862-8573
Boston Healthcare for the Homeless Programs	Barry Bock, Chief Executive Officer	bbock@bhchp.org	857-654-1015
The Community Builders	Andy Waxman, Regional Vice President of Development, New England	andy.waxman@tcbinc.org	857-221-8643
Jamaica Plain Neighborhood Development Corporation	Rebecca Plaut Mautner, Director of Real Estate Development	rmautner@jpndc.org	617-230-2166
	Teronda Ellis, Chief Executive Officer	tellis@jpndc.org	617-522-2424 ext 247

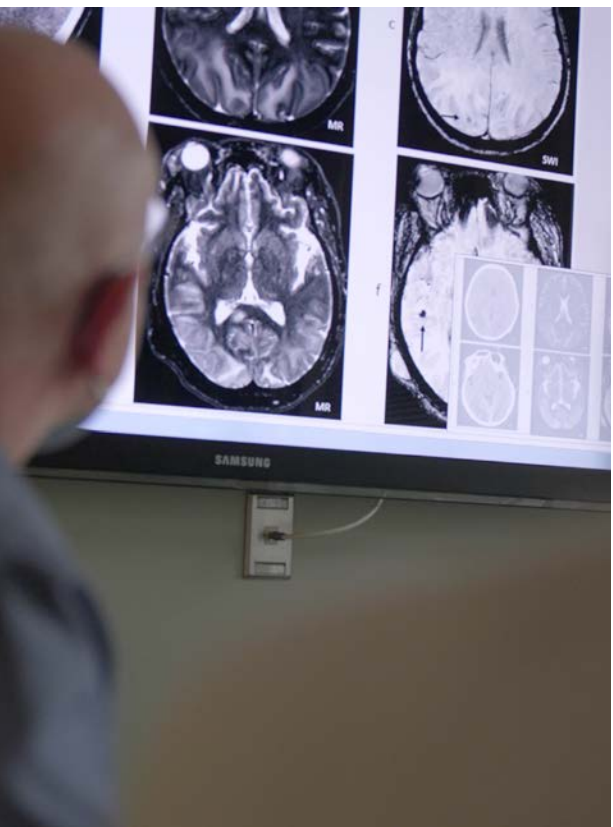
Coalition Organization Chart



B. Experience



The Shattuck Coalition brings together a team with extensive experience in all necessary areas. Our Service Provider Partners bring specialist expertise in integrated behavioral health care in urgent, emergency, primary care, and inpatient settings, including medically supervised detoxification services; clinical stabilization services, inpatient psychiatry including treatment of “dual diagnosis” patients with SUDs and SMI; outpatient psychiatric care, and integrated primary care and behavioral health care. Our Developer Partners bring decades of experience designing, permitting, and operating supportive housing communities, often in complex structures including joint ventures and partnerships. Our consultant team brings tremendous breadth and depth of experience and expertise in all facets of residential and healthcare building design, civil, traffic, and geotechnical engineering, landscape architecture, development, and construction.



The Appendix includes resumes for key staff of our development and service provider partners; as well as project sheets detailing the applicable experience of our consultant team, and resumes for the principals who will lead this effort.

Boston Medical Center

The Lead Proposer, Boston Medical Center (BMC), has as its mission “to provide consistently accessible health services to all in need, regardless of status or ability to pay.” The largest safety-net hospital in New England, BMC was founded in 1996 through a merger of Boston City Hospital, which opened in 1864 as the first public hospital in the United States, and Boston University Medical Center Hospital, originally founded as the Massachusetts Homeopathic Hospital in 1855. For more than 150 years, BMC and its predecessor, Boston City Hospital, have maintained a presence on what is now the Boston University Medical Campus in the city’s historic South End, in close proximity to the city’s most socially vulnerable neighborhoods. Occupying eight square city blocks, today BMC encompasses a 514-bed hospital, ambulatory care center, and the city’s busiest emergency room.

BMC is a private, not-for-profit academic medical center affiliated with the Boston University School of Medicine. It emphasizes community-based care, with a mission “to provide consistently accessible health services to all in need, regardless of status or ability to pay.” The hospital provides a comprehensive range of inpatient, outpatient, clinical, and diagnostic services in more than 70 medical specialties and sub-specialties, including psychiatry, addiction medicine, addiction psychiatry, infectious diseases, geriatrics, women’s health, and pediatrics.

BMC serves more than 210,000 patients per year, more than 60% of whom identify as racial and/or ethnic minorities, with Black individuals accounting for 39%

of patients and Hispanic/Latinx individuals for 15%. More than half of BMC’s patients have incomes at or below the federal poverty level. Additionally, more than 30% of BMC’s patients require interpreter services, available on-site in more than 60 languages. BMC is the provider of choice for many of Boston’s low-income and minority residents and offers a host of specialized services to people with mental health and/or substance use disorders, people who are experiencing homelessness, immigrants and refugees, and other special populations. Only 18% of BMC patients have commercial insurance, with the remainder relying on Medicaid (49%), Medicare (28%), the Health Care Safety Net (7%), the Affordable Care Act (4%), or self-pay/other (3%).

Experience and expertise in behavioral health care. BMC has extensive experience providing integrated behavioral health care in urgent, emergency, primary care, and inpatient settings. Within BMC, the Department of Psychiatry serves the majority of the city’s most complex patients, including adults diagnosed with SUDs and SMI, most of whom have experienced emotional distress, trauma, and other significant mental health challenges. Each year, members of the Psychiatry team conduct more than 65,000 patient encounters across the BMC campus and in the community. The team also consults widely with adult medicine practitioners in inpatient, outpatient, and emergency settings; pediatric practitioners in inpatient, outpatient, and emergency settings; and schools, courts, and child-serving agencies.

BMC was a pace-setter in integrating behavioral health care into primary care. For the past 15 years, we have provided routine screening and brief treatment of depression, anxiety, and other disorders by master’s prepared clinicians throughout our primary care operations. Psychiatric consultation is available for more complex cases, along

with referrals to hospital- and community-based resources for evidence-based treatment.

Beginning in 2001, shortly after enabling legislation was passed, BMC pioneered the integration of medication for opioid use disorder (MOUD) in the primary care setting. Today, with more than 1,500 patients accessing MOUD, BMC created and disseminated a number of national models for MOUD, including the use of Nurse Care Managers to oversee office-based addiction treatment (OBAT), and new models of care for special populations with OUD, including pregnant women, newborns, adolescents, ex-offenders, people with co-occurring SMI and people brought to the emergency department who survive an overdose.

BMC was one of the first hospitals in the nation to initiate an Addiction Consult Service serving inpatients admitted to the hospital for medical reasons who are found to have SUDs. Staffed by board-certified addiction medicine physicians and trainees, the service assesses and diagnoses patients with SUDs, initiates medication-assisted therapy with methadone or buprenorphine, and refers patients to community-based opioid treatment programs upon discharge. Motivational support and coaching is provided by the service's Recovery and Wellness Advocate.

BMC provided inpatient psychiatric care on the 60-bed locked unit in the Solomon Fuller Carter Building on the BMC Campus for many years, until the hospital could no longer afford to subsidize these services and the state assumed control. Given the pent-up demand for inpatient psychiatric beds, we are now in the process of redeveloping the Brockton Braemoor Nursing Home building to accommodate an 82-bed licensed inpatient facility to serve patients enrolled in our accountable care organization.

In 2018, BMC's many

accomplishments in addiction treatment inspired a \$25 million philanthropic gift to launch the Grayken Center for Addiction, a national hub for substance use disorders resources. Through more than a dozen treatment and support programs for patients of all backgrounds, the Grayken Center is accomplishing its mission to advance evidence-based addiction treatment and provider education, replicate best practices, and provide policy, advocacy, and thought leadership. The Center's comprehensive treatment programs are tailored to meet the unique needs of patients of all ages. Understanding that substance use can affect anyone, at any point in life, the Center's substance use programs and services are available and accessible whenever needed, from pregnancy (Project RESPECT) to adolescence (CATALYST Clinic) and in times of crisis (Project ASSERT).

Of note, the proposed Shattuck care continuum will build upon two ongoing, grant-funded initiatives to build an integrated continuum of medical and behavioral health care services for residents of Suffolk County. The first initiative, supported by an award made to Bay Cove Human Services in 2021 by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), will provide \$4 million over a two-year period to create the Boston Certified Community Behavioral Health Clinic (Boston CCBHC), a collaboration of Bay Cove, BMC, and the Boston Healthcare for the Homeless Program. The purpose of the Boston CCBHC is to build a robust and readily accessible continuum of mobile crisis intervention, clinical stabilization services, behavioral health urgent care, and integrated outpatient behavioral health and medical services for low-income, uninsured, and underinsured adults with serious mental illness (SMI), SUDs, and CODs, and children and adolescents with serious emotional disturbance (SED). Services to be provided by the Boston

CCBHC include crisis intervention, same-day treatment, navigation, care coordination, psychopharmacology treatment, integrated primary care, and recovery support. This system will provide "treatment on demand" for residents of Boston who are ready to engage in care through a "no wrong door approach" facilitated by enhanced care navigation and coordination.

The second grant-funded initiative, to be implemented with an anticipated award to BMC of \$750,000 in Delivery System Reform Incentive Payment (DSRIP) funds from the Mass Behavioral Health Partnership, is closely aligned with the Boston CCBHC. The purpose of the award is to develop the infrastructure for BMC to become a "Community Behavioral Health Center" (CBHC) that provides and bills MassHealth for bundled services for episodic care. The CBHC will be required to achieve quality and performance standards even more rigorous than those mandated by SAMHSA for CCBHCs. Grant funds will be used to fill service gaps and build information systems for a consolidated, single-site behavioral health center located on the BMC campus. Like the Boston CCBHC, the CBHC will provide a continuum of mobile crisis intervention, clinical stabilization, urgent behavioral health care, and ongoing access to integrated outpatient behavioral health and medical care.

In addition to the services offered by the two projects described above, the Shattuck care continuum will provide medically supervised detoxification and psychiatric inpatient care for dual diagnosis patients with SUDs and SMI. BMC also has experience in these areas. Our board-certified psychiatrists are qualified to deliver the full spectrum of SUD and SMI services, including medically supervised detoxification, evidence-based individual, family, and group therapies, psychopharmacology, discharge planning, and aftercare. The Department of Psychiatry

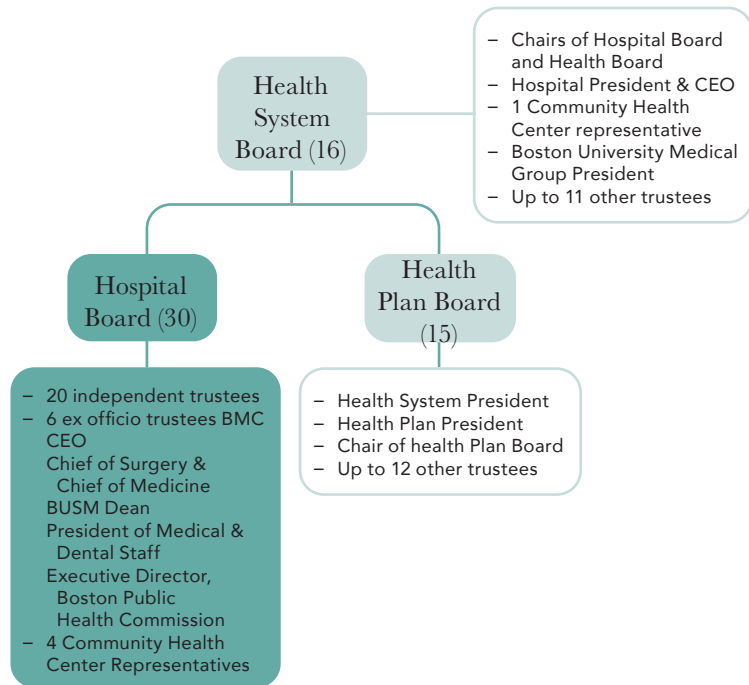
employs a board-certified Addiction Psychiatrist and offers two fellowships in addiction psychiatry each year.

Boston Medical Center is also well-versed in the leadership and management of complex, multi-stakeholder organizations. As a founding member of the BMC Health System and each of its constituents, BMC has a proven track record in forming, governing, managing, and leading diverse, high-performance health care organizations to achieve operational excellence and financial success. BMCHS comprises four constituent nonprofit organizations, each of which has its own Board of Trustees reporting to the nonprofit BMCHS Board of Trustees.

These include: 1) BMC; 2) Boston Accountable Care Organization (BACO), one of the state's four Medicaid ACOs; 3) BMC HealthNet Plan, a Medicaid and Medicare managed care organization with more than 420,000 members in Massachusetts and New Hampshire, and Boston HealthNet, an affiliation of BMC, BUSM, and 12 nonprofit community health centers serving Boston's most impoverished neighborhoods, each of which also has its own nonprofit board of directors. Annual operating costs of BMCHS amount to \$4.9 billion across the four organizations.

The BMCHS Board of Trustees oversees governance and long-term strategic planning and provides budgetary and financial assistance to BMC and its affiliates. The Board holds fiduciary responsibility to maintain financial accountability for BMC and its affiliates and must approve large-scale capital projects. As such, the Shattuck Redevelopment Project will require the Board's approval.

Boston Medical Center Health System Board of Trustees Diagram



The boards of BMCHS, BMC, and BMCHP are depicted in the diagram above. As shown, the BMCHS Board of Trustees consists of trustees drawn from its member entities. The Finance Committee meets regularly to review system performance. KPMG audited the consolidated financial statements for BMCHS for the fiscal year ending 9/30/2021 and determined that the system had revenues in excess of operating expenses that year in the amount of \$154.8 million and ended the year with \$1.64 billion in net assets, an increase of \$183.8 million for the previous fiscal year, ending 9/30/2020.

Charity Navigator has assigned BMCHS a score of 97 of 100 on Finance and Accountability.

BMC also has a proven track record in managing large, multi-year capital projects involving multiple contractors. Most recently, in 2014, the hospital launched a \$300 million, four-year campus redesign project to upgrade existing facilities, shrink the footprint of the campus by 300,000, improve operational effectiveness, and increase energy efficiency. Completed in 2018, this massive project has significantly diminished BMC's carbon footprint and saved the hospital an estimated \$30 million in annual energy and operating costs.

Service Provider Partners

PINE STREET INN

Since its establishment in 1969, Pine Street Inn, Inc. (PSI) has served Greater Boston individuals experiencing homelessness through various responsive, community-based programs and services. PSI is the largest nonprofit homeless services agency in New England. PSI provides food, clothing, shelter, day and night-time street-based outreach, access to health care, job training, affordable housing, and other critical resources for nearly 1,400 individuals each day and night at its 44 locations throughout Metropolitan Boston. Pine Street Inn's mission is to end homelessness by making permanent housing a reality for all. To that end, PSI currently operates 850 permanent housing units in Greater Boston.

PSI has broad experience in developing, implementing, and providing the entire continuum of services to people experiencing homelessness. These services are provided mainly through providing street outreach and emergency shelter, as well as case management services, rapidly moving guests into shelters, and operating transitional, and permanent housing. Service delivery includes a personalized case management approach, employing the evidence-based practices of motivational interviewing, trauma-informed care, and Housing First. A multitude of Federal, State, and local public and private funders demonstrate confidence in PSI by repeatedly granting support. PSI staff matches its population's ethnic, gender, and racial characteristics, and many staff are bicultural and bilingual in Spanish and other languages. In addition, PSI's staff composition includes people who previously experienced homelessness.

PSI provides an array of services that support people experiencing homelessness. The PSI Outreach Program, Boston's safety net for over 35 years, supervises street safety by providing overnight and daytime van coverage and case management, which supply professional outreach through teams on the streets 365 nights a year, every weekday, covering all areas of Boston. PSI has also provided emergency shelter services for over 50 years that are low-threshold, low-barrier environments; meaning that there are no requirements to receive services or emergency shelter and no limits to the length of stay. These facilities provide three meals and overnight accommodation for people experiencing homelessness and are open 24/7/365. Current locations include the Men's Inn, Shattuck Shelter, Women's Inn, Holy Family Inn, and the Charles River Inn programs. In FY21, PSI served an unduplicated count of 5,641 individuals.

In addition to outreach and emergency shelters, PSI offers Triage and Diversion services and a Rapid Rehousing (RRH) Program which locates housing for individuals within 90 days. Since 2012, PSI has successfully housed over 600 persons through RRH. PSI recognizes the need for behavioral health services for their population of focus and provides these services through their shelters

and housing services. Mental health services delivered by psychiatric clinicians are also available at PSI shelters. Since 1984, PSI has supplied housing specifically for people experiencing homelessness which has expanded to 32 congregate sites (510 units), seven master leased properties, 362 scattered site apartments in 18 Greater Boston communities, and supportive services at six locations. PSI is proud to have a 95% HUD Housing Retention Rate, well above the standard 80%.

PSI's current Shattuck Shelter program includes an emergency shelter with 120 beds and a shelter-based Structured Outpatient Addictions Program (SOAP) that serves 54 men with intensive treatment and support services. This program has been an integral part of the Jamaica Plain community. In 1983, the Massachusetts Department of Public Health opened the emergency shelter on the grounds of the Lemuel Shattuck Hospital. Friends of the Shattuck Shelter, a nonprofit agency, was established as a volunteer support group for the shelter. This group expanded and evolved into hopeFound, which merged with Pine Street Inn in 2012. The Shattuck Shelter is currently an active operation at total capacity. Overall, all PSI services support the movement toward its ultimate goal of ensuring permanent housing stability for all.

BAY COVE HUMAN SERVICES

Bay Cove Human Services' mission is to partner with people to overcome challenges and realize personal potential. We are committed to providing individualized and compassionate services for people facing the challenges associated with developmental disabilities, mental illness, homelessness, aging-related needs, and/or drug and alcohol addiction. Since Bay Cove's founding in 1974, we have grown from a single detoxification program for homeless men with alcoholism to serving 25,000 people each year across 170 community-based programs.

Bay Cove is an accomplished behavioral health service provider with over 40 years of experience operating an array of services to adults with severe mental health challenges, addiction disorders, dual diagnoses, and in need of housing support and services. Throughout the four plus decades of service provision, Bay Cove has adapted and reconfigured to reflect industry-wide advances, including evidence-based and emerging best practices. This includes the foundational implementation of recovery principles, motivational interviewing, trauma-informed and culturally responsive/competent care, harm reduction, and Housing First paradigms. Furthermore, we have made it a priority to ensure that everyone—especially people experiencing homelessness, people without insurance, and people with overlapping challenges—has access to treatment programs that meet their needs and are of the highest quality. Bay Cove's focus on quality includes seeking accreditation from CARF for all eligible programs, regardless of whether we need the certification to operate the program. Since 2002, Bay Cove has consistently received the highest level of accreditation from CARF.

Bay Cove's first program, Andrew House Detox, served homeless men with alcohol use disorder and mental illness, for medically supervised detox. As the number and complexity of our programs grew, so did our reputation as the "go-to" organization to serve hard-to-reach people. Throughout our history, we have been asked by our state funding partners numerous times to take over the operations of struggling organizations and to develop new models of care for hard-to-reach populations. Bay Cove's growth accelerated in 1996 with the merger with Center House Inc., bringing high-value day and work services programs for people with developmental and psychiatric disabilities to the agency. In 2006, Bay Cove merged with Kit Clark Senior Services, an agency with deep roots in Dorchester. In 2014, Bay Cove merged with CASPAR, Inc., expanding Bay Cove's addiction services to include Recovery Homes in Cambridge and Somerville. Finally, in 2020, Bay Cove merged with Growthways, Inc., a developmental service-focused agency in Brockton.

In addition to our growth over time, we have also maintained a presence at Lemuel Shattuck Hospital. Starting

in the 1980s, Bay Cove operated the Community Adjustment Program (CAP) for people with mental illness—this highly successful day program included operating the gift shop and staffing it with CAP clients. This program was later renamed the Gill Rehabilitation Center. In the early 2000s, Bay Cove operated the homelessness shelter on the Shattuck campus for about five years before a planned hand-off to the Friends of the Shattuck Shelter who later merged with Pine Street Inn. In the 2010s, Bay Cove took over the state-operated Goldfarb Clinic in the Shattuck—which was closing—renaming it the Gill Outpatient Clinic. In 2020, the Gill Clinic moved to Bay Cove's Canal Street location. In 2014, after the closure of the Long Island Bridge, Bay Cove's flagship program Andrew House reopened in the Shattuck hospital where it still operates today. Bay Cove's newest program opened in the Shattuck in 2021, the innovative Mirasol Center for Healing. Mirasol is a trauma-responsive program for adults who identify as female, who struggle with the challenges associated with substance use disorder (SUD) and were experiencing homelessness in the Mass-Cass area of Boston.

VICTORY PROGRAMS

For over 45 years, Victory Programs (VPI) has remained true to its mission to open doors to recovery, hope, and community to individuals and families facing homelessness, addiction, HIV/AIDS, and/or other chronic illnesses. Victory Programs began in 1975 as a single, twenty-bed halfway house for men returning from the Vietnam War with alcohol and other addictions. Since then, the organization has expanded services to meet the evolving needs of families and individuals within and beyond greater Boston's urban and low-income communities. VPI's team of more than 220 staff across 20 programs represents the organization's extensive experience in providing services organized in three Divisions--Housing, Health, and Prevention:

- **Housing:** VPI's housing stabilization services, including emergency shelter, permanent housing, and case management, move people off the street as quickly as possible, with as few barriers as possible.
- **Health:** VPI addresses health issues such as substance use disorders, co-occurring mental health concerns, HIV/AIDS, Hepatitis C, and other chronic conditions by providing clients with the education, tools, resources, and ongoing support they need to help them regain their health, prevent, and manage relapse, and maximize the independence of these individuals.

– **Prevention:** VPI prevention services include HIV, Hepatitis C, and STI testing and counseling; peer support with a focus on living with HIV and transgender health; a congregate meals program; overdose education and naloxone distribution; sexual-health education and safer-sex supplies; and navigation to health care, substance use disorder treatment, social services, and housing alternatives.

Annually, 265 individuals and 44 families are housed in residential recovery, shelter, transitional, and permanent housing programs operated by Victory Programs. Many more receive vital services at VPI's community resource center for individuals living with HIV/AIDS and other chronic diseases, from its mobile prevention outreach team, and gain access to nutritious produce grown on the organization's urban farm. In FY21, despite the safety protocols and capacity restrictions due to the COVID-19 pandemic (social distancing, limitations on indoor seating), VPI served more than 3,800 individuals and family members — a marked increase of 22% over the previous fiscal year. Currently, a portion of this population is served by VPI on the Shattuck Hospital Campus through the LARC and Women's Hope programs.

The Living and Recovering Community (LARC) is a short-term, intensive substance use treatment stabilization program, that was originally designed exclusively for those living with HIV. In 2021, the program expanded its population of focus to include individuals with any chronic health issues. This particular population has often struggled in more traditional recovery homes based on their health conditions and the impact on their reintegration. The average occupancy rate more than doubled immediately as a result, demonstrating the high community need for such a setting. For years, Women's Hope served as a Transitional Support Services (TSS) Program, providing up to 30 days of residential services for individuals who need a safe and structured setting to support recovery after detoxification. After recognizing the high wait times for co-occurring residential treatment facilities in Massachusetts, Women's Hope transitioned to a 16-bed Co-Occurring Enhanced (COE) Recovery Home for women struggling with moderate to severe substance use and mental health conditions in January 2022. COE services are provided in a 24-hour, safe, structured environment, located in the community, which supports residents' recovery from addiction and moderate to severe mental health conditions as they reintegrate into the community. Scheduled, goal-oriented clinical services are provided in conjunction with psychiatry, medication management, and access to primary health care to support stabilization, development of skills necessary to achieve recovery, and improvement of overall health. With these programs, VPI has demonstrated its dedication to serving its populations of focus by evolving over time to meet their needs.

Outside the Shattuck campus, VPI has embarked on an ambitious agenda of dynamic programs.

Early in 2021, VPI began the development of a multi-pronged low-threshold housing program designed to meet the complex needs of individuals experiencing homelessness in or around Boston's Mass. and Cass area, the epicenter of Boston's homelessness crisis and the opioid epidemic. VPI identified and partnered with two landlords to master lease three large buildings to use as permanent supportive housing. Today, 33 people, all with histories of homelessness, and most of them struggling with substance use disorder, health, and/or mental health issues, are living in their own units in one of nine apartments in Dorchester. For the individuals VPI works with within Mass. and Cass, the move from the street to permanent housing can be monumental, and the process likely too slow for individuals at high risk. In partnership with the City of Boston and the state, VPI drew on its experience of delivering substance use, harm reduction, and "Housing First" service model to open a 40-bed transitional housing site in Jamaica Plain, that serves as a vital intermediate step between homelessness and permanent

housing. Already at full capacity, clients are assisted by on-site staff with identifying next-step options, including permanent housing and services to improve their health, stability, and hope for the future. In addition, the first floor of VPI's Administrative Offices at 965 Mass. Avenue will soon become the Victory Connector, a drop-in day center serving the Mass & Cass area. This program will welcome individuals who are referred by VPI's Mobile Prevention Team outreach staff, other organizations' street engagement teams, and homeless individuals who walk in. Once at the program, individuals will be able to access a host of services including assessment and referral to mental health, substance use, housing, and medical services, connecting clients to the services and programs they need (e.g., VPI's new Low-threshold Housing Programs, treatment for HIV and Hepatitis C, detox programs) with the goal of helping each individual move towards health and stability, steps to recovery, and, ultimately, securing permanent housing. Overall, VPI is highly experienced in and committed to meeting the needs of individuals and families experiencing homelessness, addiction, HIV/AIDS, and/or other chronic illnesses.

HEALTH CARE RESOURCE CENTERS BOSTON

BayMark Health Services, the operator of Health Care Resources Center Boston, is dedicated to accomplishing its mission of providing comprehensive medication-assisted treatment for opioid use disorder and other health care services to foster wellness, longevity and socially responsible behavior for the patients they serve. BayMark's programs offer medically-supervised services for adults in a variety of modalities and settings including residential treatment, highly structured and integrated opioid treatment programs (OTPs), outpatient offices that include MAT (Medications Assisted Treatment) with Physicians and Nurse Practitioners prescribing buprenorphine combined with professionals delivering individual and group counseling (OBOTs) as well as inpatient and outpatient detoxification treatment services. As the largest specialty healthcare organization in North America addressing the opioid crisis, BayMark works with patients to assess and match them with the treatment that best meets their needs. Since 2008, BayMark has experienced significant growth with the acquisition of many well-respected treatment centers and development of new addiction treatment centers which align with its vision to be a national leader in medication-assisted treatment for opioid use disorder by creating Centers of Excellence for addiction treatment that deliver an unparalleled quality of care. Today, BayMark operates over 300 programs in the U.S. and Canada, including 116 licensed, certified and accredited Opioid Treatment Programs (OTP) which serve over 73,000 patients daily.

BOSTON HEALTHCARE FOR THE HOMELESS PROGRAM

In 1985, Boston Healthcare for the Homeless Program (BHCHP) began with a staff of eight providing comprehensive primary care and dental services at three hospital clinics and 14 adult and family shelter clinics. Today, BHCHP is made up of more than 500 demographically and professionally diverse people with the depth of experience to further our vision, strength, stability and strategic development, including physicians, dentists, nurses, social workers, physician assistants, nurse practitioners, psychiatrists, mental health counselors, case managers, dental hygienists, administrative staff, facilities workers, and food service professionals. All health care services are provided by paid clinical staff. Each BHCHP doctor, nurse practitioner, and physician assistant is also fully credentialed at one or more academic teaching hospitals. Additionally, BHCHP doctors hold academic appointments at Harvard University and Boston University.

The mission BHCHP is to ensure unconditionally equitable and dignified access to the highest quality health care for all individuals and families experiencing homelessness in our community. Over 11,000 homeless individuals are cared for by the program each year. BHCHP is committed to ensuring that every

one of these individuals has access to comprehensive health care, from preventative dental care to cancer treatment. The program's clinicians, case managers, and behavioral health professionals work in more than 35 locations to deliver the highest quality health care to some of the community's most vulnerable—and most resilient—citizens. BHCHP provides care without regard to race, color, religion, gender, gender identity, sexual orientation, age, disability, veteran status, military service, national origin, immigration status, genetic information or marital status.

From its earliest days as a program, BHCHP has always sought to do work that is transformational: recognizing our shared humanity; centering dignity, compassion, mutual respect and supporting the right of every individual to access the highest levels of health care and every staff member to reach their fullest potential. BHCHP continues to be committed to building bridges and breaking down barriers, including systemic racism, which harms all. BHCHP provides community-based health care services that are compassionate, dignified, and culturally appropriate, incorporating social determinants of health, with the goal of breaking down the physical and systemic barriers that patients face.

Developer Partners

JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORPORATION

The Jamaica Plain Neighborhood Development Corporation (JPNDC) was founded in 1977 with the aim to revitalize the Jamaica Plain neighborhood of Boston. For the past 45 years JPNDC has led effective, creative initiatives to transform neighborhoods with real estate development, partnerships, and the innovative integration of services and economic development with housing. Today, we serve more than 3,500 people a year from all over Boston with affordable housing, high-quality childcare, small business technical assistance, career development, financial coaching, leadership development, and community-building activities. Our mission is to transform the lives and amplify the voices of Boston residents who have been excluded from prosperity. We are guided by a 2019-2023 Strategic Plan that centers racial equity and the building of intergenerational prosperity for Boston families.

Among the accomplishments in JPNDC's 45-year history are the following:

- **1,200 affordable homes developed in Jamaica Plain, Dorchester, and Roxbury.** JPNDC has completed 26 projects that include family rental (578 units), senior

housing (112 units), supportive housing (58 units), and homeownership (167 units). Over just the past two years, JPNDC has completed four projects with 300 units, and has almost 300 units in development now. To maximize impact, JPNDC frequently partners with both nonprofit and for-profit organizations in projects. JPNDC is a lead partner in the transformation of Jackson Square, one of the largest community-led urban revitalization projects in the US; and of the unique nonprofit-led redevelopment of the 800-unit Mildred Hailey public housing complex.

- **The Brewery Small Business Complex.** "The Brewery" in Jamaica Plain is nationally renowned for preserving a historically significant industrial site while transforming it into an economic engine and community gathering place. More than 30 businesses and nonprofits operate at The Brewery, employing more than 400 people.
- **A leading role in helping families of color build economic security and wealth.** JPNDC's Family Prosperity and Small Business Services fill unique niches in

Boston's workforce and small business ecosystems, especially in providing bilingual coaching and education to people not eligible for other programs due to language and education barriers. Just within the last two years since the COVID-19 pandemic began, JPNDC has helped 194 primarily Latinx small business clients stay in business through access to \$3.8 million in aid and training in the digital skills needed for the new economic reality. For others hard-hit by job and income loss, JPNDC has guided nearly 200 people to obtain new jobs with advancement potential, enroll in education and training, and/or raise their credit score.

- **Raising the bar for child care.** JPNDC's Family Childcare System is one of the largest in Massachusetts serving Spanish-speaking providers and families. Nearly 100% of the 400 children cared for each year are low-income children of color at high risk for poor educational outcomes. Because of the proven link between educator preparedness and child achievement, JPNDC invests heavily in the professional development of member providers, most of whom are Latinx immigrants.

THE COMMUNITY BUILDERS

Since 1964, The Community Builders (TCB) have advanced housing equity through award-winning affordable and mixed-income communities and its pioneering Community Life model for resident success. Today, TCB's ownership and management portfolio includes over 14,000 apartment homes. Anchored by offices in Boston, Chicago, Columbus, New York, and Washington DC, TCB operates across 15 states. Boston serves as the regional hub for Connecticut, Massachusetts, and Rhode Island.

The mission of TCB is to build and sustain strong communities where all people can thrive. TCB accomplishes this mission by building and preserving high-quality affordable and mixed-income housing and investing in community amenities and services that help the surrounding community to flourish. To that end, TCB delivers a targeted and coordinated array of resident services through the Community Life initiatives. Using a neighborhood-based model, TCB forges partnerships with effective local organizations near the developments to bring connections to jobs, schools, early education centers, financial coaching, and social services programming to residents. TCB also invests strategically in local businesses and amenities. Integrating the property management and Community Life efforts, TCB focuses on helping residents to achieve outcomes in several areas — early education, youth development, community engagement, workforce development, and asset building. This approach is resident-centered, evidence-based, and outcome-driven. TCB also understands that there are several factors that make a neighborhood great. One factor is emphasizing the importance of small businesses.

TCB has developed commercial retail space in addition to housing for decades and has an in-house director of commercial real estate. TCB's portfolio includes 430,000 square feet of neighborhood-serving commercial space, mostly first-floor retail space fronting major streets. Recognizing the key role that mixed-use development can play in revitalizing neighborhoods, TCB increasingly aims to provide commercial space in the developments, particularly those in urban neighborhoods. In addition to TCB's own portfolio of commercial space, TCB has helped spur the development of 2.2 million square feet of commercial space and community facilities in disadvantaged neighborhoods through \$140 million in New Markets Tax Credit funds awarded to TCB. Through the New Markets Tax Credit program, TCB partners with local stakeholders to attract jobs and commerce, with a focus on minority and women-owned businesses. By helping to bring grocery stores, health centers, banks, parks, schools, and other valued amenities to the neighborhoods TCB works in, TCBs help to build neighborhoods that residents want to live in and are proud to call home.

Securing the resources to build quality affordable housing requires creativity, expertise, and persistence. Over decades, TCB has built a reputation for the ability to create innovative, layered financing packages, securing and deploying nearly every form of public financing available, both traditional and unusual, for affordable housing development. TCB has arranged for a total of nearly \$4 billion of debt and equity for our projects, including equity via syndication of Low-Income Housing Tax Credits and New Markets Tax Credits, and funding through federal programs

like Rental Assistance Demonstration (RAD), HOME, and HOPE VI, as well as linkage fees, tax-exempt bonds, Tax Increment Financing, and many more. The multifaceted work of TCB requires excellent property management across their portfolio where they invest in strong local teams supported by experienced central-office staff. Their non-commercial portfolio is diverse: roughly 80% are family rental apartments, 20% are apartments for seniors or persons with disabilities; some 75% are urban and 25% are suburban/rural. Most of the properties they manage have been financed with a complex mix of funding sources and subsidies. TCB manages its properties with long-term goals in mind, providing exceptional physical, fiscal, and social oversight. Keeping resident experience as their core focus, TCB works to create a strong sense of community at developments and to ensure that residents are well-connected with the surrounding neighborhood and its people, businesses, and organizations. TCB emphasizes sound “bricks and mortar” management to ensure the financial viability of properties. TCB is an Accredited Management Organization, a designation the Institute of Real Estate Management awards to firms that fulfill strict requirements for experience, integrity, insurance, and fiscal stability. TCB's portfolio is ranked in the National Affordable Housing Management Association's Top 100. All in all, TCB brings decades of experience that are a testament to its commitment to advancing its mission of building and sustaining strong communities where all people can thrive.

Consultants

STULL & LEE

Founded in 1966, Stull and Lee, Inc. (S+L) is an award-winning architecture, urban design and planning firm. The firm's experience includes the design of multi-family housing, office buildings, retail centers, and educational and health care institutions. In the past S+L has done work on a variety of initiatives relative to the Boston State Hospital sitting in Franklin Park. S+L led the Roxbury Strategic Master Plan, the Blue Hill Avenue Vision Plan, and the Southwest Corridor Orange Line Expansion project that earned them the National Endowment for the Arts Presidential Design Award. A significant portion of the firm's work is in institutional master planning and large-scale urban design and planning commissions nationwide. S+L projects have frequently been cited for design excellence, including the Presidential Design Award from the National Endowment for the Arts for the design leadership of Boston's Southwest Corridor transit project. The firm has also received multiple awards from the American Institute of Architects, and its Boston and New England affiliates.

The firm was established by the late Donald L. Stull, an African American pioneer in the profession. He was a graduate of the Harvard Graduate School of Design, a member of the distinguished College of Fellows of the American Institute of Architects, and recipient of the Boston Society of Architects 1997 Award of Honor. Continuing under M. David Lee's leadership, the firm is committed to distinctive design outcomes and avoiding the direct application of stored solutions, whether found in research or the firm's past projects. S+L's obligation to its clients is to offer innovation, creativity, and practicality, and a fresh approach that respects clients' needs and aspirations.

Stull and Lee Inc. is a 100% minority-owned firm with Massachusetts Certified Minority Business Enterprise (MBE) and Disadvantaged Business Enterprise (DBE) designation.

CANNONDESIGN

Founded in 1945, CannonDesign is a global architecture, engineering, and consulting practice that provides services for a range of project types, including hospitals and medical centers, corporate headquarters, and commercial office buildings, higher education just to name a few. CannonDesign recognizes the importance of Behavioral and Mental Health and its impact on people and our society. Several years ago, CannonDesign established a dedicated Mental/Behavioral Health practice supporting their healthcare teams with national and international experiences and expertise. This focus allowed CannonDesign's team to have a deeper understanding of the nuances that drive not only the design but also the delivery of mental healthcare and its continued evolution and best supported by the environments that they create. CannonDesign believes deeply that leveraging its full suite of services will help its clients improve their impact on human life. They achieve this through their design approach called Living-Centered Design, this process strives to create a world where people continuously flourish through catalyzed widespread and systemic change.

**JONATHAN GARLAND
ENTERPRISES AND PRELLWITZ
CHILINSKI ASSOCIATES**

Led by President and Creative Director Jonathan C. Garland and Design principal Juan Andres Bernal. J. GARLAND ENTERPRISES is a 100% minority-owned (MBE) Boston-based architecture, design, and real estate development practice, with a primary focus on urban redevelopment, commercial mixed-use, and multifamily housing. The firm is currently working on projects that range from new construction to selective demolition and renovation, to historic rehabilitation, throughout Boston, Greater Boston, and Massachusetts. The collaborative nature of their work is aligned with the firm's culture that embodies its core values, celebrates diversity, equity & inclusion, and holds a deep commitment to design excellence and client services. The Garland team is a unique and diverse team of professionals that range from Senior project architects with 35 plus years of practice in the field to experienced project managers and talented designers.

For work at the Shattuck site, Jonathan Garland Enterprises has partnered with Prellwitz Chilinski Associates. Founded in 1982, Prellwitz Chilinski Associates (PCA) is recognized as one of Greater Boston's largest, most responsive, innovative design firms. PCA will bring their bright business insight and problem-solving to this project from past experiences. Over the past three decades, PCA has grown from a four-person office to a large firm with 70 plus employees with a deep knowledge of the industry. Their size and collaborative culture and leading-edge technologies, allow them to commit extensive resources to all projects they're involved with. PCA brings a principal level of engagement to all its projects while trying to cultivate a partnership that will last a lifetime.

**KLOPFER MARTIN DESIGN
GROUP**

Founded in 2006, Klopfer Martin Design Group (KMDG) is a landscape architecture firm composed of nearly twenty architects and landscape architects, working exclusively in the urban public realm for city and town governments, hospitals, multi-use developers, non-profits and art organizations, and educational institutions from Boston City Schools to charter schools and higher ed. The firm takes strategic approaches to a broad range of projects, often balancing significant challenges of site, budget, and schedule. Their interdisciplinary work operates at the seam of landscape, architecture, infrastructure and urban design, and seeks to identify solutions that integrate a site's history and cultural context and the creation of a compelling, lasting narrative. KMDG has been recognized with awards from the American Society of Landscape Architects, the Rudy Bruner Award of Urban Excellence, and the Environmental Design Resource Association, and published in the United States, China, Spain, Germany, Switzerland, and Hong Kong. KMDG is a certified Women-Owned Business Enterprise in Massachusetts.

NITSCH ENGINEERING

Nitsch Engineering is a Boston-based company that was founded in 1989 and has grown to become the largest Women-Owned Business Enterprise (WBE) firm in Massachusetts. Nitsch specializes in providing transportation, civil, and structural engineering; land surveying; green infrastructure; planning; and GIS services their engineers, surveyors, and planners understand how to collaborate to provide their clients with streamlined and comprehensive services. They have a reputation for not only developing plans and designs that address unique project challenges—but are also implementable. Nitsch's level of experience while working in Boston has given them an in-depth understanding of the City's needs and requirements, particularly when it comes to permitting with the Boston Planning and Development Agency (BPDA), Boston Water and Sewer Commission (BWSC), Boston Conservation Commission, Boston Transportation Department (BTD), and the Boston Public Improvement Commission (PIC).

Nitsch Engineering will be handling both Traffic and Civil Engineering for this project.

HALEY & ALDRICH

Founded in 1957 in Cambridge, Massachusetts, Haley & Aldrich is a national firm that provides strategic engineering, environmental, and management consulting services around the United States. Their team works together across all U.S. geographies, solving complex problems for their clients — above and below ground. They look beyond technical challenges to the needs of stakeholders in their organizations, regulatory agencies, and communities. Haley & Aldrich has extensive experience working to help healthcare organizations fully realize the value of their operations and physical assets. Their proven track record proves they are best at what they do, from planning, designing, and constructing new buildings and renovation and facilities management and operations to environmental health & safety and compliance. Haley & Aldrich has delivered underground engineering and ecological solutions to hundreds of hospitals and medical facilities across Massachusetts and beyond, including Boston Children's Hospital, Harvard Medical School, Brigham & Women's Hospital, Mass General, Spaulding Rehabilitation Hospital, Mass Eye & Ear, Boston Medical Center, Lahey Clinic, Newton Wellesley Hospital, and Cambridge Hospital. They pride themselves on knowing the healthcare design and construction community well and understand how to engage quickly, collaborate with the team, and provide excellent value throughout the design process.

HARRY SMITH

Harry Smith is a Community Organizing and Development consultant with over 25 years of experience in the community organizing and development field. He most recently served as Director of Sustainable Economic Development for the Dudley Street Neighborhood Initiative, including managing the activities of the Dudley Neighbors Inc. Community Land Trust, one of the largest urban land trusts in the country. He currently works with community-based organizations in the Boston area and nationally, specializing in providing strategic advice around organizational development, community organizing strategies, and political advocacy to leaders of grassroots organizations, community development corporations, and community land trusts; developing organizing and advocacy campaigns to promote community control of development and affordable housing development; and providing technical assistance to emerging Community Land Trusts, among other training and coaching activities. Harry's past clients include the Boston Tenant Coalition, City of Somerville Community Land Trust, Boston Neighborhood Community Land Trust, Pine Street Inn, The Community Builders, the Greater Boston Latino Network, Egleston Square Main Streets, and Roxbury Main Streets.

LEGGAT MCCALL PROPERTIES

Leggat McCall Properties is a Boston-based, privately held real estate development, advisory, and investment firm. We are in the business of executing complex real estate projects as project managers, advisors, and investors. As a service provider, we operate with the experience acquired and honed as an investor/developer. This is a unique perspective, bringing an owner's discipline to project management and real estate advisory. Every aspect of a project — from concept through operations — holds opportunities to create value. Our approach to project management reflects our experience as owners with our own capital at risk and as project managers for some of the most significant projects undertaken in Greater Boston over the last 30 years. We believe this differentiates us from our competition and delivers superior results for our clients.

Over the last 15 years, LMP has completed healthcare projects representing over \$3 billion of investment. We have worked with nearly every major hospital in Boston and have completed projects for healthcare organizations with facilities across the state. Our long tenure in this market has allowed us to forge strong relationships

with local players and continuously build on our extensive experience in local permitting and regulatory matters. Our healthcare experience includes medical office buildings, ambulatory surgical centers, and large, transformational projects for organizations such as Tufts Medical Center, Massachusetts General Hospital, Brigham and Women's Hospital, Lawrence General Hospital, Reliant Medical Group, Newton Wellesley Hospital, and MassGeneral Brigham.

Our approach to project management always reflects our experience as owners with our own money at risk. Our practice as both a Principal Investor and Developer allows us to fully understand the implications of strategic and planning decisions on the actual delivery of capital projects and programs. From project conception through construction, our goal is to leverage our experience to create value on behalf of our clients. We are known for working with high-profile clients on their most complex and challenging projects, many of which involve tight schedules, complicated permitting requirements, and extensive work on stakeholder relations.

C. Equity, Diversity, and Inclusion



BMC and its Coalition partners understand that for the redeveloped site to be truly welcoming and accessible to all, the principles of equity, diversity, and inclusion must inform our decisions through each stage of the process.



Equity, Diversity, and Inclusion (EDI) in Design

We are thrilled to be working with a diverse team of designers and engineers who share our vision for the future of the Shattuck Hospital campus. This team brings a depth of experience working on projects that will be transformative for their communities, and therefore require extensive public engagement and responsiveness to community input. We look forward to refining our initial concept designs based on feedback during our stakeholder engagement process, and have confidence that our skilled design team will be able to translate that feedback into a redevelopment that feels like an organic expansion of the existing parkland and neighborhood fabric.

Firm	Certification Type	Certifying Organization
CannonDesign	N/A	
Haley & Aldrich	N/A	
J Garland Enterprises	MBE	Supplier Diversity Office - State
Klopfert Martin Design Group	WBE	Supplier Diversity Office - State
Leggat McCall Properties	N/A	
Nitsch Engineering	WBE	Supplier Diversity Office - State
Prellwitz Chilinski Associates	N/A	
Stull & Lee	MBE/DBE	Supplier Diversity Office - State

EDI in Construction

The Coalition's Development Partners bring expertise in leveraging housing development to create opportunities for Minority Business Enterprises and local workers of color. Large public-private partnerships such as the redevelopment of the Shattuck provide unique opportunities to nurture and grow BIPOC-led businesses and challenge the tremendous inequality in wealth and wages in the greater Boston area.

BOSTON MEDICAL CENTER

The principles of equity, diversity, and inclusion are a cornerstone for BMC as an organization. As discussed in detail in Section 6-3B, Health Access and Equity Approach, and later in this section on EDI in Clinical Operations, we have put extensive frameworks in place to ensure that the day-to-day experiences of our patients and our staff are informed by best practices in this area. While BMC does not have a formal institutional target for EDI in construction, we understand that this project will be an opportunity to create new opportunities for local residents, women, and people of color in the construction industry. BMC will seek to exceed Boston Residents Jobs Policy targets for diverse workforce participation, and will embed and incentivize this requirement in all construction contracts. This work will be overseen by a dedicated MBE/WBE Coordinator. We recognize that our Developer Partners are leaders in workforce development efforts in construction, and will look to learn from their example, incorporating many of the strategies described in the following section.

JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORPORATION

JPNDC brings a holistic approach to increasing diversity, equity and inclusion at all levels of its work.

Leadership

JPNDC's board of directors is led by people of color and the senior management team incorporates racial equity into all hiring and management decisions. JPNDC's current strategic plan emphasizes promoting racial equity in all aspects of our work. JPNDC's Chief Executive Officer, Teronda Ellis, brings deep personal and professional experience in tackling diversity and equity issues in the corporate, public and nonprofit sectors. Ms. Ellis previously worked for the Boston Fair Housing Commission and currently participates in numerous professional coalitions dedicated to increasing BIPOC participation in the real estate and social service sectors.

Track Record

JPNDC has a superlative record in directing construction contract resources to MBEs and workers of color.

- JPNDC has an outstanding track record of MBE participation. Over the past 13 years, **64% of all construction dollars spent by JPNDC have gone to Minority Business Enterprises.**
- JPNDC leads the field in workforce participation. Over the past 13 years, **69% of all job hours worked on JPNDC projects were worked by people of color. Nearly 50% of all job hours were worked by Boston residents.**
- JPNDC has led the nonprofit developer community in **creating a wage floor for all workers on a project.** Instituted at \$20/hour in 2018, this wage will increase for the

Shattuck and reflect a living wage at the time we bid out the project.

JPNDC's model of how to leverage housing development projects to maximize opportunity for BIPOC-led businesses and workers is heralded by state leaders. (In September 2022, JPNDC's Associate Director of Real Estate will be training other developers and funders from across the Commonwealth on how to replicate JPNDC's success in this area.) Detail on JPNDC's groundbreaking, results-oriented approach is below.

Maximizing Opportunity for Smaller BIPOC-Led Businesses—Development, Design & Operations

Construction of over 200 units of family supportive housing will generate a construction budget of nearly \$100 million with soft costs of approximately \$18 million. JPNDC will utilize a variety of approaches to maximizing the opportunities this project can create for local and BIPOC businesses.

On a large project such as this one, it is tempting for developers to focus on large companies that can undertake the entire scope. In order to maximize the economic benefit that flows to Black, Indigenous and People of Color communities ("BIPOC"), it will be necessary to divide the work creatively. Engaging multiple smaller businesses for a component of work can make it possible for more BIPOC led businesses to participate successfully.

This will be more work for JPNDC as developer but will make it possible to leverage this project to create economic opportunity in communities of color. JPNDC pioneered this approach on the JPNDC Pitts project, a scattered site renovation of 200 units of family housing in Dorchester and Roxbury. JPNDC employed several strategies there including:

1. Divide particular scopes of work into smaller components. This allowed us to engage multiple smaller BIPOC contractors for certain scopes of work, such as moving residents or cleaning. This also created opportunities for numerous MBEs to participate in a larger project than had been accessible to them previously.
2. Allocate an appropriate amount of work to each smaller BIPOC business — small enough to be achievable for a newer business but large enough to help the business demonstrate its competency. In several instances, successful completion of work for JPNDC enabled the MBE to win larger contracts.
3. Provide cash flow support to small BIPOC businesses. Many new businesses cannot wait 30 days to be paid. JPNDC has found ways to pay small BIPOC businesses promptly which allows them to establish a strong foundation without incurring expensive debt or cash advances. For example: on one project, JPNDC engaged a new business to handle relocation. As a new enterprise, the business did not have access to sufficient cash to handle all the out-of-pocket expenses so JPNDC effectively extended a line of credit to the contractor that could be renewed upon submission of required documentation. The line of credit could be spent and replenished multiple times within a month, far more efficiently than the affordable housing infrastructure would have allowed.

4. Provide technical assistance to small businesses. JPNDC staff have helped small BIPOC contractors to secure loans, insurance and back-office support. These contributions do not have significant impact on the budget but make a tremendous difference to new entrepreneurs.
5. Create opportunities even when it means more work for the Project Manager.

As a result of all of these efforts, within one \$40 million construction project, JPNDC Pitts launched several new businesses and helped three other businesses to expand. On a larger project such as this one, the opportunities are multiplied.

Other Development Team Members—Design & Financial Services

- The largest soft cost is Architect & Engineering Services. JPNDC has already engaged Jonathan Garland Enterprises as the lead architect, which ensures the most significant non-construction contract will go to an MBE.
- As with construction related scope, it will be important to divide certain scope items into smaller components to provide opportunities for newer or smaller BIPOC-led firms. This could include environmental testing and remediation, some accounting services, energy conservation, construction testing, signage, printing and myriad other vendors.

THE COMMUNITY BUILDERS

TCB and its development team is strongly committed to providing opportunities in the development phase and ongoing operation of its properties to local residents, residents of lower income neighborhoods

and public housing, people of color, women, and Minority and Women Business Enterprises. TCB's board of directors and 600 person staff are each more than 50% people of color and more than 45% women. Our senior management is more than 40% people of color and 50% women. We commit to meeting or exceeding DCAMM goals and have an excellent track record in the City of Boston delivering on these goals.

Affirmative hiring goals are integrated into the selection of all contractors and consultants. As the largest budget item, construction provides a significant opportunity for affirmative hiring. To achieve strong results in construction, TCB works with the contractor from the commencement of selection to cultivate the partnerships with M/WBE firms and to encourage all subcontractors to hire minority, women, and local workers.

Strict hiring requirements will be established in our construction contracts. In addition to hiring goals for M/WBEs we also include hiring goals for Boston and neighborhood residents in accordance with BRJP. As part of our contractor selection process, we require prospective contractors to provide a plan for meeting our affirmative hiring goals and affirmative hiring results from previous projects. During construction, hiring outcomes are reviewed at every construction meeting and comprehensive monthly hiring reports are required as part of the requisition package.

TCB's overall corporate goals in workforce utilization and hiring is in close alignment with the DCAMM's goals in this area, as outlined in the RFP. Our overall corporate goal is to allocate 30% of construction costs to MBE firms and 10% to WBE firms. TCB's recent Boston ventures have each equaled or significantly beat these MBE goals. TCB and its development team commits to enacting a plan that meets or exceeds these goals.

EDI in Operations

BOSTON MEDICAL CENTER

In Section 6-3.B., Health Access and Equity, we provided a detailed description of BMC’s approaches to health equity, diversity, and inclusion, as well as two examples of large, institution-wide initiatives that BMC has undertaken in recent years to advance health equity among its diverse patient populations, including our COVID-19 campaign to vaccinate low-income people who identify as racial and ethnic minorities, and our Health Equity Accelerator. We also described the THRIVE screener and our extensive Interpreter Services Department, both of which foster health access and equity. Finally, it deserves mention that the many addiction treatment programs and services that BMC has implemented over the years—OBAT, Faster Paths, Project ASSERT, CATALYST, and Project RESPECT, to name a few, have accelerated health access and equity for general and special populations of people with SUDs, typically in combination with mental health problems.

As Master Contractor and Lead Proposer, BMC will ensure that all members of the Shattuck Coalition conform to best practices for their respective industries and fields of endeavor with respect to DEI as they relate to their employees and the patients we plan to serve on the Shattuck Campus. In part, we based our selection of clinical and developer partners on their approaches to DEI.

The remainder of this section provides the perspectives of our partners on DEI, in brief.

BAY COVE HUMAN SERVICES

Diversity, equity and inclusion have always been central to Bay Cove Human Services’ work. We were founded on the principles that everyone deserves to be treated with dignity and respect, and that people should have access to the services that they need to help them live the lives they want to live. Our programs have always been designed for the people we serve to be fully immersed in the community—to live, work and thrive in the places they are comfortable.

We hold these same beliefs in regards to the exceptional staff who work for our agency. Bay Cove’s Diversity, Equity & Inclusion Steering Committee—comprised of staff from throughout our agency—help Bay Cove institutionally address biases, disparities, and structural barriers that impact the conditions, experiences and outcomes of those historically and systemically left behind or excluded. Bay Cove’s DEI efforts place underrepresented voices at the center of our work to establish priorities, determine goals, and to turn plans into actions—making Bay Cove a safe and welcoming workplace, and one that offers the same access to opportunities for all our staff.

PINE STREET INN

Pine Street Inn is committed to fostering, cultivating and preserving a culture of diversity, equity and inclusion.

Our human capital is the most valuable asset we have. Pine Street Inn believes in treating all people with respect and dignity. We strive to create and foster a supportive and understanding environment in which all individuals realize their maximum potential within the organization. We are committed to employing the best people to do the best job possible. We recognize the importance of reflecting the diversity of our guests and stakeholders in our workforce. The collective sum of the individual differences, life experiences, knowledge, creativity, inventiveness, innovation, self-expression, unique capabilities and talent that our employees invest in their work represents a significant part of not only our culture, but our reputation and organization’s achievement as well.

We encourage our employees to embrace their true and authentic selves. We welcome and are accepting of our employees’ differences in age, color, disability, ethnicity, family or marital status, gender identity or expression, language, national origin, physical and mental ability, political affiliation, race, religion, sexual orientation, socio-economic status, veteran status, and other characteristics that make our employees unique.

Access and Equity

- Housing is an integral driver of health. It can expose someone to health-enhancing community assets like green space, public transit, grocery stores, and health care providers, and to harmful things like environmental toxins and crime. And for unhoused people, living in crowded shelters or on the street can take a toll on their health and mental well-being.

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- A history of discriminatory housing practices and the rising cost of housing contribute to homelessness and often limit housing choices for people with low incomes. As a result, low-income people, disproportionately people of color, are more likely to live in communities facing systematic underinvestment where access to quality health care and services is limited. This lack of investment worsens health disparities for people with low incomes.^{xxx}

- Advancing health equity and reducing racial and ethnic disparities in poverty and housing access require deeper investments in health care and housing vouchers for people with low incomes, combined with stronger partnerships between the health and housing sectors. These connections include supports to help people leaving homelessness, jails, prisons, and nursing homes find and maintain affordable housing and health services. And they're particularly important for people with mental health issues, substance use disorders, and people with disabilities. Stable access to housing and needed health services allows more people to live in the community and can reduce their health care costs.^{xxx}

Fair Housing

Pine Street Inn's Permanent Housing Department staff follows all principles and regulations for Fair Housing and works to ensure access mitigates racial disproportionality and disparity. The Property Management team is trained in administering lotteries and aspects of Fair Housing and receives ongoing updates. PSI maintains a rigorously enforced anti-discrimination and Equal Access policy in its shelters and housing — fully aligned with Equal Access to Housing in HUD Programs. Specific congregate housing sites exclusively serve Veterans, women, and elders.

Coordinated Entry to Permanent Supportive Housing

The U.S. Department of Housing and Urban Development (HUD) requires that communities use a coordinated entry system to streamline access for people experiencing homelessness to units that are supported by any HUD funding (capital, housing subsidies, or service dollars). Prioritization is determined by various factors, including the length of homelessness and level of vulnerability. PSI collaborates with the City of Boston to house people identified through the Boston Continuum of Care (CoC) Coordinated Access System (CAS) and the Massachusetts Department of Housing and Community Development through the Balance of State Coordinated Entry System (CES).

Boston Health Care for the Homeless Program

Pine Street Inn and Boston Health Care for the Homeless Program (BHCHP) work together to ensure that individuals who formerly experienced homelessness can access and effectively use medical and mental health services. Access includes primary care, emergency care, psychiatric treatment, health education, and prevention services, including screening and treatment for infectious diseases. This partnership demonstrates a mutual commitment to a relationship that significantly enhances the coordination of medical and case management services tailored to these residents' needs.

While engagement with community-based primary care providers is the goal, the permanent supportive housing tenant population experiences multiple barriers to traditional office-based medical and public health services. It requires lower-barrier approaches to developing and implementing a viable medical care plan. A medical exam room located on-site addresses the particular cultural, racial, environmental, and other contextual factors that often reduce the possibility of success in obtaining and continuing with medical care for individuals who have frequently experienced long periods of homelessness.

BHCHP nurses provide access to all services identified above. Tenants may obtain blood pressure screening, flu vaccinations, chronic disease management, short-term acute nursing services, health and safety evaluations, primary and specialized care referrals, and discharge planning. BHCHP nurses also facilitate access to detox programs, administer medication, and support medication management.

BOSTON HEALTHCARE FOR THE HOMELESS PROGRAM

Our longstanding commitment to equity goals became formalized in 2006 when we established our BHCHP Diversity Committee, composed of staff and managers from across our program. This group has since evolved into our Equity and Social Justice Committee. In 2015, we conducted a broad assessment of our diverse climate and saw the importance of creating the senior position of Chief Equity and Inclusion Officer. In 2017 we brought on Sonja Spears, JD to fill that leadership role of maintaining a culture of inclusivity, learning, and respect with BHCHP and to be a resource to our partners and community. We have made significant strides over the years, but the murder of George Floyd summoned a greater call for action. Achieving equity is a lifelong pursuit and we realize that we must always strive to do more. In 2020, we created the Equity and Inclusion Partner position to support Sonja Spears in her work. Our former AmeriCorps Manager, Morgan Wood, transitioned into that role. Through the larger Diversity, Equity, and Inclusion Initiative, headed by BHCHP's Medical Director, Chief Equity and Inclusion Officer, and the Equity and Inclusion Partner, our Equity and Social Justice Committee and Immigrant Health Initiative, and our Senior Management team, BHCHP is taking deliberate steps to foster an equitable, safe environment for staff and patients alike. The agency is in the process of critically examining the systemic inequities that drive poor health and unequal access to quality health care while addressing how structural racism manifests within our own workplace and care model. BHCHP strives to empower staff on their own racial and social justice journeys through a continuous schedule of frequent trainings, discussions, caucuses, expert speakers, and working groups designed to bring racial equity to the forefront of the

agency's collective consciousness. Forty percent of BHCHP Board of Directors and senior management leaders are persons of color.

JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORPORATION

When all 205 family supportive housing units are built, the annual operating budget will be approximately \$5 million. JPNDC's policy is that 30% of all property management budgets are spent on MBE firms.

For its new projects, JPNDC conducts a competitive process to select a property management company. JPNDC's Asset Management team requires that property managers hire staff whose lived experience reflects that of the residents to the maximum extent possible. In addition, JPNDC requires property managers to provide cultural competency training to all staff who interact with residents to ensure communication is respectful and free of unaware bias.

VICTORY PROGRAMS, INC.

The primary goal of Victory Programs' ongoing anti-racism strategy is to develop a respect for diversity, take collection of and adjust policies and practices at Victory Programs that are racist and or generate racist outcomes. This strategy is part of the fabric of the organization and provides meaning to, and recognition of, the value of individual differences including acknowledging VPI's own positions in a white supremacist system.

Key components of this strategy, as developed by the Equity Team, include:

- Respect for diversity/anti-racism is:
 - Seeing differences as an opportunity to learn about others, about the larger world and about ourselves.

- Having consideration and appreciation for others.
- Creating a positive atmosphere for an open exchange of ideas.
- Support for diversity/anti-racism is:
 - Integrating respect for diversity into the day-to-day business at VPI and any future programs that are developed.
 - Enabling each employee to achieve his or her full potential.
 - Creating a work environment that is inclusive, welcoming and comfortable—where employees feel that the ways in which they may be different are understood and accepted.
 - Being a leader in addressing diversity/anti-racism issues that face the VPI workforce.
- Value for diversity/anti-racism is:
 - Raising consciousness about and understanding of diversity/anti-racism issues within the community and within the workplace.
 - Attaching importance to the diversity of ideas and styles within the working environment; and through collaboration, encouragement and assistance utilizing those ideas and styles to always be working towards becoming an anti-racist workplace.
 - Realizing that each individual's needs are different and unique; learning about and exploring the differences and similarities, and taking the differences into consideration in all business decisions and actions.

Appendix

Key Team Members Resumes



Bob Biggio, Senior Vice President of Facilities & Support Services, architected the BMC campus redesign transformation project resulting in over \$25 million of annual operating savings. He also founded and lead BMC's campaign to become a "green" hospital resulting in over \$10 million in grants and \$8 million of annual energy savings. Bob is responsible for facilities, master planning, real estate, capital planning design & construction, environmental services, preventive food pantry, environment & safety, patient transport, interpreter services, mail services, food services, operator services, public safety, parking, guest services, and emergency preparedness. His work to make Boston Medical Center the greenest hospital in New England earned him the Norman B. Leventhal Environment Award for Excellence in City Building, and helped BMC be the National Association of Energy Engineers' New England Chapter's 2014 Energy Project of the Year Awardee, and earn Practice Greenhealth recognition as a nationwide Top 25 Environmental Excellence Award Winner in 2017 and 2018.

Matthew Meyer serves as Boston Medical Center's Director of Real Estate. Matthew has over 30 years of experience working in the Architectural, Engineering, Construction and Real Estate Development industries with a concentration of developing and delivering projects that range from \$50M to \$300M in size in a variety of market segments: (retail, hospitality, housing, commercial, institutional, life sciences and healthcare). Matthew started his career working for a Massachusetts based Architectural firm: (ADD Inc) for 14 years, where he helped grow the practice to nationally recognized design firm. He then went on to start a Real Estate and Facilities Management Technology Firm: (CenterStone Software), where he served as Founder and Chief Strategy Officer. Upon the sale of CenterStone software Matthew joined WRECapital the largest private equity Real Estate Development Firm in Rhode Island. Matthew served as Chief Information Officer and became the Senior Vice President of Real Estate managing key real estate assets and developments. Matthew provided real estate consulting and project delivery consulting services for mid-sized to large enterprises including Boston Medical Center, while at the same time managing and delivering commercial and utility grade solar developments throughout Massachusetts and Rhode Island. Matthew joined Boston Medical Center in December of 2019.

Brendan Whalen is Boston Medical Center's Senior Director of Design and Construction Services who is a trusted subject matter expert to hospital leadership for the design, construction, and regulatory approval processes for inpatient facilities, ambulatory clinics and research projects. He is currently the hospital's lead member on the \$225M Inpatient Expansion Project to increase the hospital's current inpatient bed suites, operating room suites, renovation of hospital's main lobby and roadway improvements, and outpatient clinical spaces. His primary roles range from finance, team selection, contracts, standards, regulatory, and preservation planning. From 2013 to 2020, Brendan was responsible for the implementation and execution of the \$450M Clinical Campus Redesign (CCR) Projects. The project successfully right sized and reorganized the hospital to compete in today's competitive healthcare environment and successfully orientated for future expansion. Boston Medical Center was formed in 1996 as a merger between University Hospital and Boston City Hospital, the CCR projects merged all clinical functions to a single unified campus that created over \$25M in annual operating savings to the hospital.



Petrina Martin Cherry, Vice President of Community Engagement and External Affairs, is a marketing and healthcare executive with over 25 years of experience specializing in marketing strategy, healthcare marketing and community program development and entertainment marketing. She is highly regarded as a consulting resource across multiple industries in healthcare equity and social determinants of health, diversity and inclusion and branding. In addition to her corporate relationships, Petrina previously spent 15 years in entertainment marketing and media training and is an expert at developing brand strategy for celebrities and non-profit organizations. Petrina has also done significant advocacy work creating community-based programs to bring awareness to Sickle Cell Disease, promote mental health and wellness in the inner city communities, reduce recidivism and influence successful reentry and to build equity instead of charity in previously red-lined communities.

Dr. Alastair Bell, Executive Vice President and Chief Operating Officer for BMC Health System, oversees system strategy, BMC hospital operations, , and WellSense Health Plan. He is also leading the health system's transition to accountable care and its innovative work in payment reform, population health, and the social determinants of health. Dr. Bell joined BMC from McKinsey and Company in 2012, where he was a leader in the North American Payor and Provider practice. In his 5 years at McKinsey he advised a range of national and international healthcare organizations and while his work spanned strategy, operational and organizational issues, he developed particular expertise in leading large scale transformation programs similar to that being undertaken at BMC. He received his medical degree from the University of Oxford, England and completed his internal medicine training in Oxford and Edinburgh. Dr. Bell also holds a MA in Physiology from the University of Cambridge, England, and an MBA with distinction from Harvard Business School.

Dr. Christine A. Pace is a primary care physician at Boston Medical Center (BMC) and an Assistant Professor of Medicine at Boston University School of Medicine. A graduate of Harvard Medical School, an Internal Medicine residency at Brigham and Women's Hospital, and the Boston University Addiction Medicine Fellowship, her particular interests are program development to enhance the integration of mental health and substance use services with primary care, and improving care for pregnant and postpartum women with opioid dependence. She is Associate Medical Director of Adult Primary Care at BMC, where she leads the behavioral health integration and complex care management programs; Medical Director for BMC's Office-Based Addiction Treatment program (OBAT); and Medical Director of the Boston Public Health Commission's Wellness Project, a SAMHSA funded initiative which brings primary care into a women's outpatient substance use treatment program.

Rob Koenig is the Executive Director of Strategic Programs at Boston Medical Center, where he works on launching new initiatives and investments that advance BMC's mission. His work at BMC has included, among other projects, opening a 124-bed medical shelter facility for people experiencing homelessness with COVID-19, launching a network of community-based vaccination clinics for administering COVID-19 vaccines, and scaling BMC's supportive housing programs for its most vulnerable patients. Before coming to BMC, Rob worked at the Harvard Kennedy School, Bain & Company, the Commonwealth of Massachusetts, and the William J. Clinton Foundation. Rob holds an AB in Earth & Planetary Sciences from Harvard College and an MBA with Distinction from Harvard Business School.



**LYNDIA DOWNIE
PRESIDENT & EXECUTIVE DIRECTOR**

BIOGRAPHY (SHORT)

Lyndia Downie has served as Pine Street Inn’s President & Executive Director since 2000, and on Pine Street’s staff for over 35 years, working in roles throughout the organization. As a result of her leadership and vision, Pine Street is now the largest provider of permanent supportive housing for men and women moving out of homelessness in New England, with 850 units of housing and a major housing expansion underway.

Her collaboration with other key agencies, the Commonwealth of Massachusetts, and the City of Boston has brought the population of unsheltered homeless individuals in Boston to under 4 percent. To place that in context, in San Francisco, a city of similar size and high housing costs, the unsheltered homeless rate is over 50 percent.

A recipient of many leadership awards and recognition, Lyndia is often called upon, both locally and nationally, to offer her insights and expertise into homelessness, its causes and solutions.



**JAN GRIFFIN
VICE PRESIDENT OF HOUSING DEVELOPMENT**

BIOGRAPHY (SHORT)

Jan Griffin serves as the Vice President for Housing Development for the Pine Street Inn. During her 30 years with Pine Street, Jan has been involved in the development of over 600 units of permanent, affordable housing in 36 separate housing projects. Jan is a former board member of the Citizens Housing and Planning Association for 17 years, and Family Aid Boston for 14 years. She holds a Masters in Social Work from Boston College.



JOSH O'BRIEN
22 Abbey Road
York, ME 03909
(207) 337-3926

Leadership Profile

Innovative, results driven shelter and emergency services administrator with over two decades experience managing and transforming emergency shelter systems; including large low barrier settings, 24/7 street outreach, call center/hotline triage for families and individuals, emergency public assistance, housing first and rapid re-housing programs, human resources, advancement and donor recruitment/retention, government/foundation contracts and special events. Specializing in HUD Equal Access Rule, Trauma Informed Care & Crisis Prevention and Intervention trained environments, ADA/RA compliance for places of public accommodation. Currently manage program budgets over 7 million dollars annually/120+ employees.

- 2019-2020, 2021-2022 Chair, Boston Winter Tactical/Emergency Shelter Committee
- 2020 -2021 Pine Street Inn Covid-19 & Covid 19 Recovery Task Force
- 2020 featured in Digi-Boston, Covid-19 “On The Frontlines”
- 2018 Boston Police Department, Police Commissioner’s Commendation Award
- 2017 Presenter, National Alliance to End Homelessness Conference – Washington DC – HUD Equal Access Rule
- 2017, Pine Street Inn – Men’s Inn recognized by HUD as Best Practice - Equal Access
- 2015 Increased Housing Placements 400% from previous year at Pine Street Men’s Inn
- 2014 Eliminated Chronic Veteran Homelessness City of Portland ME Shelter System
- 2014 Designated 100,000 Homes 2.5% Club Member – Portland ME
- 2013 Robert B Ganley Award: The City of Portland’s Highest Honor for Public Service
- 2011 HUD/Coc HMIS Award
- 2009 Featured, Portland Press Herald, Shelter Director Wins Wide Praise (May 2, 2009)
- 2007 NAMI organization of the year – Maine (City of Portland, Oxford Street Shelter)
- 2005 Renegotiated multi-million-dollar Department of Transitional Assistance (DTA) contract for ABCD, Inc. – Boston’s federally designated anti-poverty agency
- 1998, CASPAR Emergency Service Center Commendation - critical incident response
- 1997 Massachusetts Housing and Shelter Alliance (MHSA) Extra Mile Award
- 1996/1998 Candidate for State Representative, 30th Middlesex District (MA), only candidate in MA legislative political history (1998) to receive concurrent endorsements (1998) from the Boston Herald (1998), Boston Globe (1996, 1998) and Boston Phoenix (1996, 1998). Also Endorsed by Somerville Journal (1996, 1998), Somerville Community News (1996, 1998), Somerville News (1998), Mass Choice (1996, 1998), Commonwealth Coalition (1998)
- 1990-1994 Campaign Manager for Bob Massie for Lt. Governor (1994), Cambridge Councilor/Mayor Francis H. Duehay (1993), State Representative Patricia Jehlen (1990, 1992) – partial list of campaign staff positions 1986 – 1994.

Experience, Accountability & Innovation

Pine Street Inn

Boston, Massachusetts

2014 - present

May 2021 – Present

Senior Director of Emergency Shelters – *Women’s Inn, Men’s Inn, Shattuck Shelter, Holy Family Inn & Charles River Inn (Temporary Covid 19 Shelter)*

Promoted to lead and innovate creative and impactful solutions to transform the Pine Street Inn Emergency Shelter System, with a focus on reducing need for shelter through housing first, harm reduction and trauma informed best practices. Working with a dedicated team of Shelter Directors and Administrators to manage multiple emergency shelter programs in the City of Boston consistent with Pine Street’s Mission, Vision and Values. Oversee 700+ shelter beds/overflow, 120+ employees and 7+ million in direct program budgets.

2020 – 2021

Director of Emergency Shelters – *Women’s Inn, Men’s Inn, Shattuck Shelter, Holy Family Inn & 891 Mass Ave (Temporary Covid 19 Shelter)*

- Promoted to manage the entire Pine Street emergency shelter portfolio
- 670 Beds, Overflow Capacity to 768 beds
- 5 locations, Staff of 100+ employees, 6+ million-dollar budget

2017-2020

Shelter Director – Men’s Inn, Shattuck Shelter, Holy Family Inn

- Promoted to expanded shelter portfolio - 530 beds, Overflow Capacity to 615
- 3 locations, staff of 90 +, 5+ million-dollar budget

2014 – 2017

Shelter Director – Men’s Inn

- Management of largest adult shelter for individuals in New England. 365 Beds, Overflow Capacity over 500. 65 + Employees in direct service, 4.5 million in direct program budgets, clinical services, case management. 24/7/365 services.
- 2014 – 2017 Significant increases in housing placements, triage placements (diversion), data quality and guest satisfaction
- Directed startup of Rapid Re-Housing/Triage Services 2014 – 2016

City of Portland, Maine

Portland, Maine

2001-2014

Department of Health and Human Services

2005-2014

DHHS Shelter Administrator

2002-2004

Shelter Manager/ Asst. Shelter Manager

2001-2002

Sr. Human Services Counselor

- High-profile HHS management position accountable for all aspects of Maine’s largest shelter programs (Adult Shelters, Overflow & Warming Center – capacity 300+ men and women)
- Responsibilities included: Homelessness Prevention & Rapid Re-Housing, Supportive Services for Veteran Families, 24/7 Emergency General Assistance, City representative to the Statewide Homeless Council
- Managed staff of 50+ employees, across three unions, with combined program budgets of over 3.5 million dollars
- Skilled in maintaining exemplary neighborhood relations: urban downtown neighborhood location with active neighborhood groups and associations (most densely populated neighborhood in Maine, w/ 4th highest per capita of homeless in the United States - source: NAEH)

Highlights:

- Transformed City's adult emergency shelter programs to prioritize housing placement via housing first philosophy: 500 housing placements annually, under 8% recidivism over 12 + months
- NAMI - Community Organization of the Year
- Successful HUD filings (ESG, HPRP, SHP, HPRP, SSVF), compliance (QPR, APR) and audits throughout all programs
- City of Portland HPRP selected as HUD ARRA Best Practice Program
- HUD/CoC HMIS Award 2011
- Developed strong and active Consumer Advisory Board
- Skilled at handling sensitive matters such as ADA compliance for Places of Public Accommodation, Department of Labor Unemployment Claims/Hearings and Discrimination Cases (MCAD)
- Experienced in media relations and media inquiries: appearances in the Bangor Daily News, Portland Press Herald, Portland Daily Sun, NECN, WMTW (ABC), WGME (CBS), WCSH (NBC) and MainePBN

Action for Boston Community Development (ABCD, Inc) Boston, MA

Director of Housing and Homelessness

2004-2005

- Managed all MA Department of Transitional Assistance and Federal Contracts (6.5 million) and team of over 25 Housing Counselors in 20+ Boston area shelters
- Renegotiated primary DTA Housing Services Contract
- Established new norms for on-site supervision, performance standards
- Recruited by City of Portland to return to newly created Shelter Administrator position

CASPAR, INC. Cambridge, Massachusetts

1996-1998

Cambridge & Somerville Program for Drug and Alcohol Rehabilitation

Acting Director & Assistant Director – Emergency Service Center

- Managed 107 bed low barrier shelter for women and men facing active substance use and accompanying disabilities
- Founded CASPAR Gateway WFD Program
- MHSA, Board Representative
- MHSA, Extra Mile Award for Work to End Homelessness

Education & Training

Institute for Civic Leadership - www.civicleadership.org

2013-2014: Phi Class – Organizational and Civic Leadership

New England School of Addiction Studies

1997, 2003

Lynchburg College, Lynchburg VA

1990-1993: Bachelor of Arts Candidate, Political Science

Inducted, Political Science Honor Society of Virginia (Pi Sigma Alpha) Dean's List; Co-Founder, College Democrats

University College Galway, Republic of Ireland

1991-1992: European Women's History, Irish History & Literature

University of Vermont, Burlington VT

1989 (Fall): Integrated Humanities Program, Vice-President College Democrats

Somerville High School, Somerville MA

1985-1989: John J Garland Scholarship, National Honor Society Book Award, Jewish War Veterans Citizenship Award, Co-Founder Students Against Racism and Discrimination (SARD)

Conferences, Collaborations & Committees

Chair, Boston Winter Tactical/Emergency Overflow Committee 2019- 2020, 2021-2022

Pine Street Inn, Covid-19 & Covid 19 Recovery Task Force 2020-2021

National Alliance to End Homelessness, 2017, Presenter – Equal Access

Appointed, City of Portland Task Force to End and Prevent Homelessness 2012

National Alliance to End Homelessness (Wash DC) – City of Portland Representative

HUD HMIS/HEARTH Conference (Atlanta GA) – City of Portland Representative

USICH Municipal Government Roundtable - Wash DC – City of Portland Representative

New England VA Regional Planning Conference – State of Maine Representative

Portland (HUD 502) Continuum of Care Committee

Matthew Pyne, LICSW, DBTC

406 Adams Street, Abington MA 02351 ▪ MatthewMPyne@gmailcom ▪ 203.910.8577

In my professional experience, I have been privileged with the opportunity to work towards the betterment of individuals across multiple settings, through the combination of my administrative, leadership, and clinical interventions. In my work as both an administrator in Supportive Housing and in providing direct clinical services, I specialize in utilizing a Dialectic approach, with mindfulness practices and Solution-Focused, brief interventions to improve client self-esteem, autonomy, and wellness and adapting these skills for effective management of support services in permanent supportive housing programs.

Education and Licensure

Licensed Independent Clinical Social Worker, Massachusetts Board of Registration of Social Workers	2016
Boston College Graduate School of Social Work Master of Social Work Health and Mental Health Concentration	2013
Eastern Connecticut State University Bachelor of Arts in Psychology Majoring in General Psychology with a Health Minor	2009

Certifications and Memberships

- | | |
|--|------|
| ● Certified Dialectic Behavioral Therapist (DBTC)
Evergreen Institute/Dialectic Behavioral Therapy National Certification & Accreditation Association (DBTNCAA) | 2016 |
| ● National Association of Social Workers (NASW)
Member in good standing. | 2016 |

Skill Set

- | | | |
|---|----------------------------------|---|
| ● Program Development | ● Contract Management | ● Crisis Evaluation and Conflict Resolution |
| ● Program Leadership | ● Program Evaluation | ● Clinical Consultation |
| ● Designing and Conducting Staff Training | ● Leadership Development | ● Motivational Interviewing |
| ● Data Quality Management | ● Dialectical Behavioral Therapy | ● Trauma Informed Interventions |
| ● Change Management | ● Clinical Evaluation | |

Professional Experience

Pine Street Inn, 2013-Present:

Positions:

Director of Housing Programs, January 2022 - Present

- Oversee Supportive Housing programs, instituting programs and developments to ensure successful compliance, staff leadership, and program development.
- Ensure the continued expansion of Support Services for formerly homeless tenants, in partnership with Senior Leadership, community partners, and Housing Developers.
- Establish solutions and effective practices for developing, supporting, and expanding teams of professionals across disciplines to unite on common purposes.
- Develop hiring and staff retention strategies necessary for the long term success of both staff and tenants.

Director of Housing Support Services, April 2019 - Present

- Oversee the case management and residential services provided to formerly homeless tenants in permanent supportive housing
- Develop programming to meet the changing needs of tenants and professional development needs of case management and residential service staff.

Matthew Pyne, LICSW, DBTC

406 Adams Street, Abington MA 02351 ▪ MatthewMPyne@gmailcom ▪ 203.910.8577

- Prepare and submit reporting for Federal, State, and Municipal government funded programs.

Associate Director of Scattered Site Housing, Pine Street Inn, August 2016 – April 2019.

- Lead the support services teams toward maintaining PSI tenant housing while increasing tenant self-advocacy and stability in the community.
- Develop innovative approaches to staff development across roles, promoting self-sustaining collaboration amongst multiple teams and stakeholders.
- Provide support and leadership for staff through efficient coordination and trauma informed sustainable, directives.
- Conduct and schedule department staff training on skills required to be effective in improving the lives of a marginalized, vulnerable population.
- Actively work across Pine Street to provide employees with Mindfulness training and promote staff health and wellness.

Supervisor of Scattered Site Housing, Pine Street Inn, August 2015 – August 2016.

- Supervised a team of Case Managers in providing supportive case management to tenants for housing retention in HUD Funded Permanent Supportive Housing.
- Collaborated with partners with the program on housing stabilization interventions
- Trained staff in evidenced based practices, trauma informed care, harm reduction, and case management.
- Provided crisis support through rotation in the 24/7 On Call team.

Lead Substance Abuse Clinician, August 2014 – August 2015.

- Participated as a treatment provided in a Post Detox Milieu for 50 clients.
- Provided peer leadership and facilitated group supervision.
- Developed the Structured Outpatient Addictions Program curriculum, and incorporated best practices.
- Provided Group and Individual Substance Abuse and Mental Health psychotherapy.

Substance Abuse Clinician, April 2013 – August 2014

- Facilitated Group Therapy for groups of 8-45 men with dual diagnosis disorders.
- Provided Individual Substance Abuse and Mental Health psychotherapy and Case Management for homeless individuals suffering from substance use disorders.
- Conducted psychosocial assessments, completed treatment planning, created aftercare plan with clients, and made appropriate referrals.

Matthew Pyne LICSW, July 2020- Present

Position: Outpatient Clinician and Owner

- Provide individual and group psychotherapy to individuals with a variety of concerns.
- Utilize Mindfulness and a Dialectic approach to increase client stability, life satisfaction and efficacy.
- Conduct psychosocial assessments, diagnosis, and collaborative treatment planning.
- Provide appropriate referral to outpatient treatment and higher levels of care.

Insight Counseling and Wellness, August 2016- July 2020.

Position: Outpatient Clinician

- Provide individual psychotherapy to individuals with a variety of concerns.
- Utilize Mindfulness and a Dialectic approach to increase client stability, life satisfaction and efficacy.
- Conduct psychosocial assessments, diagnosis, and collaborative treatment planning.
- Provide appropriate referral to outpatient treatment and higher levels of care.



RITA F. CHAPDELAINÉ, LICSW

88 STONEY LEA ROAD, DEDHAM

508.954.6459

RFCHAPDELAINÉ@GMAIL.COM

EXPERIENCE

PINE STREET INN 6/2019-PRESENT BOSTON, MA

SENIOR DIRECTOR OF BEHAVIORAL HEALTH

- OVERSEE STABILIZATION PROGRAM, SAFE HAVENS, VETERANS HOUSING AND HOUSING STABILIZATION TEAM MATCH, ENHANCED SHELTER AND HEALTHCARE COMPLIANCE TEAM
- DEVELOP AND IMPLEMENT YEARLY PROGRAM GOALS
- PREPARE AND MANAGE ANNUAL DEPARTMENT BUDGETS
- DEVELOP, IMPLEMENT AND MAINTAIN CONTRACT APPLICATIONS, RENEWALS AND DATA COLLECTION
- PARTICIPATE IN ALL MANAGEMENT LEVEL MEETINGS

BOSTON UNIVERSITY 1/2022-PRESENT BOSTON, MA

ADJUNCT PROFESSOR-SCHOOL OF SOCIAL WORK

- TEACH "COMMUNITIES AND ORGANIZATIONS" COURSE
- DESIGN LESSON PLANS AND EXAMS
- GRADE STUDENT PAPERS AND EXAMS

UNIVERSITY OF MASSACHUSETTS BOSTON 3/2016-PRESENT BOSTON, MA

ADJUNCT PROFESSOR-ADDICTION COUNSELOR EDUCATION PROGRAM

- TEACH "USE AND ABUSE IN SOCIETY" COURSE
- TEACH "FAMILY AND GROUP COUNSELING" COURSE
- DESIGN LESSON PLANS AND EXAMS
- GRADE STUDENT PAPERS AND EXAMS

MOUNT AUBURN HOSPITAL 9/2016-6/2019 CAMBRIDGE, MA

CLINIC DIRECTOR-OUTPATIENT PSYCHIATRIC SERVICES

- PREPARE AND MANAGE ANNUAL DEPARTMENTAL BUDGET
- OVERSEE DEVELOPMENT OF PROGRAMS AND CLINICAL SERVICES
- PROVIDE CLINICAL AND ADMINISTRATIVE SUPERVISION TO STAFF
- RECRUIT AND HIRE STAFF
- PARTICIPATE IN PAIN MANAGEMENT COMMITTEE
- PARTICIPATE IN JCAHO STEERING COMMITTEE
- PARTICIPATE IN COMMUNITY NEEDS ASSESSMENT COMMITTEE
- MANAGE DPH CONTRACTS
- SUPPORT ORGANIZATIONAL SAFETY AND SECURITY OF PROGRAM

NEW ENGLAND CENTER & HOME FOR VETERANS 9/2014-9/2016 BOSTON, MA

DIRECTOR OF VETERAN 360 BEHAVIORAL HEALTH PROGRAM

- MANAGE CLINICAL STAFF OF 20 RESPONSIBLE FOR CASELOAD OF OVER 160 VETERANS
- OVERSEE PROGRAM BUDGET OF APPROXIMATELY \$5 MILLION
- MANAGE RELATIONSHIPS WITH FEDERAL, STATE, AND LOCAL REGULATORS
- INITIATED SUBOXONE CLINIC LOCATED IN CENTER IN PARTNERSHIP WITH BHCHP
- ASSIST IN FUNDRAISING AND PREPARATION OF GRANTS
- MANAGE SCREENING AND HIRING PROCESS FOR CLINICAL STAFF

NEW ENGLAND CENTER & HOME FOR VETERANS 10/2013-9/2014 BOSTON, MA

PROGRAM MANAGER

- MANAGED RESIDENTIAL PROGRAM CONSISTING OF TEN VETERANS
- SUPERVISED TEAM OF SIX CLINICAL STAFF MEMBERS
- ASSISTED IN DEVELOPMENT OF INDIVIDUALIZED TREATMENT PROGRAMS
- PROVIDED CRISIS INTERVENTION AS NEEDED

NORTH SUFFOLK MENTAL HEALTH ASSOCIATION 10/2012-10/2013 EAST BOSTON, MA

*PROGRAM COORDINATOR – DUAL DIAGNOSIS INTENSIVE OUTPATIENT PROGRAM
FEE FOR SERVICE CLINICIAN*

- MANAGED TEAM OF FIVE CLINICIANS
- PARTICIPATED IN THREE LOCAL DRUG COURTS
- PROVIDED CONSULTATION AND EDUCATION TO COMMUNITY AGENCIES
- MAINTAINED FEE FOR SERVICE CASELOAD OF 12 CLIENTS

NORTH SUFFOLK MENTAL HEALTH ASSOCIATION 1/2012-10/2012 EAST BOSTON, MA

CLINICIAN

- FORMULATED INDEPENDENT PSYCHOSOCIAL DIAGNOSIS AND TREATMENT PLANS
- SUPERVISED SUBOXONE TEAM
- PROVIDED CLINICAL OVERSIGHT OF THREE WEEKLY MED-CLINICS

ST. ELIZABETH'S MEDICAL CENTER-SECAP PROGRAM 8/2011-1/2012 BRIGHTON, MA

INPATIENT COUNSELOR

- PERFORMED INDIVIDUAL COUNSELING, GROUP COUNSELING, PSYCHO EDUCATIONAL GROUPS AND CASE MANAGEMENT
- ENSURED THAT CLIENT'S SUBSTANCE ABUSE DISORDER IS ASSESSED IN AN INTEGRATED BIO-PSYCHOSOCIAL CULTURAL, SPIRITUAL AND ENVIRONMENTAL CONTEXT

STANLEY STREET TREATMENT AND RESOURCES (SSTAR) 3/2010-9/2011 FALL RIVER, MA

CLINICAL TRIALS NETWORK-RESEARCH ASSISTANT-CTN 0044 STUDY

- MANAGED REGULATORY DOCUMENTS AND REGULATORY SITE VISITS
- REVIEWED ALL ADVERSE EVENTS AND SERIOUS ADVERSE EVENTS ON A REGULAR BASIS
- MANAGED SUPPLY BUDGET
- PARTICIPATED IN SUPERVISORY MEETINGS, PROTOCOL MEETINGS

INTERNSHIP-AIDS CARE OCEAN STATE 9/09-5/2010 PROVIDENCE, RI

BRISTOL ELDER SERVICES 9/08-3/2010 FALL RIVER, MA

EDUCATION

- **BOSTON UNIVERSITY 9/08-5/11**
 - MASTER OF SOCIAL WORK DEGREE – CLINICAL CONCENTRATION
- **UNIVERSITY OF MASSACHUSETTS DARTMOUTH 9/04 -5/08**
 - BACHELORS OF ARTS DEGREE – SOCIOLOGY MAJOR

PUBLICATIONS

CAMPBELL AN, NUNES EV, MIELE GM, MATTHEWS A, POLSKY D, GHITZA UE, TURRIGIANO E, BAILEY GL, VANVELDHUISEN P, CHAPDELAIN R, FROIAS A, STITZER ML, CARROLL KM, WINHUSEN T, CLINGERMAN S, PEREZ L, McCLURE E, GOLDMAN B, CROWELL AR. DESIGN AND METHODOLOGICAL CONSIDERATIONS OF AN EFFECTIVENESS TRIAL OF A COMPUTER-ASSISTED INTERVENTION: AN EXAMPLE FROM THE NIDA CLINICAL TRIALS NETWORK. CONTEMP CLIN TRIALS. 2012 MAR; 33(2):386-95. EPUB 2011 Nov 9.

PROFESSIONAL MEMBERSHIPS

- NATIONAL ASSOCIATION OF SOCIAL WORKERS 9/08-PRESENT

VOLUNTEER ACTIVITIES

- FRIENDS OF DEDHAM PUBLIC LIBRARY 10/20-PRESENT
- ELECTED TOWN MEETING MEMBER, TOWN OF DEDHAM 4/21-PRESENT
- DEDHAM FOOD PANTRY 10/21-PRESENT

QUALIFICATIONS AND SKILLS

LICENSED INDEPENDENT CLINICAL SOCIAL WORKER – MASSACHUSETTS



Key leaders for this effort will include:

Carley Lubarsky, LICSW, Chief Operating Officer, has had a long history of providing behavioral health services as a clinician, manager, and leader to adults, youth, and families. Her experiences have included the oversight of psychiatric emergency services, jail diversion programs, and new behavioral health initiatives. Carley is a strong clinical leader who is well known for her ability to bring people together to solve complex problems.

She has demonstrated exceptional capacities in her work with varied constituents and partners, such as families, persons served, DMH & DCF staff, Mass Behavioral Health Partnership [MBHP] leadership, acute care hospitals, and police and community leaders. Carley brings a strong commitment to enhancing the role of peer leaders throughout our services, and her work has reflected the values and principles of effective treatment and compassionate care that are central to our organization.

Nancy Mahan, Senior Vice President, has worked at Bay Cove Human Services since 1979. She began at Bay Cove as a Program Director of a residential group home for adults with mental illness in the agency's early years, and over a period of 25 years developed a continuum of rehabilitation and treatment programs as the agency's Director of Mental Health Services. In 2011, Nancy was appointed Senior Vice President. Nancy currently oversees Bay Cove's Addiction Services, Housing & Homeless Services Division.

Nancy earned both her bachelor's and master's degrees (in Human Services Management) through UMass Boston's College of Public and Community Services.

Bill Sprague, President/CEO, has worked for Bay Cove for almost 30 years. His career in human services started in direct care, and after earning a master's degree in Rehabilitation Counseling from Northeastern, Bill joined Center House, where he rose to the position of Associate Executive Director. Bill left Center House to become President of South Shore Arc, a position he held until joining Bay Cove in 1993 as CFO. Bill was named the agency's Executive Director in 2001, and, in 2011, was appointed President and Chief Executive Officer.

Bill currently sits on the Boards of the Association of Behavioral Healthcare and The Mass Council of Human Service Providers', of which he is a past Chair.

Sarah J. Porter
31 Lothrop Avenue
Milton, MA 02186



857-208-8497 (cell)
sjport3@aol.com

Qualifications

- More than 25 years of leadership experience in nonprofit sector with comprehensive understanding of issues facing traditionally marginalized populations.
- Comfortable working with constituent groups including boards, committees, volunteers and external audiences.
- Motivated by working environments that prize creative problem solving and commitment to social justice.
- Skilled at building successful relationships with diverse parties and varying agendas.
- Microsoft Office proficient. Working knowledge of electronic health records, data and outcome tracking systems, Donor Management and accounting software.

Experience

EXECUTIVE DIRECTOR

December 2018 – Present
Boston, MA

Victory Programs, Inc. (www.vpi.org)

- Responsible for leading agency in a manner that supports and guides the organization's mission as defined by the Board of Directors
- Responsible for communicating effectively with the Board and providing in a timely and accurate manner, all information necessary for the Board to function properly and make informed decisions
- Oversee development and administration of the agency's strategic plan. Prepare all operational and implementation plans as required.
- Responsible for fundraising and developing other resources necessary to support mission. Supervise Director of Development and Communications.
- Serves as chief spokesperson for Victory Programs, assuring proper representation to the community.

VICE PRESIDENT & CHIEF OPERATING OFFICER

June 2015 – December 2018

- Serve as the internal leader of the 220+ employee organization including oversight of treatment and clinical operations; accounting and finance; human resources; information technology; and facilities and maintenance.
- Ensure agency operates in compliance with all statutory and contractual requirements; administer policies to ensure sound fiscal, ethical and operational management of and proper delivery of all services
- Responsible for the fiscal integrity of the agency, including submission to the Board of a proposed annual budget and monthly financial statements which accurately reflect the financial condition of the organization
- Responsible for fiscal management that generally anticipates operation within the approved budget, ensures maximum resource utilization and maintenance of the organization in a positive financial position
- Primary liaison to payers and funders on grant/contract activities and queries.

DIRECTOR OF PROGRAMS

February 2013 – June 2015

- Develop and implement strategies that maximize the synergies among program areas. Responsible for the implementation of "Standards of Care & Excellence" throughout the agency
- Development and design of new program services
- Lead the performance management process. Coordinate outcome measurements
- Prepare all proposals and reports required for federal, state, city, or private agencies and auditors
- Responsible for the hiring and retention of competent, qualified staff.

EXECUTIVE DIRECTOR

October 2010 – February 2013
Boston, MA & La Paz, Bolivia

[Kaya Children International](http://www.kayachildren.org) (www.kayachildren.org)

- Lead the development of organizational, financial, and program plans with the Board of Directors and staff.
- Supervise the implementation of plans and policies serving street children.
- Present programs and organizational mission to other agencies and the general public.
- Ensure long-range strategies to achieve the organization's mission and ensure consistent, timely progress.
- Cultivate, manage, steward and track relationships with all donors and prospects, including individuals, foundations, churches and corporations.

SENIOR EXECUTIVE OF PROGRAM SERVICES

October 2006 – October 2010

Cambridge Family and Children's Service (www.helpfamilies.org)

Cambridge, MA

- Provided clinical, programmatic and administrative supervision to directors of six programs in agency.
- Managed all program staff and intern hiring, training, performance evaluation and professional development.
- Insured high standards of program quality through evaluation, quality management and improvement strategies.
- Met the requirements of state agencies and regulators. Maintained successful relationships with contractors.
- Built quality new programs and developed new or expanded business with purchasers of the agency's services and programs; researched and responded to opportunities for state and federal grants.

PROGRAM DIRECTOR

July 2005 - August 2006

Hamilton Family Center (www.hamiltonfamilycenter.org)

San Francisco, CA

- Supervised implementation of all aspects of San Francisco's largest family shelter and emergency center.
- Hired and managed program staff; ensured adherence to standards of conduct, ethics and confidentiality requirements; trained and enforced child safety procedures.
- Developed a work environment focused on customer service, diversity, dignity and respect for the family unit.
- Successfully managed program's overall operating budget in accordance with fiscal guidelines; monitored revenues and expenses to help ensure fiscal solvency.

DEPUTY DIRECTOR OF PROGRAM SERVICES

January 2003 – June 2005

Larkin Street Youth Services (www.larkinstreetyouth.org)

San Francisco, CA

- Administered five projects providing continuum of care services for homeless youth aged 18-24
- Ensured safety, respect, dignity and equal opportunities. Mediated complex situations when necessary
- Participated in steering committee of statewide initiative to change outcomes for former foster care youth
- Interacted effectively and appropriately with political, media and other service providing partners

PROGRAM MANAGER

August 2001 - December 2002

Ocean Park Community Center (www.opcc.org)

Santa Monica, CA

- Managed operations of a shelter for women who were homeless with chronic mental health and substance use, including program development, crisis intervention, staff supervision, fundraising, and reporting responsibilities.
- Developed sales plan with residents for an arts and crafts cooperative generating income for artists involved

PUBLIC RELATIONS COORDINATOR

2000 – 2001

Union Rescue Mission (www.urm.org)

Los Angeles, CA

- Coordinated internal and external communications for the nation's largest rescue mission
- Produced citywide study of current and future resources serving homeless

DIRECTOR

1997 - 2000

Lowell Alliance for Families and Neighborhoods (www.lowellalliance.org)

Lowell, MA

- Successfully administered a multi-faceted coalition dedicated to child abuse prevention, systems change and innovative family support in high-risk census tracts of a poor urban environment.
- Coordinated school-based councils to improve educational success rate using prevention and intervention.
- Supervised a diverse staff regarding program objectives, strategies and personnel issues. Provided continuous training in prevention strategies and skills including group dynamics, cross-cultural understanding and evaluation.
- Participated in the Department of Social Services' Community Connections statewide initiative to positively influence family support and child abuse prevention policies.
- Developed and implemented a social marketing strategy regarding issues facing immigrant and refugee families.

COMMUNITY ORGANIZER

1996

Main South Community Development Corporation

Worcester, MA

- Coordinated, planned and chaired neighborhood block meetings.
- Initiated and organized a "Volunteer Corps" of university students and community residents.

Education**CLARK UNIVERSITY**

Worcester, MA

M.A., International Development and Social Change

B.A., International Development and Social Change

Summary

CEO | Executive Director

Accomplished and vision-driven professional with comprehensive experience in devising innovative ideas, developing strategic partnerships, managing stakeholders, and raising funds/capital for the growth of the organization.

Proven success in providing strong strategic direction and employing all activities to achieve set objectives. Transformational leader; leading business affairs, quality standards, and engagement with all stakeholders. Experienced in providing education and employment as a pathway out of homelessness, facilitating high-risk and abused youth to ensure social justice and equity, and focusing on enhancing community visibility and resources. Critical thinker and problem-solver with a growth mindset; creating and maintaining high performance and accountability standards as well as fostering innovation, continuous learning, and improvement. Demonstrated excellent communication and public speaking skills to positively influence investors, donors, and other audiences. A fundraiser and creative connector, skilled in building productive relationships with key funders and partners. Committed to superior services through positive attitude and leadership within fast-paced environment.

Areas of Expertise

- Strategic Planning & Execution
- Program Management
- Policy Development & Implementation
- New Ideas Development
- Workforce Development
- Fund Raising
- Public Speaking
- Growth Acceleration
- Team Building & Leadership
- Equity and social justice implementation

Career Experience

Senior Fellow, Harvard University, Advanced Leadership Initiative

2022-2023

The Harvard Advanced Leadership Initiative's ongoing mission is to provide world-class education, skill building and collaboration opportunities to a diverse, global community of experienced and committed leaders, enabling sustainable social impact at scale. I am working on the issues of Youth Homelessness, child Sex trafficking and the disparities in service delivery to ensure no child has to experience the trauma of homelessness.

Chief Program Officer, Victory Programs, Boston

2021-present

Oversee strategic program operations and design for 22 million dollar organization focused on chronic homeless individuals, individuals in recovery and homeless families with children. Manage a team of 8 strategic leaders for the organization over three divisions. Work with agency executive team on agency policy and impact. Work with senior program team to meet contractual outcomes, design program models for maximum impact and troubleshoot operational and personnel concerns. Advocate for funding, policy and implementation of new and effective models of care.

Chief Executive Officer, YouthCare, Seattle

2006 to 2021

...continued...

Lead, direct, and manage growth from a \$1.5M to \$19M agency operating budget providing a variety of care for runaway and homeless youth. Enhance community visibility and resources by developing and maintaining a new and dynamic partnerships. Implement best practices and procedures to support the mission surrounding runaway, sexually exploited youth, homeless, and disproportional representation of LGBTQ youth. Deliver expert services as a local and national leader and provide advocacy on issues related to run away and homeless youth, LGBTQ and race disproportionality, and trafficking victims. Liaise and function closely with other service providers to ensure provision of exceptional services in an efficient manner.

- Significantly increased organizational growth from \$1.5M to \$17M and net assets from 4M to 22M.
- Identified and secured new funding streams to diversify base and focused on expanding programming opportunities, which increased funding and program potential.
- Designed, developed, and implemented new intervention models focusing on use of education and employment to get rid of homelessness.
- Established and supported a new leadership team and introduced a model for agency that aided in creating a community trust.
- Planned, executed, and reported on a federally-funded study of learning disabilities among homeless youth.
- Supervised and managed YouthCare program offering counseling, emotional support, case management, and street outreach to high-risk and abused youth.
- Created and presented a new housing and service model for sexually exploited youth.

Program Manager, King County

1996 to 2006

Adopted best practices and procedures to ensure effective management of a \$3+M annual program "Out of School Youth Employment" and a team of over 30 FTEs. Formulated plans and structured processes to guarantee seamless execution of programs, including YouthBuild USA, Habitat for Humanity, AmeriCorps, Ryther, YWCA, YMCA, CAMP, South Seattle Community College, the Highline, and the Work Force Development Council. Assured provision of one-stop occupational training and basic education facility for young people by combining all programs as well as facilitated young people with auxiliary services in mental health, substance abuse, and general life skills.

- Oversaw and managed all activities of the programs receiving funding from the US Department of Labor, King County human service and justice systems, HUD, along with state and local educational resources.
- Designed and developed a fast-track public health project in liaison with the department of public health, enhancing adolescent access to public health care capacity and eliminating barriers to care working with the community's health care, mental health, and substance abuse treatment systems.
- Produced detailed report on findings and recommendations on needs and status of adolescent health care and presented to the King County Health Care Commission.

*Additional experience as **Learning Disabilities Director** at Washington State, Department of Social and Health Services, as **Department of Public Health Planner** at King County, as **Adolescent Services Coordinator** at Children's Hospital, as **Director of Eastside Adolescent Center** at Children's Hospital, as **Consultant and Program Director** at Youthcare, as **Case Manager and Shift Supervisor** at Seattle Children's Home*

Held various hospital-based mental health and social work positions in Seattle, Dallas, and New Orleans.

Education

Doctor of Philosophy, Educational Psychology, University of Washington

Concentrations: Human Development and Cognition, emphasis on research design and program development.

Dissertation: Impact of Abuse on Utilization of Services by Runaway and Homeless Youth. Public Policy Implications.

Master of Arts, Clinical Psychology, Seattle University

Thesis: Development of Domestic Violence Interventions Groups for Children

Bachelor of Arts, Psychology, University of Dallas, Irving, Texas

Professional Affiliations & Community Leadership

Current Affiliations

Senior Fellow on Social Impact Review Board, Harvard University

Chair, Board of Directors, the National Network for Youth

Chair, Policy Committee National Network for Youth

Advisory Board Member, National SafePlace

Advisor Board Member, JUST Committee on Human Trafficking Shared Hope International

Member, HEAL advisory Board on Health Care and Human Trafficking

Founding Board Member, Stolen Youth

Past Affiliations

Vice Chair, Washington State Office of Homeless Youth Prevention & Protection Advisory Committee

Executive Board Member, All Home King County Regional Governance Committee

Member, King County Interagency Council on Homelessness

Member, Downtown Seattle Association

Member, Economic Opportunity and Empowerment Program Advisory Board – Member

Member, Health Care for the Homeless Network Governance Council & Program Evaluation Committee

Member, Community Police Commission – Member

Member, Washington Statewide Coordinating Committee on Commercial Sexual Exploitation of Children

Member, King County CSEC Task Force

Board Member, National Youth Employment Coalition

Member, King County Youth Action Plan Task Force

Member, Mayor's Task Force on LGBTQ Safety

Member, Mayor's Task Force on Unsheltered Homelessness

Member, Policy Advisory Board, YouthBuild USA – Chair, Government Relations Committee

County Representative, Education Policy Issues, Systems Integration Committee

Team Member, Foster Care Transition Collaboration

Chair, Leadership Development Team, Seattle Public Schools' Interagency School

Board Member-at-Large, Pacific Northwest Swimming

Board Member, ASAP (Advancing Solutions to Adolescent Pregnancy)

Conference and Training Presentations

National Alliance to End Homelessness Conferences 2008-2019– presentations on youth homelessness; LGBTQ programming for homeless youth; CSEC service model
Shared Hope Conferences 2013-2017 – CSEC service delivery models
RHYTTAC Conferences 2008-2019 – topics on serving runaway and homeless youth, LGBTQ youth and CSEC victims
National Network for Youth (NN4Y) Conferences 2007-20195 – presentations on homeless youth; federal funding; employment services for runaway and homeless youth
Department of Labor Listening Session: Alternative Education, 2006, Washington, D.C.
President’s Committee on Youth with Disabilities Meeting, 2004, Washington, D.C.
Statewide Trainings for Minnesota Employment Security and YouthCare on *Learning Disabilities and Disenfranchised populations*, 2000-2004
International Conference on Learning Disabilities. *Learning Disabilities and At-Risk Population, AFDC and Homeless Youth*, 1996-1997, Dallas
Washington Alliance for School Age Pregnancy Prevention. *Learning Disabilities in the Welfare and Homeless Population*, 1995-1996, Bellevue, WA
Adult Literacy Conference. *Learning Disabilities and the Welfare Population*, 1995-1996, Everett, WA
Learning Disabilities Association of WA Spring 1995 Conference. *Learning Disabilities and Homeless Youth*
Washington State Literacy Conference. *LD and Welfare Reform*, 1996
Child Welfare League of America: *Learning Disabilities and At-Risk Populations*, 1995, Concorde, CA

Research

- Completed a study looking at the prevalence of Learning Disabilities within the runaway and homeless youth shelters and AFDC population.
 - Validated a screening tool to be used in National Welfare Reform models
- . Conducted a qualitative research project regarding confidentiality and access to treatment for adolescents in medical settings
- . Defined research methodology and designed data collection instruments for various program evaluations. Published evaluation of Threshold, a program designed for chronic homeless and runaway youth



PROFESSIONAL EXPERIENCE

VICTORY PROGRAMS, INC. Boston, Mass.

April 2014 – Present

Director of Victory Health

- Responsible for the overall coordination of all administrative, clinical, financial, and operational services within assigned agency treatment and prevention programs and services.
- Supervising Directors of various Structured Outpatient Addiction Programs (SOAP), Transitional Support Services (TSS), various Recovery Homes, the Boston Living Center (resource center for HIV positive people, providing education, treatment information and support services)

BAY COVE HUMAN SERVICES, INC., Boston, Mass.

2009 – 2014

Director of Mental Health Clinics

- Overall clinical, administrative, and operational management of Bay Cove's two mental health clinics
 - *Michael J. Gill Mental Health & Wellness Clinic (at Lemuel Shattuck Hospital in Jamaica Plain): Medication and counseling services mainly for individuals with longstanding severe and persistent mental illnesses, and for dually diagnosed individuals (mh/sa) including clients on suboxone*
 - *Kit Clark Senior Services Mental Health Clinic (Dorchester): Medication and counseling services for seniors in the Dorchester Fields Corner area which is comprised of mainly Vietnamese, Cape Verdean, and Haitian populations*
- Responsible for treatment oversight, including all clinical and administrative supervision of staff, risk management, utilization management, and quality management
- Developed and managed annual budgets for the clinics, established business practices in regards to interactions with the billing and budgeting offices, and maintained fiscal responsibility of the clinics, including the establishment and reinforcing of productivity standards
- Administrative and operational oversight of medication related issues including arranging collaboration with laboratories, coordination of services with primary care clinics, ordering of medications, etc.
- Selected, implemented and maintained a new Electronic Health Record
- Assured compliance with all applicable requirements from regulatory and funding agencies, including grant management and compliance
- In collaboration with the administration of the Shattuck Hospital, developed a practice model that includes strong integration of Bay Cove's mental health clinic with the hospital's Primary Care Clinic
- In collaboration with the Outpatient-Based Opiate Treatment (OBOT) clinic at the Shattuck Hospital created a new suboxone treatment component of the clinic
- Created a new home-based behavioral health treatment program for elders that includes depression screening, dementia assessments, and other mental health related interventions
- Participated in various committees at Association for Behavioral Healthcare (ABH): Quality and Outcomes Committee, Corporate Compliance Committee, Outpatient Committee, etc.

CASCAP, INC. Cambridge, Mass.

2004 – 2009

Clinical Director

- Responsible for development and management of all service components, including residential and community rehabilitation services funded by the Department of Mental Health (DMH), representative payee services for the City of Cambridge and the Social Security Administration, social service coordination for the public housing developments managed by the Cambridge Housing Authority, and an associate's degree program in human services for individuals with a history of mental illness
- Primary liaison to funding and regulatory agencies
- Responsible for responding to RFRs and grants
- Oversight of quality, utilization, and risk management, as well as training

- Taught, promoted and implemented the concepts of individuals with “lived experience” of mental illness in the workforce of the entire organization. Promoting the concepts of a “Culture of Respect” within the organization
- Supervised the directors of program services and the director of quality management
- Participated in activities by state-wide trade organizations and state agencies

BAY COVE HUMAN SERVICES, INC. / THE CENTER HOUSE, INC., Boston, Mass.

Director; Center House Day Treatment Program 1995 – 2004

- Responsible for the overall operation and management of an adult psychiatric day treatment program
- Successfully responded to numerous RFPs and diversified funding sources for program
- Assure role of active consumer organizations in program
- Assured integration of best practices in psycho-social rehabilitation and clinical practice
- **Vice-President of the Massachusetts Association of Day Treatment and Partial Hospitalization Programs Administrators (MADTPH)**

Assistant Director; Day Treatment Program 1990 –1995

- Responsible for various clinical and administrative tasks as well as a client case load

Expressive Arts Therapist/Counselor; Day Treatment Program 1986 – 1988

- Maintained clinical caseload. Responsible for all aspects of clinical case management including counseling, leading/co-leading groups, presenting case conferences, developing treatment plans, conducting crisis interventions, coordinating treatment with outside treaters, etc.

LESLEY UNIVERSITY, Cambridge, Mass.

1996 - 2000 / 2001 - 2002

Graduate School of Arts and Social Sciences, Division of Expressive Arts Therapies

Adjunct Faculty

- Taught Clinical Applications of Expressive Arts Therapies
- Liaison between practicum class students and their field placement supervisors
- Provided weekly supervision to students working in various clinical and school settings during students' 9-months practicum

PRIVATE PRACTICE, Lucerne, Switzerland

1988 - 1989

Expressive Arts Therapist

- Maintained caseload of private clients
- Provided clinical supervision and consultation to Expressive Arts Therapists

Psychotherapist at Compass Counseling, Norwood

- Maintained caseload of private clients
- Credentialed with many private and public insurers (MBHP, Beacon Health Options, Blue Cross Blue Shield of MA, Optum Health, Aetna, etc.)

UNIVERSITY OF BASEL, Switzerland

1980 - 1983

Institute for Sports and Physical Education

Assistant Professor (1981 - 1983), Adjunct Professor (1980 - 1981)

- Taught classes in Dance Improvisation and Rhythmic Gymnastics to graduate level phys. ed. students

EDUCATION

2000 Certificate of Client-Server Application Development for the Web
Boston University Corporate Education Center, Boston, MA

1986 Master's degree in Expressive Arts Therapies (M.A.)
Lesley College Graduate School, Cambridge, MA

1981 Certificate from the Kunstgewerbeschule Basel (*Art Academy*), Basel, Switzerland
1-year certification training (44 hours/week classroom work)

- 1979** **Master's degree in Physical Education (M.Ed.)**
University of Basel, Basel, Switzerland
- 1976** **Bachelor's degree in Education**
Teacher's College of Solothurn, Solothurn, Switzerland

ADDITIONAL SKILLS & ACHIEVEMENTS

- Proficiency in computer skills: Windows OS, Microsoft Office applications, WordPerfect, FileMaker Pro, various programming languages (C++, Java, Visual Basic, etc.), and various databases (Oracle, PowerBuilder, Microsoft Access, etc.)
- Bilingual / bicultural Swiss German /American (American citizen since 2000)
- Spoken and written fluency in German, some knowledge of Portuguese and French

LICENSURE & CERTIFICATIONS

- 1992** **LMHC** Licensed as Mental Health Counselor by the Commonwealth of Massachusetts

Education

Niagara University - Niagara University, NY
Master of Science in Criminology & Criminal Justice, May 2012
Bachelor of Science Criminology & Criminal Justice, August 2011
Minors: Psychology & Sociology

Experience

Nov. 2020-Present

BayMark Health Services/Healthcare Resource Centers - Boston, MA
Treatment Center Director

- Lead daily operations of HCRC Jamaica Plain clinic; responsible for increased census and profit for 2021 fiscal year through strategic execution of clinic's business plan
- Understand first-hand the challenges TCDs face as they directly manage and supervise medical director, nursing staff, clinical director, fiscal clerks, counseling staff, and all support staff
- Witness current RDO's successful interactions with TCDs through group supervision and other techniques
- Establish a positive, collaborative professional environment that motivates employees to grow and achieve
- Oversee clinic budget including review of EBITDA and profit and loss statements; ensure proper allocation of expenses
- Produce annual strategic plans and quarterly growth, retention, and revenue enhancement plans in addition to specific plans including diversion control, accessibility, risk management, infection control, community relations, cultural competency and diversity plans
- Build and develop relationships with community agencies for growth including victory programs, DPH, Lemuel Shattuck Hospital (LSH) programs
 - Direct coordination for cottage residents to begin MAT
 - Work with hospital leadership to expand clinic in existing footprint
 - Coordinate care for all LSH programs on daily basis
- Relay to clinic staff all corporate updates/changes from the National Support Center
- Manage compliance with all accrediting agencies and state/ federal guidelines
- Work closely with surrounding Treatment Center Directors to support region's success
- Retain high percentage of staff and involved in the recruitment and hiring of talent
- Facilitate weekly staff meetings and monthly one-on-one supervision focusing on mentorship and accountability; set and review counseling percentage goals
- Reporting
 - Weekly intake reports, discharge reports, enrollment reports, clients by payer reports, overdue balance reports, and monthly financial reports
 - Run retention reports and review findings with clinical staff to assess areas of improvement for optimal client retention
- Create presentations and run professional development trainings covering HIPAA, safety, person-centered care, documentation, and billing
- Experienced and comfortable handling behavioral interventions with both clients and staff
- Obtain insurance authorizations through state agencies
- Complete quality assurance reviews of client charts and files monthly or as needed
- Participate in annual peer reviews with state agencies

May 2019-Nov 2020

Access Behavioral Health Services - Boise, ID
Quality Assurance Supervisor/Substance Abuse Clinician

- Develop programs for substance use program including group curriculums, group therapy dynamics, and documentation collaboration
- Coordinate care with outside agencies including State Hospital South, CPS, IDHW, probation & parole, Terry Reilly, BPD, drug court, mental health court, and the housing authority
- Maintain relationships with outside entities for continued care such as halfway houses, family reintegration services, and school districts

- Supervise substance use counselors
- Audit charts and provide accurate corrections as needed
- Complete quality assurance on all documentation on a weekly basis
- Provide group, individual, and family therapy
- Review and edit policies and procedures for SUD department
- Work closely with clinical director to create company policies and procedures for intensive outpatient and outpatient treatment

July 2017-May 2019 **Hannah’s House/ Frasier Home, Champions Recovery - Hanford, CA**
Program Director

- Founded first sober living facility for women and children in Hanford, CA from the initiation of the concept to the completion of the project
- Strictly followed guidelines and requirements set in place through county contracts
- Directed all staff with weekly meetings and provided supervision on a bi-weekly basis
- Successfully applied for and awarded two grants: \$60,000 towards creating a tobacco free campus and a HUD grant awarding Hannah’s House with a \$1 million property
- Coordinated a Safe Kids Day and an educational seminar for the public
- Built curriculum for clients and implemented requirements
- Developed intensive group therapy schedule for residential clients
- Monitored and executed budget by properly allocating funds and reporting quarterly to county resources
- Connected clients with resources including yoga, gardening, nutrition, HIV/AIDS/STD prevention, perinatal education, and parenting classes
- Networked with local community to provide clients with volunteer opportunities at soup kitchens, salvation army, elementary and adult schools, churches, youth groups, and police department
- Conducted SUD individual sessions and groups as needed
- Audited charts on a monthly basis

Sept. 2015-May 2017 **Conifer Park, Outpatient Services - Plattsburgh, NY**
Outpatient Therapist

- Sustained a caseload of 40 clients
- Met with clients weekly for individual counseling sessions and crisis intervention
- Facilitated specialized groups daily
- Coordinated MAT services with physicians and nursing staff
- Utilized online charting for documentation
- Arranged services with DSS, Primary Care Doctors, and Mental Health Providers

July 2012-Sept. 2015 **St. Joseph’s Addiction Treatment & Recovery Center - Saranac Lake, NY**
Primary Counselor

- Maintained a daily caseload of approximately 8 residents
- Reported to legal entities on a regular basis
- Planned and administered daily women’s group sessions
- Documented all interactions with residents utilizing electronic health record
- Conducted biopsychosocial assessments of incoming clients and properly diagnosed using DSM criteria

Credentials/ Licenses

Idaho Board of Alcohol Drug Counselor Certification- CADC
 New York State Office of Addiction Services and Support- CASAC
 Massachusetts Board of Substance Abuse- CADC



David K. White, Ph. D.

Chief Executive Officer

With more than two decades of health care administration experience in psychiatric care and substance abuse treatment, physical rehabilitation, long term care and acute hospital services, Dr. David White joined MedMark as President and CEO in January of 2008, growing the company from 3 clinics in California to over 254 locations in the US and Canada. BayMark is now largest opioid treatment company in North America offering a continuum of outpatient treatment services, outpatient detox and recovery services, and inpatient withdrawal management services.

Prior to joining the company, he served as President, Hospital Management Services for Nashville-based Psychiatric Solutions, Inc. Prior to that, he was President and Chief Operating Officer of Horizon Health Corporation, managing over 180 hospital locations and overseeing rapid expansion and acquisition strategies, resulting in the acquisition of 15 hospitals until the company merged with Psychiatric Solutions in 2007. Prior to Horizon, Dr. White was the CEO of Charles River Health Management, a psychiatric contract management company in Boston and at Charles River Hospital, a specialty psychiatric and substance abuse hospital also in Massachusetts. He received a bachelor's degree in science from Tufts University in Medford, Massachusetts, and obtained master's and doctoral degrees in clinical psychology from Vanderbilt University in Nashville.



Peter C. Smith MD, MSc

371 Poplar St., Roslindale, MA 02131

peter.smith@bmc.org

ACADEMIC TRAINING:

1996 BA St. John's College, Annapolis, MD; Philosophy
2001 MD University of Massachusetts Medical School, Worcester, MA
2007 MSc Boston University School of Public Health, Boston, MA; Health Policy and Management

POSTDOCTORAL TRAINING:

2001-2004 Internal Medicine Resident, Boston University Medical Center, Boston, MA
2004-2005 Chief Medical Resident, Boston University Medical Center, Boston, MA
2005-2007 Fellow in General Internal Medicine, Boston University Medical Center, Boston, MA
2005-2007 Resident in Preventive Medicine, Boston University Medical Center, Boston, MA
2008-2009 Faculty Scholar, Center of Excellence in Geriatrics, Boston University Medical Center, Boston, MA

CLINICAL PRACTICE:

2016-Present **Boston Healthcare for the Homeless Program.** Primary care physician and attending physician at the Barbara McInnis House respite program (2016-2018). Medical Director of the BMC Clinic (2018-2022). Medical Director of Boston Hope Shelter (2020). Program Medical Director. BHCHP program-wide Medical Director (2022-present).

- Medical director of the BMC clinic at BHCHP, its largest outpatient site.
- Medical director of the Boston Hope Shelter, a 500-bed field hospital for people experiencing homelessness who had COVID-19.
- BHCHP program-wide medical director.

2007-2016 **East Boston Neighborhood Health Center.** Lead Physician for Care Management (2007-2011), and Medical Director for Care Management Specialties and Quality Measures (2011-2016).

- Responsibilities include the oversight of the chronic disease education and management department, a team composed of NPs, PAs and RNs providing care to health center patients with diabetes, cardiovascular disease, asthma and hepatitis C. Helped start up the health center's hepatitis C program within the care management department.
- Medical director of the health center's Senior Care Options (SCO) program, a capitated program for frail low income seniors. Served as attending for patients admitted to three local nursing homes.
- Medical director of the health center's specialist practice, in which multiple specialists based at BMC practice part time at the health center.
- Responsible for the health center's quality reporting (UDS, PCPR, various pay for performance contracts as well as internal quality measures).
- Advocated for and helped start up the health center's office-based buprenorphine program. Licensed to prescribe buprenorphine to up to 100 patients, and currently caring for approximately 30.
- Primary care physician in an internal medicine practice at the health center.
- Intermittent weekend provider in the health center's satellite Emergency department.

ACADEMIC APPOINTMENT

2010- present Clinical Assistant Professor of Medicine, Boston University School of Medicine

HONORS:

2001 Alpha Omega Alpha
 2011 Robert A. Witzburg Ambulatory Teaching Award
 2017 Robert A. Witzburg Ambulatory Teaching Award
 2019 Lorraine Stanfield Medical Student Teaching Award

LICENSES AND CERTIFICATION:

2004 Massachusetts License #220025
 2005 American Board of Internal Medicine (recertified 2015)
 2007 American Board of Preventive Medicine (recertified 2017)

COMMITTEE ASSIGNMENTS:

2004-2005 Autopsy and Tissue Committee, Boston Medical Center
 2005-2006 Insulin Safety and Effectiveness Committee, Boston Medical Center
 2006-2007 Pharmacy and Therapeutics Committee, Endocrine Sub-committee, Boston Medical Center
 2008-2016 Performance Improvement Committee, Pharmacy and Therapeutics Committee, Medication Safety Committee, EPIC (EMR) Advisory Committee, all at East Boston Neighborhood Health Center.
 2007-present Residency Advisory Committee, Preventive Medicine Residency, Boston University Medical Center, Boston, MA
 2010-2016 Ethics Committee, Commonwealth Care Alliance
 2010-2011 Residency Curriculum Committee, Internal Medicine Residency, Boston University Medical Center, Boston, MA
 2017-present Clinical Guidelines Committee, Boston Health Care for the Homeless (co-chair)

TEACHING EXPERIENCE AND RESPONSIBILITIES:

2004-2007, 2018-2020 Physical diagnosis teaching sessions, as part of Introduction to Clinical Medicine
 2004-present Inpatient teaching attending, 3-5 weeks per year
 2007-2022 Ambulatory clinic preceptor of internal medicine residents
 2007-2010 Small group teaching sessions with house staff on ambulatory topics, as part of Ambulatory Core Curriculum
 2011,2018-2020 Small group teaching sessions with medical students on evidenced based medicine, as part of medicine clerkship

LANGUAGE

Proficient in Spanish (conduct most office visits without an interpreter)

ELECTRONIC HEALTH RECORD

2016 Epic super user training

Invited Lectures and Presentations

- April 2004 Geriatrics Grand Rounds, Boston University Medical Center, Boston, MA; “Catastrophic Urban Heat Waves”
- April 2005 Department of Medicine Grand Rounds, Boston University Medical Center, Boston, MA; “Cases of the Year”, with other Chief Residents
- April 2006 Workshop Faculty, Society of General Internal Medicine Annual Meeting, Los Angeles, CA
- June 2008 Conference on Prescription Drug Abuse, Office of Drug Control Policy, Washington, DC; Presentation on Single-Item Screening
- February 2009 Primary Care Training Institute, Boston University Medical Center, Boston, MA
- February 2011 Primary Care Training Institute, Boston University Medical Center, Boston, MA
- March 2011 Ambulatory Morbidity and Mortality Conference, Section of General Internal Medicine Grand Rounds, Boston University Medical Center, Boston, MA
- April 2011 Department of Medicine Grand Rounds, Boston University Medical Center, Boston, MA; Clinical Problem Solving (Moderator)
- March 2013 Section of General Internal Medicine Grand Rounds, Boston University Medical Center, Boston, MA; Case presentation and discussion
- October 2013 Section of General Internal Medicine Grand Rounds, Boston University Medical Center, Boston, MA; Case presentation and discussion
- Nov. 2014 Section of General Internal Medicine Grand Rounds, Boston University Medical Center, Boston, MA; Kathleen Bennet memorial grand rounds; Panel discussion member

Bibliography:

ORIGINAL, PEER REVIEWED ARTICLES:

- SI Sollars, PC Smith, DL Hill. Time course of morphological alterations of fungiform papillae and taste buds following chorda tympani transection in neonatal rats, *Journal of Neurobiology* 2002;51(3). Pages: 223-236
- PC Smith, SM Schmidt, D Allensworth-Davies, R Saitz Primary care validation of a single-question alcohol screening test. *J Gen Intern Med.* 2009 Jul;24(7):783-8.
- PC Smith, SM Schmidt, D Allensworth-Davies, R Saitz. A single-question screening test for drug use in primary care. *Arch Intern Med.* 2010 Jul 12;170(13):1155-60.
- Allensworth-Davies D1, Cheng DM, Smith PC, Samet JH, Saitz R. The Short Inventory of Problems-Modified for Drug Use (SIP-DU): validity in a primary care sample. *Am J Addict.* 2012 May-Jun;21(3):257-62.
- PC Smith, DM Cheng, D Allensworth-Davies, MR Winter, R Saitz. Use of a single alcohol screening question to identify other drug use. *Drug and Alcohol Dependence.* 2014 June1; 139: 178–180

Proceedings of Meetings & Invited Papers:

LM Arnold, PC Smith, ME McDonnell, Inpatient Glycemic Control with Basal Bolus Insulin Using Computerized Order Entry, presented at the annual meeting of the Diabetes Technology Society, Atlanta, GA. November 2006

PC Smith, DR Miller, VV Banks, DR Berlowitz. Balancing Risks in the Choice of Medications for Diabetes Patients with Alcohol Use Disorders: Physicians Prefer Insulin and Sulfonylureas, presented at the annual meeting of the Society of General Internal Medicine, Toronto, ON. April 2007.

PC Smith; SM Schmidt; D Allensworth-Davies; R Saitz. Primary Care Validation of Single Question Alcohol Screening Recommended by NIAAA. presented at the annual meeting of the Society of General Internal Medicine, Toronto, ON. April 2007.

PC Smith; MK Paasche-Orlow. The Out-of-Pocket Cost of Chronic Illness Care: Before and After Health Care Reform in Massachusetts. presented at the annual meeting of the Society of General Internal Medicine, Pittsburgh, PA. April 2008.



Barry Bock, RN

Barry Bock joined BHCHP in 1990 and has served as chief executive officer since 2013. Bock, a nurse by training, is responsible for the overall administration of the program. Previously, Bock served as Chief Operating Officer, overseeing the day-to-day operations of the program. Mr. Bock has worked in homeless health care since 1979. In 1986 he was one of three nurses to develop the Morning Nurses' Clinic at Pine Street Inn in Boston. He then served as clinic administrator until 1990, when he came to Boston Health Care for the Homeless Program. When the Barbara McInnis House was established in 1993, Mr. Bock served as the director, overseeing all aspects of the respite program. He has published and lectured on the impact of the Affordable Care Act, respite care and on HIV/AIDS and other communicable diseases in shelters.

Dr. Stephanie Sullivan Appointed CEO of Boston Health Care for the Homeless Program



Stephanie Sullivan, PhD, LMHC, a leader and advocate in healthcare, has been named the next Chief Executive Officer of Boston Health Care for the Homeless Program (BHCHP), succeeding Barry Bock, RN, who has led the program for the past nine years.

“The Board is excited about Dr. Sullivan joining us, and continuing her long history of servant leadership,” said Board of Directors Chair Brett

Painchaud. “She has extensive experience ensuring that underserved patients are cared for in a respectful, dignified manner and that background will be invaluable to BHCHP.”

Dr. Sullivan has spent her career securing equitable access to healthcare for marginalized patients, including people who are incarcerated and victims of domestic violence and sexual assault. She joins BHCHP from VitalCore Health Strategies, a leading provider of healthcare for correctional institutions. She is also a former assistant deputy commissioner of clinical services for the Massachusetts Department of Corrections, managing compliance and oversight for an \$850 million contract providing a full range of treatment services.

Dr. Sullivan notes many parallels between correctional and community healthcare. “I am very experienced with indigent populations not getting adequate treatment for substance use disorder, medical, mental health, and other related needs,” she said. “The CEO position appealed to me because it represents the culmination of my life’s work.”

“We are thrilled to embrace Dr. Sullivan as our next leader amidst the growing challenges of assuring excellent and equitable health care to individuals and families living in shelters and on the streets of Boston,” said Jim O’Connell, MD, BHCHP’s president and founding physician. “Our longstanding mission to assure continuity of care from street and shelter to hospital to respite care to home has been challenged by the coronavirus pandemic, the drug overdose epidemic, our country’s racial reckoning, and the inordinate stresses on clinicians and health care teams striving to serve our more than 11,000 patients each year. Dr. Sullivan is truly a servant leader who is uniquely prepared to lead, guide, and inspire us as we face the unprecedented times ahead.”

“Our Board and staff did an exceptional job vetting candidates, and putting the values of equity and justice, as well as extraordinary health care skills, front and center in the CEO search,” said Bock, who has been with the program for 32 years. “I am proud to hand over the reins of our remarkable program to Dr. Sullivan.”

Added Chief Medical Officer Denise De Las Nueces, MD: “We are thrilled to welcome Dr. Sullivan to BHCHP. Her experience demonstrates a deep commitment to providing high-quality and equitable care to marginalized patients, a commitment that will translate beautifully to our work at BHCHP.”

Among Dr. Sullivan’s career highlights are initiating a medication-assisted treatment program within a prison system that reduced recidivism due to post-release relapse by 40% in its first year and creating and implementing the Federal Bureau of Prisons’ first transplant program.

“Dr. Sullivan brings extensive experience working in complex organizations as well as with vulnerable populations and we are excited to welcome her to BHCHP,” said Board of Directors Vice Chair Barbara Blakeney. “BHCHP has a long and distinguished history providing and advocating for the highest quality care for at-risk people who are homeless, and I am confident that Dr. Sullivan will be a tremendous leader in that ever-challenging quest.”



PRESIDENT AND CEO

Bart Mitchell

Bart Mitchell is the president and chief executive officer of The Community Builders (TCB), the country's largest nonprofit developer of mixed-income housing, with regional hub offices in Boston, New York City, Washington D.C, Columbus and Chicago. Mitchell leads the company's development; property management; and community life operations with a reach of over 13,000 apartments in 14 states and the District of Columbia. He was appointed to his current leadership position in 2012 and previously served as TCB's chief operating officer..

Mitchell has a distinguished career in community development that began as a housing and economic development advisor to the mayor of the city of Boston in the 1980s. He first joined TCB in 1989 as the director of finance and served as project manager for complex urban developments at TCB for six years. In 1996, he left TCB to serve as chief operating officer of Beacon / Corcoran Jenison Partners, developing HOPE VI communities. He later founded Mitchell Properties LLC, a developer and owner of high-quality residential and mixed-use real estate ventures. Mitchell returned to TCB in July 2010 as the company's chief operating officer.

With a master's degree in public policy from the Harvard University Kennedy School of Government with a concentration in finance and urban development policy, Mitchell also holds a Bachelor of Arts degree from Williams College with highest honors in political economy. He serves on the board of directors of New Lease for Homeless Families, Stewards of Affordable Housing for the Future, the Affordable Housing Tax Credit Coalition, the Affordable Housing Developers Council, and serves as co-chair for 2020 of the Housing Partnership Network's CEO Forum. He has previously served on the boards of trustees for Williams College in Williamstown, Mass., The Park School in Brookline, Mass., The Winsor School in Boston and the Boston Air Pollution Control Commission.



EXECUTIVE VICE PRESIDENT FOR REAL ESTATE DEVELOPMENT

Patricia Belden

Patricia Belden joined The Community Builders in 2020 as the Executive Vice President of Real Estate Development. Prior to joining TCB, Belden worked at the Preservation of Affordable Housing (POAH), a leading multi-regional affordable housing nonprofit. Belden worked her way from project manager to managing director and COO, co-leading all development, including POAH's entry into the Chicago market and its Choice Neighborhoods grant-funded work. She also served as President of the POAH Communities property management company and launched the organization's Community Impact program which focuses on helping seniors age in place, and residents achieve economic stability and mobility.

Belden is active on several boards of national associations including the Housing Partnership Network and National Affordable Housing Trust, a nonprofit tax credit syndicator. She received her B.A. from Cornell University and has a master's degree in Public Policy from the Harvard Kennedy School of Government.



DIRECTOR OF DESIGN/CONSTRUCTION, NEW ENGLAND

Ivey Bueno

Ivey Bueno serves as director of design/construction for New England at The Community Builders, Inc. (TCB) in Boston, a position she has held since 2019. Bueno leads a team of design and construction professionals who support the prospecting, planning, budgeting and implementation phases of development deals in the region. Previously, she worked as senior design/construction manager for TCB, to oversee a range of new construction and mod rehab projects in Northampton, Worcester, Westport, Boston and New Haven.

Prior to joining TCB in 2017, Bueno spent nearly two decades in owner-side project management in the hospitality industry. Among other roles, she worked as a senior project manager with Hilton Hotels, and the most recent eleven years as an owner's representative for a major New York City private equity firm. She oversaw over \$100 million in capital projects across 22 hotels located in 17 North American cities.

Bueno has a Bachelor of Science from Cornell University. She holds a Project Management Professional (PMP)[®] certification from Project Management Institute and a LEED AP credential from the U.S. Green Building Council.



GENERAL COUNSEL & VICE PRESIDENT

Ethan Ceplikas

Ethan Ceplikas is the general counsel and vice president of The Community Builders, Inc. (TCB). Ceplikas oversees a legal department of four attorneys and two paralegals, which represent TCB and its affiliates in development, real estate and financing transactions. Further, the legal department acts as corporate counsel to TCB, advising it on corporate and other legal matters. In this role, Ceplikas works closely with TCB's property management and asset management teams.

Prior to joining TCB, Ceplikas practiced in the real estate group at Nixon Peabody LLP and was a member of the legal department at Preservation of Affordable Housing, a Boston based nonprofit. He received his Juris Doctor from Loyola University Chicago School of Law and his Bachelor of Science in Business Management from Babson College. Before law school, Ceplikas was a member of the financial management program at General Electric and a senior associate at PriceWaterhouseCoopers. Ceplikas has been a presenter on industry hot topics at events organized by the American Bar Association Forum on Affordable Housing and the Boston Bar Association



DIRECTOR OF FINANCE

Jesse Elton

Jesse Elton serves as director of finance for The Community Builders, Inc. (TCB) in Boston, a position she has held since 2018. Elton leads TCB's finance team, a group of five within TCB's Development department that is dedicated to structuring financially sustainable developments that promote TCB's mission. The finance team brings financial expertise to support TCB's development pipeline and portfolio management activities and manages relationships with financial partners.

Elton began her career in development at nonprofit housing developer BRIDGE Housing Corporation in San Francisco, and later worked at Local Initiatives Support Corporation as a national housing lender and technical assistance provider. She joined TCB as a finance project manager in 2014.

Elton holds a master's degree in Public Policy from the Harvard Kennedy School and a B.A. from Haverford College.



VICE PRESIDENT OF COMMUNITY LIFE

Elizabeth González Suárez

Elizabeth González Suárez serves as vice president of Community Life (CL) for The Community Builders, Inc. (TCB), in Boston, a position she has held since 2016. González Suárez advances the powerful role that TCB and partner institutions can play in providing stability and social connections for seniors and access to opportunity for families in TCB communities.

Previously she served as the director of Community Health Practice at Dana-Farber Cancer Institute (DFCI) and the deputy director of the U54 Partnership Outreach Program. Most of her 20-year tenure with DFCI was dedicated to designing and implementing evidence-based programs that promote public health among high-risk and underserved populations.

Earlier in her career, González Suárez conducted research on community-based approaches to health promotion and cancer prevention. She was an active member of the DFCI's diversity initiative, targeting programs to increase representation of people of color into the health professions.

González Suárez serves on the Dana-Farber Cancer Institute, Community Benefits External Advisory Committee, the advisory board of the Jordan Boys & Girls Club and the Roxbury Mass in Motion Leadership Team.

She received her bachelor and master's degrees in psychology from Universidad Central de Venezuela, Caracas, Venezuela. She is married with two sons and is a strong community arts advocate and supporter.



**REGIONAL VICE PRESIDENT FOR REAL ESTATE DEVELOPMENT
NEW ENGLAND**

Andy Waxman

Andy Waxman serves as the regional vice president of development, where he directs real estate development activities in New England for The Community Builders, Inc. He joined TCB in 2018. Waxman has been in the community development field for over 25 years.

Prior to working at TCB, Waxman was the director of real estate at the Dorchester Bay Economic Development Corporation (DBEDC) for seven years. At DBEDC, Waxman oversaw a team which developed hundreds of units of affordable and mixed income housing, as well as community oriented commercial space. During this time, Waxman lead DBEDC's successful Choice Neighborhood funded Quincy Heights and Pearl Food Production Center developments. The Pearl project resulted in the creation of over 150 jobs, more than half of which have been filled by local residents. These projects were also recognized for their outstanding performance on employing local and minority residents, as well as contracting to minority and women owned businesses.

Waxman also worked for eight years at the Jamaica Plain Neighborhood Development Corporation (JPNDC), first focusing exclusively on commercial redevelopment efforts, and later as the Associate Director of Real Estate. Waxman was project manager for the award-winning redevelopment of the Brewery Small Business Complex, a 160,000 neighborhood Center that is home to over 50 small businesses and employs more than 500 individuals. Additionally, Waxman worked at the City of Boston's Department of Neighborhood Development, and at a small CDC in Washington DC called Washington Innercity Self Help. (WISH). He has served on the boards of JPNDC and Hyde Jackson Square Main Streets.

Waxman holds a master's degree in city planning from the Massachusetts Institute of Technology, where he won the Outstanding Thesis Award for his work on urban commercial district revitalization in Dorchester, Massachusetts. Waxman also earned a certificate in Non-Profit Management and Leadership from Boston College, and a bachelor's degree from Oberlin



EXECUTIVE VICE PRESIDENT OF PROPERTY MANAGEMENT

Lisa Wilcox-Erhardt

Lisa Wilcox-Erhardt serves as senior vice president of property management for The Community Builders, Inc. (TCB), a position she has held since 2019. Wilcox-Erhardt will lead the TCB property management portfolio of over 9,000 apartment homes and a staff of 350 people.

She is responsible for maintaining property quality, establishing and meeting operating budgets, maintaining relationships with residents and external stakeholders and developing and growing a management team committed to TCB's mission. As a member of the TCB leadership team, Wilcox-Erhardt will provide strategic advice and direction for the entire organization.

Prior to joining TCB, Wilcox-Erhardt was executive vice president of housing and services for CommonBond Communities in Minnesota, a nonprofit housing organization which she joined in 2006.

Wilcox-Erhardt holds a Bachelor of Arts degree in political science from Virginia Wesleyan College and has earned a Certified Occupancy Specialist® designation from the National Center for Housing Management.

PROFESSIONAL EXPERIENCE

Jamaica Plain Neighborhood Development Corporation JP, MA

CHIEF EXECUTIVE OFFICER

October 2020-Present

Provide overall strategic direction and oversight of leading Boston organization dedicated to creating a more equitable Boston by integrating affordable housing, economic prosperity and family support services. Work includes development and operation of over 1,500 affordable housing units, supporting 50 family child care providers and hundreds of small businesses, as well as community organizing. Responsible for organization's financial health (over \$50 million in assets and \$10 million operating budget). Oversee team of 30 staff.

DIRECTOR OF REAL ESTATE AND ASSET MANAGEMENT

September 2006 – October 2020

Demonstrated performance in real estate development and asset management including opportunity analysis, pipeline development, multi-organization partnerships, investor relationships, and contract and lease negotiations designed to maximize mission and improve organizational revenue and cash flow. Proven capacity to foster team and leadership development opportunities while managing 6-8 dedicated real estate professionals; provide targeted coaching around predevelopment, investment financing, construction management and resident/tenant engagement. Department lead responsible for capacity and opportunity management through cultivation of consultant, vendor and contractor relationships. Responsible for the oversight of a LIHTC portfolio of 700+ residential units of family, senior and supportive housing and approximately 250,000 square feet of retail and industrial commercial space containing nearly 50 small businesses. Lead support to the Executive Director of the JPNDC on strategic real estate policy and expansion plans; liaison to the Directors of the Economic Prosperity, Finance and Organizing teams providing pathways to cross team collaboration in support of JPNDC initiatives and programs. Development manager focused on optimizing business communication and data management.

MyOwn Real Estate Advisors Brookline, MA

November 2018-Present

BROKER/OWNER (DBA)

(Inactive)

Provided coaching support to buyers and owners of residential real estate transactions. Managed residential development of four projects in personal real estate portfolio in Boston and Providence.

Denenberg Realty Advisors Boston, MA

Nov. 2002 - January 2008

REAL ESTATE AGENT/ADVISOR

Represented corporate commercial and residential clients to facilitate purchase, sale and lease of real estate.

IBM, Corporation Cambridge, MA, France and United Kingdom

August 1999 - June 2002

PRODUCT MANAGER, eLearning Development

- Established and Managed a Customer Advisory Council comprised of CTOs, CEOs, CFO within 20 Fortune 500 Companies and Institutions of Higher Education across the world.
- Delivered Executive Briefings, product strategy presentations in strategic accounts across the United States and Europe and Latin America to executive level decision makers.
- Managed Beta programs and extranet websites that facilitated new product release training.
- Developed an initiative to streamline several customer communication tools into a singular company-wide web-based customer satisfaction platform designed to route product issues to technical support and software developers.

CAMPAIGN COORDINATOR, North America Marketing

September 1998 - July 1999

- Launched and managed a successful marketing campaign to encourage existing users to upgrade to a new web software platform. Organized marketing events in key US locations.
- Collected requirements and feedback from marketing teams to build a web-based events workflow and reporting tool for marketing campaign activities.

PRODUCT MARKETING ADMINISTRATOR, Emerging Products

February 1997 - September 1998

- Maintained an inventory of software product marketing materials and coordinated shipment and return of all tradeshow equipment.
- Managed a global customer contacts database, delivered customer feedback on product functionality to the development team.

Office of Civil Rights – Fair Housing Commission Boston, MA

March 1992-February 1997

AFFIRMATIVE MARKETING SPECIALIST

Supervised the affirmative fair housing marketing plan processes for newly funded housing developments in the City of Boston. Managed compliance reviews in accordance with the federal Fair Housing ordinance.

- Worked closely with Project Managers in Community Development Corporations and the City of Boston Department of Neighborhood Development to provide ongoing support during project development to guarantee fair housing outreach and resident selection guidelines were met.
- Conducted over forty housing lotteries and resident selection audits in new and established affordable housing developments in Boston.
- Counseled hundreds of walk-in clients on the availability of emergency, low and moderate income housing opportunities.

EDUCATION: UNIVERSITY OF MASSACHUSETTS Spring 1997 -B.A.
Community Service Planning/Management

LANGUAGE: Proficient in Spanish

TECHNOLOGY: Strong knowledge of Microsoft Office Suite, data-base and web-based technologies.

Professional Summary

Seasoned community development professional with expertise in structuring and financing complex affordable housing projects. Blend decades of experience in housing development, finance, asset management and operations with commitment to social justice and service. Personal commitment to political engagement and incorporating racial equity and environmental justice in every project.

Jamaica Plain Neighborhood Development Corp.

October 2020 - Present

Director of Real Estate (August 2021 – Present)

Interim Director of Real Estate (October 2020 – August 2021)

Oversee project management and asset management for one of Boston's leading community developers. Responsible for development of over 750 units, including completion of 250 units of construction and over 500 units in development. In addition, oversee portfolio of 748 residential units and over 150,000 s.f. of commercial space.

Development & Project Management Consulting

July 2009 – Present

Development consulting to nonprofit and public entities to create and preserve affordable housing, with focus on assembling complex financing, legal structuring and long-term stewardship. Representative projects:

- *Jamaica Plain Neighborhood Development Corporation:* Development consultant for several projects 2011-present. Project Manager for Pitts Portfolio project, a complex acquisition and refinancing of 201 units from 6 separately financed projects into one scattered site 4% LIHTC project with a variety of operating subsidies and \$90 million in capital subsidies. Oversight of development and refinancing of varied real estate projects including refinancing of scattered site project utilizing 4% LIHTC equity, affordable homeownership, commercial leasing and asset management.
- *Nuestra Community Development Corporation:* Project oversight and responsibility for legal and financial structuring of 47-unit project that combines historic rehabilitation and new construction, multiple operating and capital subsidies. Closed December 2021.
- *Dorchester Bay EDC:* Project director for refinancing of 147-unit scattered site development utilizing 4% LIHTC, tax-exempt bond financing, HUD Flexible Subsidy, HUD Section 8 and other financing sources. Coordinated every aspect of project, including assembling team, developing pro forma, closing process. Project closed ahead of schedule in 2015; construction completed 2017.
- *The Neighborhood Developers:* Project manager for refinancing and restructuring of 12 properties utilizing 4% LIHTC and tax-exempt bond financing. Coordinated resolution of complex tax and structuring issues as properties were owned by three entities, assembled in nine previous transactions. Project generated resources for renovation, reserves and improved balance sheet.
- *Sudbury Housing Authority & Acton Housing Authority:* Project manager for projects created that 10-12 new units of modular housing for very low-income households in Boston suburbs. Coordinated various private and public financing models and assisting executive directors with every aspect of housing development process.
- *Pomeroy Lane Cooperative:* Project Manager for refinancing of limited-equity cooperative. Scope of work including selection of new property manager, assembling financing and providing ongoing asset management assistance. 2010 – present.
- *Massachusetts Housing Partnership:* Housing Institute. Helped design and lead two-day training seminar for local housing authorities and municipal officials on affordable housing. 2009 – 2018.

Women's Institute for Housing and Economic Development

Senior Project Manager, Director of Real Estate Development

October 2000 – June 2009

Provided technical assistance and project oversight for all real estate projects in Massachusetts. As Senior Project Manager, held overall responsibility for financing, construction, and management of affordable housing projects. Major projects include:

- *Soromundi Commons, Hartford CT:* First-in-the-nation project, combining emergency shelter for women, transitional housing, permanent housing and supportive services, developed by a partnership of two community-based organizations. Developed and implemented plan to redevelop 8-story YWCA building into 61 units of housing. Responsible for all aspects of development, including assembling complex financing from public, private and nonprofit sources and developing unique legal structure to meet needs of all project partners and funders. Project completion July 2005, ahead of schedule and within budget. Project received first national *Enterprise Innovative Venture Award*.
- *Casa Esperanza, Roxbury, MA:* Asset Management Consultant, assisting community-based organization to develop and implement systems to improve financial performance of portfolio. Also served as Project Manager for two projects creating new permanent supportive housing.
- *Various Domestic Violence Providers:* Assembled financing for development of transitional housing and emergency shelters for women fleeing domestic violence across Massachusetts.
- *Lead Trainer, One Step Beyond Initiative:* Designed and delivered highly interactive trainings on supportive housing development as part of 9-month initiative to increase production of supportive housing in Connecticut and Rhode Island. Trained 30 teams (each comprised of homeless service provider, development partner and property management) 2004-2007.

Allston Brighton Community Development Corporation

Director of Housing Development

October 1997 - October 2000

Overall responsibility for financing, construction, and management of community-based non-profit's portfolio of housing. Major projects included:

- *New Project Development:* Analyze prospective development opportunities, including rental, homeownership and mixed use developments.
- *Project Management:* Successfully obtained HOME financing for elderly development. For 20-unit rental housing project, developed and analyzed feasibility of refinancing scenarios.
- *Asset Management:* Analyze operating budgets and refinancings for 360-unit portfolio; provide training for tenants, board members, and community members.
- *Project Coordinator,* "Rising Rents, Closing Doors" profile of housing stock, community needs and housing costs in Allston Brighton.

Boston Housing Authority

Director of Insurance Coverage and Risk Management

January 1997 - October 1997

Chief of Staff

July 1996 - January 1997

Coordinator of Special Projects

March 1995 - July 1996

- *Relationships with Regulators:* Responsible for coordinating Authority response to regulatory and policy issues raised by Department of Housing and Urban Development (HUD).
- *Grant Administration:* Managed \$6.7 million grant from HUD, including monitoring \$3 million capital program. Grant initiatives aimed to improve occupancy and operational efficiency through increased use of outside contractors and increased use of information technology.
- *Restructuring of Risk Management Department:* Restructured department to increase level of service to tenants, reduce unnecessary litigation, achieve an estimated 20% annual savings in department administration costs and \$1.2 million reduction in annual cost of workers compensation coverage.
- *Staff Development:* Responsible for recruitment and retention of diverse group of professionals with experience in finance, management information systems, and project management.

Lazard Frères & Co.

Analyst, Municipal Finance

June 1988 - June 1990

Held primary responsibility for all quantitative analysis performed by investment banker and financial advisor for public finance clients, including cities, hospitals and public authorities.

EDUCATION

Harvard Law School, J.D. 1994, magna cum laude

Oberlin College, B.A. in Government and Economics, 1988

Honors: Harry S. Truman Scholar, 1986, Phi Beta Kappa, Jerome Davis Prize for excellence in economics

E. RICKY GUERRA



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PROFESSIONAL EXPERIENCE

JAMAICA PLAIN NDC | BOSTON, MA

Associate Director of Real Estate

Senior Real Estate Project Manager

Real Estate Project Manager

2018 – PRESENT

2022 - Present

2021 - 2022

2018 – 2021

DORCHESTER BAY EDC | BOSTON, MA

Real Estate Project Manager

Associate Director, Resident Initiatives & Community Organizing (R.I.C.O.)

Tenant Organizer/Service Coordinator, (R.I.C.O.)

2007 - 2018

2016 – 2018

2010 - 2016

2007- 2010

CITY YEAR BOSTON | BOSTON, MA

Senior Corps Member

2005 - 2007

KEY AREAS OF EXPERTISE

Attached: Project List – I have been involved in the production/preservation of 614 housing units, with total development costs of over \$346.8M

REAL ESTATE DEVELOPMENT

- Demonstrated experience managing high-stakes, complex, interdisciplinary projects with multiple community and government stakeholders to develop real estate from concept to completion in the Boston area.
- Maximized community impact through structuring and negotiating complex financing schemes, innovative construction management, construction workforce development, and authentic community involvement.
- Led development projects by leveraging local, state, and national affordable housing programs including Low Income Housing Tax Credits (LIHTC), State and Federal Historic Tax Credits, and State LIHTC. Managed and coordinated community outreach, funding applications, and design. Secured equity and loan financing, assembled and contracted a development team, provided construction oversight so projects delivered on time and on budget.
- Managed \$250M in development pipeline at JPNDC (construction, financing closing, and planning stages) with a successful track record of securing financing approvals.

STRATEGIC LEADERSHIP & MANAGEMENT

- Leveraged real estate development projects to serve as a launch pad for five new W/MBE local businesses (relocation company, two moving companies, pest management company, and cleaning company).
- Served on Steering Committee for the Boston Community Health Needs Assessment (CHNA) Collaborative. Led community engagement process across the City of Boston for the 2022 CHNA.
- Co-chaired Massachusetts Association of Community Development Corporation's (MACDC) Health Equity Committee, which works with CDC leadership across Massachusetts to drive the convergence of community development and community health.

FUNDRAISING & GRANT MANAGEMENT

- Over three years, raised \$1.4M for RICO programming activities at Dorchester Bay EDC.
- Oversaw budget projections, program operations, strategic planning, and resource development for resident services program, re-entry program, and youth program.
- As a volunteer, raised \$500,000 in grant funding for grassroots neighborhood groups.
- Managed multiple grant contracts and reporting for programs and real estate development projects.

ECONOMIC DEVELOPMENT

- Provided technical assistance to seven local, minority-owned businesses. Helped them develop business plans, proposals, and infrastructure for long-term success (i.e., payroll software, project management, templates for RFP responses, etc.)
- Created and implemented workforce development curriculum for Dorchester Bay's Summer Camp. Designed a leadership pipeline to grow young BIPOC residents from campers to program staff and leadership
- Led efforts to ensure over 50% of construction contracts and worker hours were awarded to W/MBEs and BIPOC

workers. Most recent project resulted in 71% of \$37 million construction contract work awarded to W/MBE businesses.

COMMUNITY ENGAGEMENT

- Served as lead organizer for Fairmount/Indigo Commuter Rail line. Built local Uphams Corner adult and youth leader organizing committee. With three other CDCS, helped win \$134M for four new stations.
- Helped tenants increase the number of resident leaders engaged in their housing communities, Dorchester Bay committees, and community organization boards.
- Served as Project Lead for Boston Public Health Commission Partnerships to Improve Community Health (PICH), a three-year initiative that made it easier for residents to make healthy choices in physical activity, nutrition and smoke free housing by implementing policy, systems and environmental changes.
- Provided resident services and referrals to 250 units of affordable housing.

CIVIC AND SOCIAL ENGAGEMENT

BOSTON CHNA/CHIP COLLABORATIVE | STEERING COMMITTEE MEMBER 2018 – PRESENT
The CHNA-CHIP Collaborative is a group of Boston health centers, community-based organizations, hospitals, and community residents that have come together, along with the Boston Public Health Commission, to achieve sustainable positive change in the health of the city by collaborating with communities, sharing knowledge, aligning resources, and addressing root causes of health inequities. The Collaborative's central focus is achieving racial and ethnic health equity.

COGDESIGN | BOARD MEMBER 2019 - PRESENT
COGdesign provides pro bono landscape design to under-resourced community groups in greater Boston with the goal to together create beautiful, resilient green space that meets neighborhood needs.

DUDLEY STREET NEIGHBORHOOD INITIATIVE | BOARD MEMBER 2009 – 2018
DSNI's mission is to empower Dudley residents to organize, plan for, create and control vibrant diverse and high-quality neighborhood collaboration with partners. Served as Clerk for Dudley Neighbors Inc., a community land trust that protects over 30 acres of community-controlled land in Boston's Roxbury and North Dorchester neighborhoods.

EDUCATION, TRAINING & SKILLS

Bachelor of Science in Building Construction Management, Expected completion 2023
Wentworth Institute of Technology

Non-Profit Management and Leadership Certificate Program May 2015
Boston University Questrom School of Business

National Center for Housing Management Training: Certified Occupancy Specialist (COS)
Spectrum Training: Certified Low-Income Housing Tax Credit Compliance Professional (C3P)
National Development Council and NeighborWorks trainings in Economic Development and Affordable Housing
Fully Bilingual (Native Spanish speaker)



GIOVANNY VALENCIA

Linkedin.com/in/giovalencia | 617.448.8092 | arquivalco@yahoo.com

Professional Summary

Extensive experience in community engagement, project management, public relations, leadership development partnerships building and coalitions. Dedicated to improving quality of life and housing development in urban communities, increasing civic involvement, dismantling systemic racism, and providing opportunities for underserved populations.

Skills

- Leadership and public speaking
- Team building and community oriented
- Strategic thinking
- Leadership Development and civic engagement
- Bilingual in English/Spanish
- Event planning
- Nonprofit management
- Relationship building with public and private organizations

Experience

Director of Community Organizing 02/2014 to Present

Jamaica Plain Neighborhood Development Corporation (JPNDC) – Boston, MA

- Directed the community process for ten affordable housing projects in Boston.
- Recruited and mentored 100+ Boston residents to become leaders in their communities, thought programs such as the ‘Latino Leadership Academy’, and the “Jackson Sq. Building Captains”.
- Supervised organizing staff and volunteers to develop community-planning activities.
- Coordinated the political strategy for the organization and developed strong relationships with Boston elected officials, community leaders and partner organizations.
- Built public relationships for JPNDC, organized community events, forums, and represented the organization in public hearings and civic engagement activities.
- Led and participated in different coalitions and partnerships with public and private organizations.

Citywide Latino Coordinator 08/2013 to 11/2013

Boston Mayoral Race – Boston, MA

- Built teams of volunteers in neighborhoods across Boston and coordinated GOTV activities.
- Planned, strategized and coordinated campaign events, canvassing and phone banks.
- Developed social media and marketing content for Spanish-speaking community in Boston.

Boston Bilingual Organizer

02/2012 to 08/2013

Stand for Children MA – Boston, MA

- Increased membership 75% in six months by recruiting and organizing parents in Boston to advocate for improving quality in public schools, increasing membership 75% in six months.
- Engaged members to advocate for statewide legislative priorities achieving victory in a statewide campaign.

Project Architect

01/2006 to 08/2006

Mayor's Office of the Bolivar City District – Bogota, Colombia

- Directed project focused on carrying electricity to rural zones in southern Bogota.
- Designed various construction projects to build retaining structures to prevent landslides above populated zones in the mountainous regions of southern Bogota.

Professor of Architecture

06/2004 to 06/2005

Francisco Marroquin and Mesoamericana Universities – Quetzaltenango, Guatemala

- Taught four different classes in the areas of urban theory, urban planning and architectural design.

Academic and Research Assistant

07/2002 to 06/2004

National University of Colombia – Bogota, Colombia

- Offered research and administrative support to the faculty in the Master in Urban Planning program.
- Worked with a team of architects to redesign the layout and architecture of the university to better integrate the campus with the city of Bogota.

Chief of Staff / Project Architect

01/2002 to 03/2004

Assembly of the State of Cundinamarca – Bogota, Colombia

- Led public processes to empower communities to take initiative in their own community development projects such as schools, parks, streets, community centers and bridges.
- Managed office staff and supported the legislative work of a Deputy Member of the Assembly.

Education

La Salle University

Bachelor Degree in Architecture - Bogota, Colombia

National University of Colombia

Master Program in Urban Planning - Bogota, Colombia

Harvard Kennedy School of Government

Organizing: People, Power, Change. Community Fellow - Cambridge, Massachusetts

National Association for Latino Community Asset Builders, NALCAB

Pete Garcia Community Economic Development Fellowship - San Antonio, Texas

University of Texas

Certificate in Nonprofit Management - San Antonio, Texas

Leadership and Awards

- JPNDC, Building our Community Award, 2019

- Massachusetts Association of Community Development Corporations, Ricanne Hadrian Award, 2019
- El Mundo Boston Newspaper, 'Un Arquitecto con Acento Fuerte' profile, 2018
- The Possible Project, Community Advisory Council, Innovation Center.
- Egleston Sq. Main Street, Board member
- School Facts Boston, Board member
- Political campaign staff and volunteer in several campaigns in the US and Colombia
- Colombian Army, infantry soldier

M. David Lee, FAIA, NOMA, NCARB
President
Architect, Urban Designer, Planner

Education

University of Illinois
Bachelor of Architecture

Harvard Graduate School of Design
Master of Architecture, Urban Design

Architectural Registration

Massachusetts, Florida

Professional Experience

Mr. Lee is an award-winning architect, planner and educator who has completed plans and buildings nationwide. He has held faculty positions at The Rhode Island School of Design, MIT, and the Harvard Graduate School of Design.

Architectural projects completed under his leadership include the Savin Hill MBTA Transit Station, the John D. O'Bryant African American Institute at Northeastern University, Morning Star Baptist Church, and the Dewitt Center, all in Boston, and Oakwood Shores Terrace Apartments in Chicago, Illinois. Completed under his direction in 2020, is The Clarion, a 39-unit mixed-use mixed-income apartment building in the Roxbury neighborhood of Boston.

Mr. Lee's planning and urban design projects include master plans for Pittsburgh's Hill District and Boston's Roxbury neighborhood. He recently completed The Ruggles Corridor Vision Plan in Roxbury which led to a coveted HUD Choice Neighborhoods designation.

Mr. Lee was the partner-in-charge for the award-winning "Houses at Dutch Point" in Hartford, Connecticut where he led the master planning, schematic design, and design development phases for this 202-unit mixed-income housing development.

Current projects under his direction include The Rio Grande Tower, a proposed 26-story, mixed-use retail, office, and residential building in Boston's Nubian Square district the 66-unit Colonial Village mixed



income townhouses in Norwalk, Connecticut.

Under a contract with the City Council of New Orleans Mr. Lee worked with a group of local and national consultants charged with developing plans for the neighborhoods most impacted by Hurricane Katrina.

Mr. Lee led the planning for the Lower Ninth Ward and Holy Cross neighborhoods.

Appointed by the Mayor and the Chairman of the Massachusetts Turnpike Authority, Mr. Lee led the Citizen's Advisory Committee charged with creating a civic vision and guidelines for the strategic development of air rights over the Massachusetts Turnpike in Boston. This widely acclaimed effort received a National American Institute of Architects (AIA) Honor Award for Urban Design.

He was the Project Principal for the firm's role in the design of Vent Building No. 7 at Logan Airport, and the recipient of a National AIA Honor Award and the Harleston Parker Medal for this design.

Mr. Lee served as President of the Boston Society of Architects (BSA) in 1992. He was the recipient of the BSA's Year 2000 Award of Honor. In 2007, Mr. Lee was one of three American design resource persons invited to present at the National Endowment for the Arts and Conference of Mayor's inaugural International Mayor's Institute in Warsaw, Poland.

Along with his late business partner and the firm's founder, Donald Stull, FAIA, Mr. Lee was awarded the National Organization of Minority Architects (NOMA) 2010 Lifetime Achievement Award.

Academic

Design Professor

- Adjunct Professor, Harvard University, Dept. of Planning and Urban Design, 1988-2008
- Assistant Professor, Massachusetts Institute of Technology (MIT), Department of Architecture and Planning, 1974-1983.
- Adjunct Professor Rhode Island School of Design, 1972.

Lectures and Juries

Columbia, Harvard, Yale, Pennsylvania, MIT, Texas Southern University, Hampton Institute, the University of Rhode Island, Southern University, the University of Havana, Florida A & M University, University of Wisconsin, Milwaukee, Tulane University, Mississippi State University, Syracuse University, University of Illinois, Chicago and Urbana, City College of New York, Catholic University, Georgia Tech and Kansas State.

- Jury Co-Chair, Raising the Roof, the first national Housing Design Competition for Persons Living with AIDS, 1992
- National Juror, Chicago Public Schools Design Competition, 2001
- Juror AIANYS 2014 Design Awards
- Boston Society of Architects Harleston Parker Juror 2014, 2015, 2016 National American Institute of Architects Housing Awards Jury,
- AIA/HUD Secretary's Awards Jury
- 2017 Rudy Bruner Awards Jury
- Moderator and National Expert Panelist,
- Beyond the Big Dig: Creative Community Conversations, 2002
- Panelist and Presenter, New Orleans Under Reconstruction: The Crisis of Planning, Tulane University, 2010

Select Awards, Honors and Professional Juries

- Norman B. Leventhal Excellence in City Building, Land Use Award, 2021
- National Organization of Minority Architects Lifetime Achievement Award, 2010
- Boston Society of Architects' Award of Honor, 2000
- College of Fellows, The American Institute of Architects, since 1992
- First Jose Luis Sert Fellow, Harvard University, 1970
- President, The Boston Society of Architects, 1992
- Invited Participant, National Park Service Design Charrette, Pennsylvania Avenue at the White House, 1995
- Invited Participant, Presidential Design Roundtable, Little Rock, Arkansas, 1992
- Invited Speaker and Team Leader, Designs on Montreal, International Design Conference, 1988
- Juror, American Planning Association Honor Awards, 2008
- Juror, American Society of Landscape Architects' Annual Awards, 1993
- Juror, National AIA Honors and Awards, 1994, 1999
- Juror, National Transportation Design Awards, 1995
- Juror, Presidential Design Awards, Washington, DC, 1984, 1999
- Juror, Rome Prize, 2003
- Jury Chair, New Housing New York Legacy Project, 2006-2007
- Jury Chair, Progressive Architecture Design Awards, 1993
- Jury Chair, Progressive Architecture, "The New Public Realm" Competition, 1992

Thomas J. Maistros, Jr., RA
Senior Project Manager/Urban Designer/
Architect

Education

Kent State University
Bachelor of Architecture

Harvard Graduate School of Design
Master of Architecture in Urban Design

Architectural Registration

Massachusetts
Ohio

Professional Experience

Mr. Maistros is a practicing architect, urban designer and development consultant with specific expertise in the public approvals processes and environmental and design review. He has over forty years of experience managing architectural projects through the entire development process – from negotiating the City of Boston’s Development Review Procedures to coordinating development activities from budgeting and programming through to construction administration, as both client representative and architectural project manager.

Mr. Maistros is involved in a variety of urban design, planning and architecture projects. As an architectural project manager, he has coordinated construction document production to ensure compliance with city and state code compliance and he oversees construction administration through to Certificate of Occupancy. He also advises S+L clients on public approval processes and permitting and prepares required environmental impact analysis documentation.

His previous experience includes 13 years with the Boston Redevelopment Authority as a senior project manager/urban designer coordinating proposed housing and commercial office development projects through the City of Boston’s Development Review Procedures. He also served as the Executive Director of the Boston Civic Design Commission, a blue-ribbon panel charged with providing urban design recommendations on proposed development projects



and plans.

Mr. Maistros has nearly ten years of experience in facility planning and capital project management with Partners HealthCare System serving as the Director of Facility Planning for Spaulding Rehabilitation Hospital. In that capacity he prepared and managed the capital budgets for the hospital and managed the planning and approval of new 150 bed rehabilitation facility for Spaulding.

PROJECT EXPERIENCE

Stull and Lee, Inc.

- **Dewitt Community Center, Roxbury, MA,**
Project Manager
- **South Station Expansion Study, Boston, MA,**
Project Manager, Urban Designer
- **Clarion Housing, Roxbury, MA,**
Project Manager/Permitting Manager
- **Colonial Village Housing, Norwalk, CT,**
Project Manager/Architect
- **UMass Boston Bayside Expo Site Expansion Planning Study,**
Urban Designer
- **Marriott Residence Inn at Northeastern University, Boston, MA**
Project Manager/Permitting Manager
- **Jackson Square, Boston, MA**
Urban Design/Master Plan Coordinator
- **New Orleans Rebuilding Plan, Lower Ninth Ward/Holy Cross,**
Project Manager/Senior Urban Designer

Development Consulting/Permitting

- *Rio Grande Tower, Roxbury, MA, 2016-2018*
- *Clarion Housing, Roxbury, MA 2013-2017*
- *Walk Hill Residences, Roslindale, MA, 2016-18*
- *Baker St Housing, West Roxbury, MA, 2015-18*
- *Charlestown Armory, Charlestown, MA, 2014*

- *Ropewalk Condominiums, Charlestown, MA, 2014*
- *625 LaGrange Street, West Roxbury, MA, 2013*
- *Chestnut Hill Ave Residences, Boston, MA, 2009*
- *Jackson Square Master Plan, Boston, MA, 2006*
- *Terrace St. Lofts, Housing, Boston, MA, 2005-06*
- *Onyx Hotel, Permitting, Boston, MA, 2004*

Boston Redevelopment Authority – Senior Architect/Project Manager, BCDC Exec. Director

- ***The Prudential Center Redevelopment, (1.8 million SF, mixed-use development)***
Project Manager
- ***Central Artery Tunnel Project Surface Planning***
Project Manager
- ***South End Housing Initiative (80+ parcels)***
- ***Douglass Plaza (164 units)***
- ***Helen Morton Family Center (90 units + daycare)***
- ***Fountain Hill Square (100 units)***
- ***Pavilion at Park Square (mixed-use development)***
- ***One Lincoln Street (990,000 SF office)***
- ***Ruggles Center (office-hotel)***

Kevin A. Benjamin, RA
Senior Associate, Architect

Education

Harvard College
Bachelor of Arts.

Massachusetts Institute of Technology
Master of Architecture

Architectural Registration

Massachusetts

Professional Experience

Mr. Benjamin is an accomplished designer who has played significant roles in many award-winning S+L projects.

He has experience in a wide range of building types including multi-family housing, commercial and institutional projects and the design of transportation facilities.

He is proficient in the use of a variety of computer-based design and 3D visualization tools. His combination of architectural design and visual representation skills are particularly useful in communicating design ideas to residents and stakeholders in participatory planning settings.

Currently, Mr. Benjamin is project architect and associate in charge of the design for a new AMTRAK platform and canopy at the Ruggles Transit station originally designed by S+L. H

PROJECT EXPERIENCE

Housing

- **The Clarion, Boston, MA**
Project architect for the design of The Clarion, a 39-unit mixed-use residential and retail project in Boston's Roxbury neighborhood.
- **Central Ward, Newark, NJ**
Design of Architectural prototypes for three HOPE VI housing development sites.



- **Lincoln Court Senior Building (HOPE VI), Cincinnati, OH**
Project designer for a 55-unit elderly building, a signature component of a HOPE VI neighborhood revitalization project.
- **Lincoln Court Linn Street Housing (HOPE VI), Cincinnati, OH**
Project designer of three multi-family housing blocks as part of a HOPE VI revitalization project.
- **Park Duvalle (HOPE VI) Housing, Louisville, KY**
Project designer of 104 units of affordable housing distributed on three sites.
- **Terrace Street lofts**
Project designer of the renovation of two turn of the century industrial buildings, the R & S Pickle Works and the Oliver Ditson Brewery, joined by a new nine story building, in to 175 residential lofts.
- **Squirrel Brand Housing, Cambridge, MA**
Project designer for conversion of 85-year old former factory building into affordable housing.

Commercial

- **Residence Inn by Marriott**
Conceptual Design for a 200-room "urban suite" hotel at Northeastern University
- **Massachusetts Biologics Laboratory**
Massing and Envelope designer of a Biologic, Monoclonal Antibody Production and Finishing Facility built on the former Boston State Hospital site.

Educational

- **Heilmann/Priest Schools, Detroit, MI**
Project Architect for two 750-student elementary schools for the Detroit Public School System.
- **John D. O'Bryant African-American Institute**
Project Designer of an award-winning 15,000 sf. academic and cultural facility.

National Organization of Minority Architects
Boston Society of Architects
Robert Taylor Society of Black Architects,
Founding president
City of Cambridge Planning Board 1999 - 2006

Civic

- **Hurricane Katrina Memorial**
Design of a monument honoring the victims of Hurricane Katrina in the Lower Ninth Ward, New Orleans, LA
- **DeWitt Community Center, Roxbury, MA**
Project designer of a 25,000 sf multi-use community facility. Uses include offices, meeting and classrooms an IT center, and large recreational/ multi-purpose room.

Adaptive Reuse

- **Peabody Hall, Wheelock College, Boston, MA**
Conceptual design for the renovation of a dormitory that proposes replacing an antiquated dining hall with a fitness center located within a central enclosed atrium
- **St. Katharine Drexel Church, Roxbury, MA**
Project architect and design for the re-purposing of a 4,000 SF. 30's-era Baptist church into an Afro centric-themed community center incorporating a Chapel, offices, youth drop-in and adult education facilities.

Transportation

- **Northeastern University Ruggles Concourse, Boston, MA**
Development of a vision and strategy for full utilization of MBTA Orange Line Ruggles Station, and its integration into Northeastern University's master Campus Plan.
- **New York City Transit Authority Main Street Station, Queens, New York**
Project Architect for the grade-to-platform level rehabilitation and expansion of the termination point of one of New York's most active subway lines.

Boards & Membership

H. Lawrence Bluestone, AIA, APA,
Architect, Urban Designer, Planner
Senior Urban Design Consultant to S+L

Education

Washington University
B.A. Architecture

Washington University
Master of Architecture

Harvard Graduate School of Design
Master of City Planning and Urban Design

Architectural Registration

Massachusetts

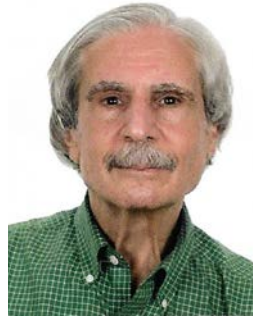
Professional Experience

Lawrence Bluestone is both the founding Principal of BPG / Bluestone Planning Group and a frequent in-house Senior Urban Design Consultant to Stull and Lee Inc.

A registered architect, urban designer, and urban planner, Larry brings forty years of professional design and planning experience to the firm. He has focused his career on the design of American cities, placemaking and the creation of livable places – whether urban, suburban or rural.

With this mission always in mind, he has prepared neighborhood plans, downtown plans, waterfront plans, zoning bylaws and guidelines, civic center plans and historic / cultural district plans for a variety of municipal clients and government agencies. He has also planned for the revitalization of former industrial districts and rail yards within urban cores. For corporate and institutional clients and developers such as Polaroid Corporation, the Massachusetts General Hospital, and Gerald Hines Interests, he has planned large mixed-use commercial campuses and districts.

As Senior Urban Design Consultant with S+L, Mr. Bluestone has worked on several area master plans and urban design studies. Most recently he was the S+L project manager for the Northwest Neighborhood Strategic Plan Update in West Palm Beach, FLA.



Previously he participated in the preparation of the Harrison - Albany Corridor Master Plan, which directly led to the up-zoning of this fast growing district of Boston. For the University of Massachusetts / Boston, he joined S+L in studying options for university campus development on the former Bayside Exposition site at Columbia Point.

Other S+L projects which Larry has participated on include the Riverside Neighborhood Plan for the City of Cambridge MA and the preparation of the Ruggles Corridor “visioning” Plan in the Roxbury neighborhood for the Madison Park Development Corporation and the City of Boston which led to the designation of the area for a coveted Choice Neighborhoods Initiative grant.

Mr. Bluestone is active in urban affairs and for nine years was the “Cityscape” newspaper columnist for the Boston Business Journal. He was President of Move Massachusetts 2000, a transportation advocacy coalition of over thirty environmental, business, and neighborhood groups. He has taught at Harvard University, Northeastern University and the Boston Architectural Center. He has been the recipient of two American Institute of Architects (AIA) National Honor Awards in Urban Design as well as the BSA/AIA New York Urban Design Award.

Mr. Bluestone was an Officer and Board Director of the Boston Society of Architects. For seven years he also served as that organization’s Urban Design Committee co-chair. From 1992 through 1997, Mr. Bluestone was President of Move Massachusetts 2000, a non-profit advocacy coalition of over thirty environmental, business, labor and neighborhood organizations in support of major transportation projects. From 1982 through 1991, he wrote the Cityscape newspaper column as the architectural critic for the Boston Business Journal.

From 1987 to 1992, he was a lecturer in the Harvard Graduate School of Design's International Training Program; and, from 1992 to 1994, he was an Adjunct Assistant Professor in Northeastern University's Arts & Architecture Department. Previously, he was a Lecturer and Studio Instructor in Harvard's Urban Design Program. He is the recipient of the 1989 AIA Award of Excellence in Urban Design, the 2001 AIA National Honor Award in Urban Design, and the AIA Boston Visions Competition First Award.

- *Downtown/Riverfront Plan, Natchez, Mississippi*
- *Downtown Waterfront Plan, Newburyport, MA*
- *Campus Master Plan, Germaine-Lawrence School*

PROJECT EXPERIENCE

- *Alewife Transit-Oriented Development (TOD) Master Plan, a 275-acre industrial site for the, Cambridge, Massachusetts Redevelopment Authority.*
- *Harrison Albany Corridor Neighborhood Redevelopment Plan, Boston, MA*
- *Ruggles Street Corridor Neighborhood Redevelopment Plan, Roxbury, MA*
- *Readville Railyard Housing Redevelopment Plan, Boston, MA*
- *Riverside Neighborhood Plan, Cambridge, MA*
- *Kendall Commons Housing Master Plan (350 units of mixed-income housing), Cambridge, MA. Union Square Commercial District Master Plan, Somerville, MA*
- *Neighborhood Center and Housing Guidelines for the Omaha Housing Initiative, HUD/Souza Co.*
- *Redevelopment Master Plans (industrial "brownfield" riverfront sites), Greenfield / Environmental Trust Group LLC.- multiple sites nationwide*
- *Alewife Center Master Plan and Environmental Impact Report for Alewife Center*
- *University Park @MIT Campus Plan (mixed use), MIT*
- *Cambridge Center Master Plan and Zoning (biotechnology center), Cambridge Redevelopment Authority*
- *Massachusetts Turnpike Corridor Air Rights Master Plan, Boston Redevelopment Authority*
- *Waterfront / Route 18 Air Rights Project, New Bedford, MA*
- *Downtown Civic Center Master Plan, Tupelo, Mississippi*
- *Downtown and Riverfront Plan, Concord, NH*
- *Mystic View Basin Redevelopment Plan (Assembly Square), Somerville, MA*
- *Historic Pilgrim District (downtown and waterfront plan), Plymouth, Massachusetts*
- *Route 28 Corridor / Village Centers Master Plan, Yarmouth, MA*

Meng Zhang
Architectural Designer/Urban Designer



Education

Boston Architectural College
Master's in Architecture

University of Montreal, Canada
Master of Urban Design

Hefei University of Technology, China
Bachelor of Urban Planning

Architectural Registration

Massachusetts

Professional Experience

Ms. Zhang has nearly ten years of urban design, architectural design and publication design experience on a variety of residential and commercial projects in China, Canada and New England. She is highly skilled on a variety of architectural 2D drafting platforms, 3D modelling, and photorealistic rendering.

Current design responsibilities vary between schematic design, design development and construction documents

PROJECT EXPERIENCE

Residential/Mixed-Use

- **Columbia Crossing, Dorchester, MA**
Schematic design of a seven-story 63-unit mixed-use artist oriented residential building including galleries and shared workspace throughout.
- **Bellarose Lofts, Roxbury Crossing**
Schematic Design for a 47-unit Transit Oriented Development condominium project with a variety of unit types ranging from studios to 3 BR duplex apartments.
- **280 de la Montagne, Montreal, Canada**
Schematic design for a 91-unit mixed-use building next to downtown area in Montreal.
- **Villanova, Montreal, Canada**

Urban Design/ Master Planning

- **Scheel Street Study, Belleville, IL**
Conceptual planning for a Transit Oriented Development Complex and neighborhood revitalization strategy.
The project includes multi-family apartment buildings, town houses, a new commuter rail station and parking structure and over 20,000 SF of retail and institutional space.
 - **Mayflower Wind**
Conceptual site planning and building design for an offshore windfarm development project operations and maintenance facilities.
 - **Les cours George-Gagné, Delson, Québec, Canada**
Conceptual site planning and building design for a large-scale suburban community. The project is consisted of townhouses and multi-family apartments. The total number of units exceeds 25,000.
 - **Réseau express métropolitain (REM), Great Montréal Area, Canada**
Conceptual site planning for the area around multiple light rail stations.
 - **PPU La Prairie, (Programme particulier d'urbanisme), City of La Prairie, Québec, Canada**
 - **2940 Rue Racheal E, Montréal, QC**
- Commercial/Civic**
- **Wilderton Center, Montréal, Canada**
 - **Marie-Enfant Rehabilitation Center, Montréal, QC**

Brian McKenna

AIA, CSI, LEED AP, NCARB

**Health Practice Leader
Boston / New England**

CANNONDESIGN



With over 25 years of experience in programming, planning, and designing various healthcare facilities, Brian has focused his professional career on this typology. He possesses a dynamic leadership presence that he has applied in numerous and diverse capacities. From leading focus groups and workshops in the early programming stages to opening day, Brian uses his strong communication skills to build consensus and drive decision making. His experience includes the delivery of small to large projects through traditional delivery methods as well as design assist and Integrated Project Delivery (IPD). From Free Standing facilities to major campus renovations and redevelopments, Brian's "listen first" style provides direction and assures project success.

EDUCATION

BArch, Architecture, Roger Williams University

CERTIFICATIONS

Registered Architect: MA, CT, ME, NV, IL

Construction Specifications Institute (CSI)

U.S. Green Building Council LEED Accredited Professional (LEED AP)

National Council of Architectural Registration Boards (NCARB)

AFFILIATIONS

American Institute of Architects (AIA)

Boston Society of Architects (BSA)

New England Society of Healthcare Engineers (NEHES), Supporting Member

RELEVANT EXPERIENCE

Nantucket Cottage Hospital, New/Replacement Hospital, Nantucket, MA

120,000-sf new replacement hospital which provides primary care, inpatient care, labor and delivery, mental health services, and up-to-date diagnostic lab and imaging services with a forward-thinking design that is easily adaptable to future healthcare delivery innovations.

DCAMM, Western Massachusetts Hospital Upgrades, Westfield, MA

Upgrade of mechanical system in main hospital building in addition to a general accessibility upgrade to the entire facility. The main building was built in 1937 and lacks a central ventilation and temperature control system. Phased design and construction is employed to minimize the impact to patients and staff and reduce construction duration.

Boston Children's Hospital, Main Building Renewal Project, Boston, MA

Multiphase project to renovate 5 inpatient floors in the Main Building and 2 floors of the South Building. The project includes creating all private acute care inpatient rooms, additional private ICU patient rooms, and other clinical support rooms to serve the 8 different User Groups.

VA Canandaigua, Outpatient Facility, Canandaigua, NY*

Major campus redevelopment including 215,000-sf ambulatory care pavilion, 120-bed community living center, 50-bed domiciliary care facility, and related site work and infrastructure.

St Francis Hospital and Medical Center, Mt Sinai Campus ADRC Renovations (Alcohol Drug Rehab Center), Hartford, CT*

60,000-sf two-floor renovation in place to modernize the existing ADRC. Phased renovation of 60 inpatient beds to upgrade safety and eliminate self-harm opportunities. Creation of transitional spaces such as group rooms, activity spaces and individual counseling space for clinical care and coordination toward rehabilitation.

Newton-Wellesley Hospital, Behavioral Health 3 East Renovations, Newton, MA*

24,000-sf modernization to the existing 24-bed inpatient floor. Phased construction to enhanced safety protocols and deter damaging activity to the new Cardiac rooms located directly below patient toilet rooms. Attention to floor treatments, controls and overall fixtures to create a better anti-ligature environment.

**Experience prior to CannonDesign.*

Shary Adams

AIA, ACHA, EDAC, LEED AP BD+C

Co-Behavioral / Mental Health Lead

CANNONDESIGN

Over 30 years of experience specializing in healthcare planning and design nationally and internationally in the mental/behavioral health design implementation and forum. Recently participated as the Center for Health Design's keynote speaker and panelist for their 2020 behavioral health workshops. Leads integrated team processes and client relations serving major healthcare systems. Focus is in the continuum of care for those suffering from mental health illness. Graduate of the University of Toronto. Board-certified American College of Healthcare Architect as well as EDAC-accredited. Throughout her career, she has partnered with clinicians, administrators, patients and community members to gather in-depth knowledge and plan design solutions that promote exceptional patient care.



EDUCATION

BArch, Architecture, University of Toronto

CERTIFICATIONS

Registered Architect: DC, MA, VA

U.S. Green Building Council LEED Accredited Professional Building Design + Construction (LEED AP BD+C)

Evidence-based Accreditation and Certification (EDAC)

AFFILIATIONS

American Institute of Architects (AIA)

American College of Healthcare Architects

American College of Healthcare Architects Equity Diversity and Inclusion Committee Member

RELEVANT EXPERIENCE

Oklahoma Children's Hospital - OU Health, Behavioral Health Pavilion, Oklahoma City, OK

The new building will house the most comprehensive acute and acute 2 pediatric behavioral health units in the region consisting of 72 beds (child, adolescent and neuro behavioral units) and associated IOP/PHP services (both with future expansion capabilities).

Virtua Health, Memorial Hospital Care Optimization Project, Mt. Holly, NJ

Major renovation and addition project which includes design and construction of a 7-floor, 226,000-sf addition that will include a lobby, registration, conference space, pediatric hybrid unit, observation, interventional platform including 10 ORs, private ICU/CCU beds, and four floors of private med/surg beds. The project will also include approximately 483,000 sf of renovations.

Boston Children's Hospital, Main Building Renewal Project, Boston, MA

Multiphase project to renovate 5 inpatient floors in the Main Building and 2 floors of the South Building. The project includes creating all private acute care inpatient rooms, additional private ICU patient rooms, and other clinical support rooms to serve the 8 different User Groups.

U.S. Dept. of Veterans Affairs, Inpatient Mental Health Design Guide, Washington DC*

VA owns and leases healthcare facilities dedicated to serving Veterans across the country. Over the 2 years, Shary completed a tour of over 30 existing facilities across the country (both public and private) to evaluate and recommend revisions to the VA's new Mental Health Inpatient Design Guide. Work included new updates to provide appropriately planned and designed mental health facilities that includes narratives, functional diagrams and room templates for inpatient services both acute and residential rehabilitation units.

University of New Mexico Hospital, Barbara + Bill Richardson Pavilion, Albuquerque, New Mexico*

The Pavilion is a 495,000-sf new teaching hospital and addition to the University Hospital complex. The project includes a Level 1 Trauma Center, a new Critical Care department, and a Women and Children's Hospital.

**Experience prior to CannonDesign.*

Stephanie Vito

AIA

Behavioral Health Architect

CANNONDESIGN



Stephanie is a skilled architect specializing in the design and planning of behavioral healthcare spaces. She enjoys working with clients to find the solutions that best meet both their spatial and operational needs. The planning and design of behavioral healthcare spaces require extreme attention to detail. Engaging directly with the client and users, Stephanie enjoys working through the development of a space program, organization and layout of spaces, and final details of a project.

EDUCATION

M, Architecture, Cornell University
BS, Architecture, University at Buffalo

CERTIFICATIONS

Registered Architect: NY

AFFILIATIONS

American Institute of Architects (AIA)

RELEVANT EXPERIENCE

Sheppard Pratt Baltimore/Washington Campus, Elkridge, MD

New 85-bed, \$72M psychiatric hospital serving adolescent, young adult and adult populations and providing inpatient, outpatient, and day hospital services. The 156,000-sf facility capitalizes on the site's natural forested landscape and is designed to be easily expanded to 150 beds as needs in the area increase.

Prisma Health, Grove Point Replacement Behavioral Health Hospital, Greenville, SC

Architecture, interior design and full-service engineering services for new 65-bed, \$35M replacement behavioral health hospital providing inpatient and outpatient services for adults, geriatric and adolescent populations.

County of San Diego, Tri City Psychiatric Health Facility, Oceanside, CA

New 16 bed, 14,500 sf inpatient adult psychiatric health facility to increase community access and support the healthcare system's established crisis and outpatient behavioral health services. Design elements include enclosed patient outdoor courtyard, patient bedrooms overlooking green space and daylight activity spaces providing therapeutic environments supportive of patient recovery.

University of Kansas Health System, Strawberry Hill Campus, Kansas City, KS

Planning and design services for a 105,700-sf, 48-bed inpatient behavioral health facility providing treatment for mental health and addiction. The facility contains two 24-bed inpatient units on two floors with a third floor shelled for an additional 16 bed unit. Other spaces include clinical treatment, a judicial suite and a recovery mall for patient exercise and group meetings, dining, pharmacy, and administration facilities.

Vista del Mar Hospital, New Behavioral Healthcare Hospital, Ventura, CA

New, two-story patient building including 66 patient rooms and an administration and patient services building housing administration offices, the patient intake department, a gymnasium and the outpatient department and patient services.

Dept. of Veterans Affairs Outpatient Mental Health Services Design Guide, Chicago, IL

Architectural and engineering planning for a new mental health outpatient services design guide which reflects best practices for space planning and design of new and renovated facilities providing mental health services for Veterans and their families.



**J. GARLAND
ENTERPRISES**

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Minority-Owned Business



J. GARLAND ENTERPRISES is a 100% minority-owned (MBE) Boston-based architecture, design and real estate development practice, with a primary focus on urban re-development, commercial mixed-use and multifamily housing.

JONATHAN C. GARLAND
PRESIDENT & FOUNDER

DIRECT 617.477.0543 x2
MOBILE 617.851.1158
EMAIL jgarland@jgarlandenterprises.com

Professional Background

J. GARLAND ENTERPRISES LLC, 2018 – present
President & Founder (Architecture & Real Estate Development)

D/R/E/A/M Collaborative LLC, 2017 - 2018
Associate Principal & Director of Design

Arrowstreet Inc., 2012–2017
Lead Designer & Senior Associate

Ennead Architects LLP (formerly Polshek Partnership), 2010-2012
Project Designer

ICON Architecture, 2009-2010
Project Designer

Sterling Associates Incorporated Architects, 2001-2008
Associate

Education
Boston Architectural College
Bachelor of Architecture

Academic Accolades
Thesis Commends, 2009
Best of Architecture Degree Project Studio Award, 2009
The Kevin F. O'Marah Award, 2009
The Kronish Practice Award, 2009
Dean Arcangelo Cascieri Scholarship Awards, 2007

Professional Affiliations

- American Institute of Architects
- USGBC (U.S. Green Building Council)
- LEED AP BD+C Accredited Professional
- Boston Architectural College, Board of Trustees
- CAS (The Center for Artistry & Scholarship), Board Chair
- Brooke Charter Schools, Board Member
- NOMA (National Organization of Minority Architects)
- BosNOMA (Boston Chapter) Co-Chair
- Board Member – Stoughton Planning Board, 2019-2022
- BSA (Boston Society of Architects), Nominating Committee, 2018
- BCC (Builders of Color Coalition), Member
- AAREP (African American Real Estate Professionals)

JUAN ANDRES BERNAL, AIA
DESIGN PRINCIPAL

DIRECT 617.477.0543 x3
MOBILE 617.308.5747
EMAIL abernal@jgarlandenterprises.com

Professional Background

J. GARLAND ENTERPRISES LLC, 2021 – present
Design Principal (Architecture & Real Estate Development)

Placetaylor, 2018 - 2021
Director of Architecture

RODE Architects, 2013–2018
Project Manager

CBT Architects, 2001-2011
Lead Designer

Massachusetts Institute of Technology, 2011-2013
Researcher

Boston Planning and Development Agency, 2012
Urban Design

Boston Architectural College, 2009-2010
Adjunct Faculty

Education

Massachusetts Institute of Technology
Master of Science in Architecture & Urbanism

Boston Architectural College
Bachelor of Architecture

Professional Affiliations

- American Institute of Architects
- Registered Architect in Massachusetts
- USGBC (U.S. Green Building Council)
- LEED AP BD+C Accredited Professional
- Boston Society of Architects



David Chilinski FAIA / President

As President and Co-Founder, David Chilinski has been guiding the firm for over 35 years with an infectious entrepreneurial spirit and unwavering commitment to creating vibrant, sustainable community places.

His experience includes planning, branding, programming, architectural and interior design for mixed-use urban villages and town centers, commercial and retail developments, multifamily housing, restaurants, hotels and academic facilities.

Experience

Prellwitz Chilinski Associates,
Inc. (PCA)
President + Co-Founder -
1982 - Present

Education

Rensselaer Polytechnic
Institute
Bachelor of Architecture, 1977

Registration

Massachusetts
Connecticut
New Hampshire
Maine
CO, FL, GA, MD, MO, NJ, NY,
NC, PA, RI, TN, VA, Washington
DC

Affiliations

Boston Society of Architects
American Institute of
Architects
American Planning Association
Urban Land Institute
Boston Preservation Alliance
National Trust for Historic
Preservation
Preservation Massachusetts
Society College & University
Planners

Selected Projects

Abbot Building, Harvard Square, Cambridge, MA - Regency Centers /
60,000SF retail, office and restaurant development in historic district

Washington Village, South Boston, MA - Core Investments / 1 millionSF / 6
block mixed-use retail / residential neighborhood

Serenity Apartments, Jamaica Plain, MA - Longwood Development / 15-story /
195-unit residential building overlooking Olmsted park

ECO Apartments, Allston, MA - The Mount Vernon Company / 93,280SF / 104-
unit residential building

Suffolk Downs R-3 Apartments, Revere, MA - HYM Investments / 400 unit
residential development

Mashpee Commons, Mashpee, MA - Mashpee Commons LP / Masterplanning
and design of new mixed used town center

Legacy Place, Dedham, MA - WS Development / 500,000SF Mixed-use retail
and office complex

Jackson Square Master Plan, Jamaica Plain, MA - JPNDC / Mixed-income
community with 400-residential units/80,000SF of retail

Tuscan Village, Salem, NH - Tuscan Brands 170-acre mixed use development of
residential, office, retail, entertainment

Lesley University, Cambridge, MA / School of Education Offices / Classroom
McKenna Student Center / University Hall Renovations

MarketStreet, Lynnfield, MA - National Development / WS Development / Mixed
use lifestyle center



Nidhi John AIA, LEED AP Senior Associate

Nidhi's role includes the development and implementation of design for a range of clients in housing and higher-education, particularly historic restoration/adaptive reuse projects.

What inspires Nidhi the most are the challenges involved in meeting the needs and desires of diverse communities.

Selected Projects

140 Clarendon Street, Boston, MA - Beacon Communities, The Mount Vernon Company, YW Boston and Pine Street Inn / 111 units supportive housing / 99 units affordable housing / varied amenity spaces

Mildred Hailey Apartments, Boston, MA - The Community Builders / two new buildings of 235 units / 264,000SF of affordable housing, parking & community space

BRYNX Apartments, Jamaica Plain, MA - Eden Properties / Adaptive reuse and two new additions to create 149-unit residential complex

89 Brighton Avenue Multifamily Housing, Brighton, MA - Eden Properties / 130-unit apartment building with 114,400SF of residential units above 7,500 SF of retail space

75 Tremont Street, Brighton, MA - Saracen Properties / Multifamily building

166 Main Street, Watertown, MA - Saracen Properties / Multifamily building / Ground floor commercial space

249 Corey Road, Allston, MA - Corey Realty Ventures / 45 unit residential development

Abbot Buildings, Harvard Square, Cambridge, MA - Regency Centers 60000sf retail, office and restaurant development in historic district

South Bay Residential, Boston, MA - Cornerstone Realty / 3-building complex with 199 units

Bemis Student Center, Gardner, MA - Mount Wachusett CC / Redesign of student common spaces

Massachusetts Maritime Academy, Buzzards Bay, MA / Mess Deck Dining Expansion & New Entry Addition: 200 seats

Lesley University, Cambridge, MA / Sherrill Hall Library Renovation / Washburn Hall Dining Renovation

EDGE Apartments, Allston, MA - The Mount Vernon Company / New 76,000SF, 79-unit residential building

89 Oxbow Housing, Wayland, MA - Beacon Communities / Sustainably-designed residential development

Rumford Mills Adaptive Reuse, East Providence, RI - Peregrine Group / Renovation and residential conversion of historic mill buildings

Experience

Prellwitz Chilinski Associates, inc. (PCA)
Senior Associate 2016 - Present
Associate 2013 - 2016
Designer 2006 - 2013

Kunz Associates, Boston, Massachusetts, 2004 - 2006

Cleveland Urban Design Center, 2002 - 2004

M. Jacob & Co., Mumbai, India, 2000 - 2002

Education

Kent State University
Master of Architecture with Certificate in Urban Design, 2004

University of Mumbai, India
Bachelor of Architecture, 2001

Registration

Massachusetts
LEED Accredited Professional, Building Design + Construction

Affiliations

Massachusetts
LEED Accredited Professional



MARK KLOPFER, ASLA, AIA, LEED AP

Principal in Charge

PROFILE

Mark Klopfer is a LEED accredited, registered landscape architect and architect with over twenty-five years of practice experience. His experience is based in public building, healthcare, housing, and campus site design, public park, and on-structure landscapes. Mark is a Professor of Architecture at Wentworth Institute of Technology, and has been a member of the landscape and architecture design faculties at Harvard Design School, Cornell University, and the Rhode Island School of Design. He was the 2000-2001 Prince Charitable Trusts Rome Prize winner at the American Academy in Rome.

His interests lie at the interface of architecture and landscape, at the human scale of rooms and gardens to the urban scale of neighborhoods and cities. Allowing people to interpret and understand a contemporary landscape with its cultural and historic legacy is a primary intention in Mark's work.

RECENT CAREER SUMMARY

Klopfer Martin Design Group, Boston, MA

Principal 2006 – Present

Jacques Whitford, Woburn, MA

Principal Landscape Architect, Practice Leader 2004 – 2006

Landworks Studio, Salem, MA

Principal 2001 – 2003

Hargreaves Associates, Cambridge, MA

Associate 1996 – 2000

RELEVANT EXPERIENCE – SELECTED WORKS

Master Planning + Institutional Landscapes

Brigham and Women's

Medical Campus Landscape Master Plan; Boston, MA

Hale Building for Transformative Medicine; Boston, MA

45 Francis Entry court; Boston, MA

Healing Garden and Pavilion; Boston, MA

Clinical Building Garden; Boston, MA

Westwood Satellite MOB; Westwood, MA

Faulkner Hospital Garage and In-Patient Expansion; Boston, MA

MIT Central Utility Plant Upgrade; Cambridge, MA

Suffolk University, Roemer Plaza; Boston, MA

Cambridge+MIT Main Street Tech Corridor; Cambridge, MA

Housing + Mixed-Use

Chelsea Soldiers' Home Master Plan; Chelsea, MA

Finch Passive Affordable Housing; Cambridge, MA

Ashlar Park Housing; Quincy, MA

Corcoran Park Public Housing; Cambridge, MA

1170–1200 Hancock Street; Quincy, MA

176 Lincoln; Boston, MA

Bromley Heath Housing site improvements; Boston, MA

SELECT HONORS & AWARDS

2019 – Central Square East Boston; Boston, MA; Merit Award for Design, BSLA

2018 – Roemer Plaza, Suffolk University; Boston, MA; Architecture Masterprize, Education

2018 – Fisher Hill Reservoir Park, Brookline, MA; Merit Award for Design, BSLA

2018 – Roemer Plaza, Suffolk University; Boston, MA; Merit Award for Design, BSLA

2016 – Roemer Plaza; Boston, MA Citation Award for Excellence in Architecture, Institutional Work, AIA NE

2013 – The Steel Yard; Providence, RI Silver Medal, Rudy Bruner Award for Urban Excellence

2012 – The Steel Yard; Brownfield Renewal Social Impact Award

2011 – The Steel Yard; Honor Award, American Society of Land. Architects

2011 – The Steel Yard; Honor Award, Boston Society of Land. Architects

2011 – The Steel Yard; Great Places Design Award, EDRA

REGISTRATION & LICENSURE

Landscape Architect; MA #1164

Architect; MA #31411

LEED Accredited Professional

NCARB

CLARB #6361

AFFILIATIONS

Wentworth Institute of Technology, Professor of Architecture

American Academy in Rome, FAAR 2001

Harvard University, Studio Critic, Lecturer

EDUCATION

University of Virginia; Charlottesville, VA, Master of Landscape Architecture, 1994

Cornell University; Ithaca, NY, Bachelor of Architecture, 1988





KAKI MARTIN, FASLA, PLA

Consulting Principal

PROFILE

Kaki Martin is a landscape architect with over twenty-five years of practice experience focused in park design and urban streetscapes, institutional and open space master planning, and experiential learning landscapes. She is keenly interested and knowledgeable in the design and construction of public urban landscapes. With extensive public design process experience, Kaki has led numerous multi-disciplinary projects in the public sector, all of which included a wide range of stakeholder groups. She is passionate about the process of finding solidarity with stakeholders and expressing a co-created vision using artful and contemporary solutions which deliver landscapes that engage and build community.

Kaki is the current President of the Boston Society of Landscape Architects (BSLA). She is a former adjunct professor at the Rhode Island School of Design and taught in a similar capacity at Harvard's Graduate School of Design. She is a long-standing member of the Cambridge Conservation Commission and a board member of the Community Design Resource Center of Boston. Kaki is also a founding board member of Good Sports, a Boston based non-profit devoted to ensure that disadvantaged youth have the equipment they need to participate in organized athletic programs.

RECENT CAREER SUMMARY

<i>Klopfert Martin Design Group</i> , Boston, MA Co-Founding Principal	2007 - Present
<i>Crosby Schlessinger Smallridge, LLC</i> , Boston, MA Associate	2003 - 2007
<i>Wallace Floyd Design Group</i> , Boston, MA Associate	2000 - 2003
<i>Hargreaves Associates</i> , Cambridge, MA	1997 - 1999

RELEVANT EXPERIENCE – SELECTED WORKS

- Institutional Landscapes + Master Planning*
 - Brigham and Women's Hospital
 - Medical Campus Landscape Master Plan; Boston, MA
 - Hale Building for Transformative Medicine; Boston, MA
 - Cafeteria; Boston, MA
 - 45 Francis Entry court; Boston, MA
 - 75 Francis Drop off; Boston, MA
 - Clinical Building Garden; Boston, MA
 - Mass General Brigham Childcare Center; Somerville, MA
 - MIT NW23 Courtyard; Cambridge, MA
 - MIT Koch Childcare Center; Cambridge, MA
 - Colby College Runnals Walk, Bixler Drive, Modular Student Housing, South Quad Dorm; Waterville, ME
 - Suffolk University Roemer Plaza; Boston, MA
 - Summer Star Wildlife Sanctuary; Boylston, MA
 - The Steel Yard; Providence, RI

SELECT HONORS & AWARDS

- 2019 – Central Square, East Boston, MA; Merit Award for Design, BSLA
- 2018 – Roemer Plaza, Suffolk University; Boston, MA; Architecture Masterprize, Education
- 2018 – Fisher Hill Reservoir Park, Brookline, MA; Merit Award for Design, BSLA
- 2018 – Roemer Plaza, Suffolk University; Boston, MA; Merit Award for Design, BSLA
- 2017 – Kennedy Plaza, Providence, RI Merit Award for Design, BSLA
- 2016 – Roemer Plaza; Boston, MA Citation Award for Excellence in Architecture, Institutional Work, AIA NE
- 2014 – Boston Schoolyard Initiative; Boston, MA, Honor Award, Boston Society of Landscape Architects
- 2014 – R-Line Transit Improvements; Providence, RI, Paul Davidoff Award, American Planning Association
- 2013 – The Steel Yard; Providence, RI Silver Medal, Rudy Bruner Award for Urban Excellence
- 2012 – The Steel Yard; Brownfield Renewal Social Impact Award
- 2011 – The Steel Yard; Honor Award, American Society of Land. Architects
- 2011 – The Steel Yard; Honor Award, Boston Society of Land. Architects
- 2011 – The Steel Yard; Great Places Design Award, EDRA

REGISTRATION & LICENSURE

Landscape Architect;
MA #4272, CT #1150, CLARB #4919

EDUCATION

Harvard University; Cambridge, MA, Master of Landscape Architecture, 1995
Colby College; Waterville, Maine, Bachelor of Arts (Art History and Painting), Charles Hovey Pepper Prize, 1990





KURT PETSCHKE, Assoc. AIA

Associate, Project Manager

PROFILE

Kurt is a Senior Landscape Designer and Associate with over 13 years of experience in the design of public and institutional landscapes. Trained as an architect, he has worked within architectural design studios, and in the landscape and building construction trades. At KMDG, Kurt leads the office's urban design, architectural, on-structure and infrastructural landscape design efforts, and is responsible for the office's 3-D modeling, rendering and graphic standards. He manages projects throughout all phases, from schematic design through construction observation, with a focus on ensuring that a rigorous design intention is realized through the built, constructed detail. Kurt is currently pursuing both his Architecture Registration Board license and his Landscape Architecture Registration Board license.

RECENT CAREER SUMMARY

<i>Klopfer Martin Design Group</i> , Boston, MA Associate	2010 - Present
<i>Mostue & Associates, Architects</i> , Somerville, MA Architectural Designer	2009 - 2010
<i>Douglas Okun & Associates, Architects</i> , Cambridge, MA Architectural Designer	2007 - 2008

RELEVANT EXPERIENCE – SELECTED WORKS

- Landscapes, Urban Design + Master Planning*
- Brigham and Women's
 - Building for Transformative Medicine; Boston, MA
 - Medical Campus Landscape Master Plan; Boston, MA
 - 45 Francis Entry court; Boston, MA
 - Fisher Hill Reservoir Park; Brookline, MA
 - Seaport Circle; Boston, MA
 - 2 Harbor Life-Science Center; Boston, MA
 - MIT NW23; Cambridge, MA
 - 20 Somerset, Suffolk University Roemer Plaza; Boston, MA
 - Inman Square; Cambridge, MA
 - Central Square East Boston; Boston, MA
 - Kendall Square Main Street; Cambridge, MA
 - 500 Boylston Street streetscapes and courtyard; Boston, MA
 - Everett Square and Streetscape; Everett, MA
 - Walnut Street Newtonville Streetscape; Newton, MA
 - West Newton Square and Streetscape; Newton, MA
 - Boston Business Improvement District Design Guidelines; Boston, MA
 - Providence Rapid Transit Improvements (R-Line); Providence, RI
 - Lawrence Connector at Northern Essex CC; Lawrence, MA
 - Kennedy Plaza; Providence, RI
 - Congress Square; Portland, ME
 - One Beacon; Boston, MA

SELECT HONORS & AWARDS

- 2019 – Central Square East Boston; Boston, MA; Merit Award for Design, BSLA
- 2018 – Merit Award for Design, Boston Society of Landscape Architects, Fisher Hill Reservoir Park
- 2018 – Merit Award for Design, Boston Society of Landscape Architects, Roemer Plaza, Suffolk University
- 2017 – Merit Award for Design, Boston Society of Landscape Architects, Kennedy Plaza
- 2016 – Citation Award, Institutional Work, American Institute of Architects New England, Suffolk University Roemer Plaza
- 2014 – Honor Award, Boston Society of Landscape Architects, Landscapes for Learning - Nine Outdoor Classrooms
- 2014 – Paul Davidoff Award, American Planning Association Rhode Island, Providence Rapid Transit Improvements (R-Line)
- 2008 – 2007-2008 ACSA Collaborative Practice Award, with The Learning Barge Project Team, University of Virginia
- 2003 – Commendation for Excellence for Academic Performance, Reed College

EDUCATION

- Master of Architecture, 2009 - University of Virginia; Charlottesville, VA
- Bachelor of Arts (Religion), 2003 - Reed College; Portland, OR





MARY WEBB, ASLA, PLA

Associate, Planting Design

PROFILE

Mary Webb is a Landscape Architect with nineteen years of experience in housing, park, school, streetscape and open space design projects. She has been with KMDG since 2013. As an integral team member at KMDG she played a key role in multiple Brigham & Women’s Hospital master planning projects, Fisher Hill Reservoir Park, and Finch, a 98 unit mixed-income Passive House housing project in the Alewife neighborhood of Cambridge. Prior to joining KMDG she was a landscape architect with Crosby, Schlessinger Smallridge and a designer with the City of Cambridge.

RECENT CAREER SUMMARY

<i>Klopfert Martin Design Group</i> , Boston, MA Associate	2013 - Present
<i>Crosby Schlessinger Smallridge, LLC</i> , Boston, MA Associate	2007 - 2013
<i>Wallace Floyd Associates</i> , Boston, MA Landscape Designer	1994 - 1996
<i>City of Cambridge</i> , Cambridge, MA Designer, Environmental Program	1993 - 1994

RELEVANT EXPERIENCE – SELECTED WORKS

- Landscapes, Urban Design + Master Planning*
- Brigham and Women’s
 - Healing Garden & Pavilion; Boston, MA
 - Clinical Building Garden; Boston, MA
 - Amory Building Streetscape; Boston, MA
 - Shapiro Streetscape; Boston, MA
 - 75 Francis Drop Off; Boston, MA
 - 45 Francis Entry Court; Boston, MA
 - Westwood Satellite MOB; Westwood, MA
 - Amesbury Satellite MOB; Amesbury, MA
 - Faulkner Hospital Garage and In-Patient Expansion; Boston, MA
 - Finch Passive Affordable Housing; Cambridge, MA
 - Ashlar Park Housing; Quincy, MA
 - Corcoran Park Public Housing; Cambridge, MA
 - Charles River Speedway; Boston, MA
 - Eric Carle Museum of Picture Book Art; Amherst, MA
 - Fisher Hill Reservoir Park; Brookline, MA
 - Boston Old City Hall; Boston, MA
 - Atlantis Charter School; Fall River, MA
 - Boston Preparatory Charter Public School; Boston, MA
 - Shady Hill School; Cambridge, MA
 - Temple Place Housing; Cambridge, MA; C|S|S
 - Walden Pond Reservation Master Plan; Concord, MA; C|S|S
 - Condon Shell Park; Medford, MA; C|S|S
 - Mystic River Master Plan; Medford, MA; C|S|S
 - Coolidge Park, Fitchburg, MA; C|S|S

SELECT HONORS & AWARDS

- 2018 – Fisher Hill Reservoir Park; Brookline, MA; Architecture Masterprize in Public
- 2018 – Fisher Hill Reservoir Park; Brookline, MA; Merit Award for Design, BSLA
- 2017 – Fisher Hill Reservoir Park; Brookline, MA; Preservation Award MA Historical Commission*
- 2017 – Fisher Hill Reservoir Park; Brookline, MA; American Architecture Prize, Landscape Architecture - Installations & Structures*
- 2017 – Fisher Hill Reservoir Park; Brookline, MA; Honor Award for Design Excellence, BSA*
- 2016 – Fisher Hill Reservoir Park; Brookline, MA; Merit Award, Historic Preservation + Adaptive Reuse, AIA New England*
- 2016 – Fisher Hill Reservoir Park; Brookline, MA; Award for Excellence, Trim/Landscape Design, Architectural Precast Association
- 2016 – Fisher Hill Reservoir Park; Brookline, MA; Best of Design Awards, Adaptive Reuse, Architect Newspaper*

REGISTRATION & LICENSURE

Landscape Architect; MA #1223

EDUCATION

- Harvard University; Cambridge, MA, Master of Landscape Architecture, 1993
- University of Pennsylvania; Philadelphia, PA, Bachelor of Arts (Design of the Environment), 1987





Years of Experience

- 39 in Industry
- 22 at Nitsch Engineering

Registration

- Massachusetts: Professional Engineer (Civil) #41669, 2001
- Massachusetts: Land Surveyor-In-Training, #767
- Massachusetts: Soil Evaluator, #SE1458
- Massachusetts: Title V System Inspector, #SI1851
- Massachusetts: Licensed Concrete Technician, #CTPR001443
- New Hampshire: Professional Engineer (Civil) #12775, 2009

Education

- B.S., Civil Engineering, Northeastern University, 1994
- A.S., Civil Engineering, Wentworth Institute of Technology, 1982

Professional Affiliations

- Member of the Associated General Contractors of Massachusetts
- Member of the Massachusetts Building Congress
- Member of the City of Everett School Building Commission (2006 – Present)
- Member of the Madeline English School Parent Counsel (2007 – Present)

Bill has over 39 years of experience in civil engineering, primarily in the areas of civil/site design, permitting, and surveying. He has experience working on a variety of project types including healthcare, college, K-12, parks and recreation, and municipal consulting.

Representative Projects

Shattuck Hospital Study, Boston, MA: Project Manager for civil engineering services for a feasibility study on the existing Shattuck Hospital (in Jamaica Plain) for a relocation of the childcare facility.

Shattuck Hospital Replacement, Boston, MA: Project Manager for civil engineering services for the renovation of an existing 423,000-square-foot building. The new recovery center and hospital provides a state-of-the-art therapeutic environment that will help patients transition to independent living in the community. The facility includes a 260-bed adult hospital allowing the Department of Public Health (DPH) to close an out-of-date facility. In addition to working with the design team during the study phase, we provided utility design for the building and site. Permitted with the Boston Water and Sewer Commission (BWSC) and prepared an early earthwork/ utilities site package to accommodate the fast-track schedule of the project. Nitsch Engineering will provide construction administration services.

Brighton Marine Health Center, Boston, MA: Project Manager for civil engineering services for The Residences at Brighton Marine, which included 101 new units of housing (including 25 units of housing specifically designed for veterans on campus) and two (2) building renovations that received LEED Gold Certification. Green Infrastructure strategies, including surface swales and subsurface infiltration system, were built into the project to reduce runoff velocity, prevent erosion, and provide water quality treatment. In addition to working with the design team during the study phase, we provided utility design and permitting for the building and site. Performed permitting with the Boston Planning & Development Agency (BPDA), Massachusetts Historical Commission, Boston Water and Sewer Commission (BWSC), and the Boston Public Improvement Commission (PIC). We prepared an early site package to facilitate the construction demolition schedule. We also provided construction administration services.

Chelsea Soldiers' Home, Chelsea, MA: Project Manager for civil engineering services for the New Community Living Center Building located at the Chelsea Soldiers' Home in Chelsea, Massachusetts. Provided utility design and grading for the new building and site. Designed a multi-faceted stormwater management system, combining below grade and surface drainage features (including a green roof by the Architect) to manage stormwater runoff from the site for a 100-year storm event. Vegetated infiltration basins will be constructed in the new parking lot to reduce runoff velocity, prevent erosion, and provide water quality treatment. Prepared an early site package for earthwork/utilities to accommodate the fast-track schedule of the project. Provided construction administration services during the utility relocation and are providing these services for the new building, which is currently under construction.



Brighton Marine Health Center, Boston, MA



Chelsea Soldiers' Home, Chelsea, MA

Representative Projects - continued

The Residences at Neponset Field, Hyde Park, MA: Project Manager for the site design of a 98-unit senior housing facility located in Hyde Park (Boston). Services included layout, grading, utilities, and permitting with the Boston Public Improvement Commission (PIC) and the Boston Conservation Commission.

National Grid, Boston, MA: Project Manager for civil engineering services for parking lot improvements. Also responsible for the stormwater management design, site layout and grading, construction administration, and permitting with the Boston Water and Sewer Commission (BWSC), Boston Conservation Commission; and the Department of Environmental Protection (DEP) Wetlands and Waterways (Chapter 91).

Campus Master Planning Study, Salem, Fall River, Bridgewater, Barnstable, Buzzards Bay, Brockton, and other various locations, MA: Project Engineer for civil engineering issues related to the campus master planning for Salem State College, Northern Essex Community College, Middlesex Community College, North Shore Community College, Bristol Community College, Bridgewater State College, Cape Cod Community College, Massachusetts Maritime Academy, and Massasoit Community College.

University of Massachusetts Lowell, Campus Master Planning Study, Lowell, MA: Project Manager for civil engineering issues related to the campus master planning. Conducted several site visits to each campus site and interviewed facility staff to understand existing utility problems. Reviewed record utility plans and other documentation (i.e. reports, letters, etc), prepared existing utility sketch plans (in AutoCAD and GIS format), and prepared a utility report that outlines the utilities servicing each building on each campus and outlined potential strategies for Site Sustainability. Conducted hydrant flow tests to understand why the South Campus experienced low flow pressure for both domestic and fire protection to their buildings and have had discussions with the City and their Consultant to update the water distribution system.

University of Massachusetts Lowell, North Quad Infrastructure Renewal, Lowell, MA: Project Manager for the design and construction of new Building Pods on the UMass Lowell North Campus. Provided site layout support and utility design to support the new buildings as well as the cleaning and videotaping of the existing utility infrastructure (sewer and drainage). Designed a stormwater detention system that addresses the site sustainability goals, designed connections for site utilities (drainage, water, and sanitary sewer), and permitted the project with the City of Lowell Engineering Department. Provided construction administration services.



Years of Experience

- 20 in industry
- 17 at Nitsch Engineering

Registration

- Massachusetts: Professional Engineer (Civil) #47098, 2007
- LEED Accredited Professional, Building Design + Construction, 2008
- Certified Professional in Erosion and Sediment Control, 2011
- OSHA (10-hour) Certification, 2010

Education

- B.S., Civil Engineering, University of Massachusetts, Amherst, 2002

Professional Affiliations

- American Society of Engineering Companies, Engineering Excellence Awards Committee, Co-Chair
- NAIOP Massachusetts, Member
- USGBC Massachusetts Member

Awards

- Boston Society for Civil Engineers Section 2010 Younger Member of the Year

Deb has 20 years of experience in the civil engineering field, with an emphasis on urban site design, coordinating projects, integrating sustainable site practices, and resolving permitting issues in the City of Boston. Her project experience includes mixed-use and commercial developments, transportation-related projects, academic facilities, and providing review services in Massachusetts. She is very experienced in managing multiple projects to provide innovative civil engineering design services and is able to combine her technical and communication skills to successfully serve a number of clients.

Representative Projects

Boston Marine Industrial Park, Innovation Square, Boston, MA:

Project Manager for civil engineering services for the development of four acres of vacant land in the South Boston Waterfront within the Marine Industrial Park. The proposed design and construction of the site was coordinated in two phases. The site will consist of three buildings, totaling 370,000 square feet of laboratory space, pedestrian plazas and landscape, and an 84-space private parking lot and an underground parking garage. The existing site is located within the 100-year flood plain and the buildings are designed to be at least two feet above the 100-year flood elevation to account for future climate change. Given the phasing of the project the site design for Phase 1 was designed to accommodate, site layout, utility service and drainage needs for the Phase 2 site. Permitting and coordinating for the project with the Boston Water and Sewer Commission, Boston Conservation Commission, Boston Transportation Department, Boston Planning and Development Agency, the Economic Development and Industrial Corporation of Boston, and Massport.

Channel Center Infrastructure, Boston, MA: Senior Project Engineer for the design of new roadways and sidewalks for a 6.5+/- acre parcel in South Boston's Channel Center District. Provided technical support for the Boston Planning and Development Agency permitting and was responsible for providing utility design, stormwater management design, roadway and street furniture layout and grading, and construction administration; as well as permitting with the Boston Water and Sewer Commission and the Boston Public Improvement Commission.

Orient Heights, East Boston, MA: Project Manager for civil engineering services for the redevelopment of a Boston Housing Authority multi-family housing development consisting of 331 units. The development will contain new public space, a community center, and management office. Conducted feasibility studies and analysis of the existing site. Performing site design services (grading, utilities, and layout design). Providing permitting services permitting with the Boston Planning and Development Agency, Boston Water and Sewer Commission, Public Improvement Commission, and the Boston Transportation Department.

Jackson Square, Boston, MA: Project Engineer for civil engineering services for the four-phase redevelopment project that turned the 11-acre entry area to Jamaica Plain and the Fort Hill section of Roxbury into a



Orient Heights, East Boston, MA

Representative Projects - continued

mixed-use, transit-oriented community. Using Low Impact Development (LID) principles to develop the roadway improvements and private sites; the development will include green roofs and utilize other green design techniques for stormwater management. The project includes designing roadway infrastructure improvements for five streets in the area: Columbus Avenue, Centre Street, Amory Street, the Jackson Square MBTA busway, and Ritchie Street. Most of the public roadway site improvements were above the underground MBTA Orange Line train tracks. Provided technical support for the Boston Planning and Development Agency permitting, was responsible for providing utility design, stormwater management design, site layout and grading, and construction administration; as well as permitting with the Boston Water and Sewer Commission, the Department of Environmental Protection, the Boston Public Improvement Commission, and the MBTA.

Aloft and Element Hotels, South Boston, MA: Project Manager for civil engineering services for two new hotels (315,000 square feet total) on D Street in South Boston. Designed site and sidewalk layout and grading, utilities (e.g., sewer, water, and drainage), and stormwater management systems. Provided permitting services for the Boston Planning and Development Agency (BPDA), United States Environmental Protection Agency (EPA), Boston Public Works Department (BPWD), Public Improvements Commission (PIC), and Boston Water and Sewer Commission (BWSC). The projects were built on land leased from the Massachusetts Convention Center Authority (MCCA).

The Winsor School Performing Arts and Wellness Center, Boston, MA: Senior Project Engineer for civil engineering services associated with the construction of the Winsor Center for Performing Arts and Wellness, a five-story multi-use at the Winsor School. Assisted with Boston Planning and Development Agency permitting, Boston Water and Sewer Commission permitting, City of Boston Public Improvement Commission permitting, Groundwater Conservation Overlay district permitting, EPA NPDES permitting, and Boston Transportation Department permitting. Provided assistance for utility design, public sanitary sewer and storm sewer relocation, stormwater management and groundwater recharge design, site layout, and site grading.

Josiah Quincy Upper School/Boston Arts Academy, Boston, MA: Project Manager for site design for the combination of Josiah Quincy Upper School/Boston Arts Academy in Boston. Prepared schematic design documents including performing a site visit; prepared a Schematic Layout Plan and a Schematic Utilities Plan; prepared Outline Specifications for civil/site work; and reviewed Schematic Design Plans with the Client.



Years of Experience

- 7 in industry
- 5 at Nitsch Engineering

Registration

- Massachusetts: Professional Engineer (Civil) #55464, 2019
- LEED Green Associate, 2018

Education

- B.S., Civil and Environmental Engineering, Villanova University, 2015

Paige provides support for projects in the City of Boston, as well as outside of the city limits. Her project background involves a variety of projects, including mixed-use, residential, institutional, and academic. Paige is instrumental on projects from the concept design phase to construction documents, and through construction. Paige is proficient in AutoCAD Civil 3D, including pipe networks and profiles, surfaces, 3D grading, and cut fills.

Representative Projects

Brighton Marine Health Center, Boston, MA: Project Engineer providing civil engineering services for The Residences at Brighton Marine, which includes 101 new units of housing (including 25 units of housing specifically designed for veterans on campus) and two building renovations that received LEED Gold Certification. Green Infrastructure strategies, including surface swales and a subsurface infiltration system, were built into the project to reduce runoff velocity, prevent erosion, and provide water quality treatment. The project included utility design and permitting for the building and site. The project required permitting with the Boston Planning & Development Agency (BPDA), Massachusetts Historical Commission, Boston Water and Sewer Commission (BWSC), and the Boston Public Improvement Commission (PIC).

Mildred Hailey Apartments Development, Boston, MA: Project Engineer providing civil engineering services for a master plan for a public housing development in the Jamaica Plain neighborhood. The project is replacing seven public housing buildings on Centre and Heath Streets and 253 public housing units, with brand new buildings and new units, while adding a mix of new affordable and market rate units as well. The public housing development will be developed in Phases over an undetermined amount of time starting with the Phase 1 housing units which are currently in design and permitting.

55 Lagrange Street, Boston, MA: Project Engineer responsible for supporting civil engineering services for the redevelopment of the existing parking lot on a 7,700-square-foot parcel located in Boston's Theater district. The proposed 21-story multi-use building with first floor retail, comprises the total site to provide 170 residential units and a small commercial space on the first floor. Conducted a comprehensive study of the existing site conditions during the feasibility stage. Supported the permitting processes for the project through the Boston Public Improvement Commission and the Boston Water and Sewer Commission; prepared Contract Documents; and attended and presented at public hearings and meetings; and is currently providing construction administration services.

Harvard University, Science & Engineering Complex, Allston, MA: Senior Project Designer to support site utility design services for a new \$800 million, five (plus) acre laboratory and classroom facility. Services include designing new sewer, water, and onsite stormwater drainage systems. Explored and implemented sustainable options for the drainage design and developed a stormwater retention system that complies with



Brighton Marine Health Center, Boston, MA



Harvard University, Science & Engineering Complex, Allston, MA

Representative Projects - continued

(or exceeds) the City of Boston regulations, the Harvard Green Building Services guidelines, and LEED v4 guidelines.

Harvard University, HarvardART, Cambridge, MA: Senior Project Designer to support consulting and design services for Harvard, involving how the project will determine how stormwater will be mitigated for the site. There are several options to consider, including the Living Building Challenge (LBC), Leadership in Energy and Environmental Design (LEED) and Boston Water and Sewer Commission (BWSC) permitting requirements for stormwater mitigation. Nitsch is also providing sewer, water and utility coordination with the District Energy Facility (DEF) and other consultants on the surrounding street layouts.

University of Massachusetts Lowell, Perry Hall Renovation and Expansion, Lowell, MA: Project Designer to support civil engineering services for the renovation and expansion of the Engineering Building, Perry Hall. The project team completed a study to recommend possible scenarios for the renovation of the building. The study focused on incorporating accessibility improvements and compliance, energy reduction strategies and operations, and maintenance strategies. Designed new utility services in coordination with the project team.

University of Massachusetts Lowell, Coburn Hall, Lowell, MA: Project Designer to support civil engineering services for the feasibility study and design for the renovation and addition to Coburn Hall located on UMass Lowell's South Campus at the corner of Broadway and Wilder Street.



Years of Experience

- 14 in industry
- 3 at Nitsch Engineering

Registration

- Massachusetts: Professional Engineer (Civil) #50901, January 2014
- Institute for Sustainable Infrastructure, Envision Sustainability Professional, 2019

Education

- B.S., Civil Engineering, University of Delaware

Professional Affiliations

- Boston Society of Civil Engineers Section, Transportation and Development Institute Group (Group Chair), 2016-2018
- Institute of Transportation Engineers, Massachusetts Section Committee Member, 2012-2015

Bryan has 14 years of experience in providing transportation permitting and traffic engineering services for public and private developments including project management, temporary traffic control, construction management, contract administration, project planning, highway design, and traffic analysis. As a Project Manager at Nitsch Engineering, Bryan is responsible for managing Transportation Permitting and Design projects for private development and municipal projects. Having extensive experience working with the Boston Planning and Development Agency, the Massachusetts Department of Transportation, the Massachusetts Port Authority and the Massachusetts Environmental Policy Act Office, he is proficient with procuring the necessary building permits.

He has over six years of experience managing staff to conduct Traffic Impact Studies; design Transportation Access Plan Agreements; and prepare Construction Management Plans and Temporary Traffic Control Plans while also keeping projects on schedule and within budget. He is also experienced in coordinating construction and highway work permits, roadway and bridge widening design, and construction planning and inspection.

Representative Projects

Mildred Hailey Public Housing, Boston, MA: Project Manager for transportation design services for a master plan for a public housing development in the Jamaica Plain neighborhood. The project is replacing seven public housing buildings on Centre and Heath Streets and 253 public housing units, with brand new buildings and brand new units, while adding a mix of new affordable and market rate units as well. As a part of the redevelopment, a new roadway (Lamartine Street Extension) will be constructed along with improvements to its intersection with Centre Street and Heath Street. A concept master plan has been developed and presented to the public. The Phase 1 buildings, including apartments and underground parking, are in the final stages of design and expected to be submitted to the City in early 2022. As part of this project, a Massworks grant was awarded to construct the roadway and underground utilities in front of the Phase 1 buildings. Continuing to work with the project team to finalize the Phase 1 construction documents and Massworks plans.

Massachusetts Institute of Technology, Music Building, Cambridge, MA: Project Manager for on-site transportation planning services for the new MIT Music Building. Assisting with on-site design recommendations and coordinating future traffic permits and off-site mitigation strategies.

3368 Washington Street, Boston, MA: Project Manager for transportation permitting services for a development in the Jamaica Plain neighborhood which includes the removal of the existing building and development of a new 6-story mixed-use residential/commercial building. This project received Boston Planning and Development Agency (BPDA) Board approval and is continuing with design review. The approved Expanded Project Notification Form involved a full traffic impact study including data collection, Synchro traffic capacity analysis, and recommending mitigation measures. A Transportation Access Plan Agreement (TAPA) was developed



3368 Washington Street, Boston, MA



401 Congress Street, Boston, MA

Representative Projects - continued

which highlighted the on-site design, off-site mitigation, and transportation programs. The TAPA was reviewed and approved by the Boston Transportation Department (BTD). We are continuing to work with The Community Builders to finalize the Construction Management Plan.

401 Congress Street, Boston, MA: Project Manager for transportation permitting services for a commercial/retail/lab development on Massport's Parcel A2 in the South Boston Waterfront. This project has just received Boston Planning and Development Agency (BPDA) board approval and is finalizing the review process with the Massachusetts Environmental Policy Act Office (MEPA), MassDOT, the MBTA, and Massport. The permitting effort involved completing a full traffic impact study for 12 intersections including data collection, Synchro traffic capacity analysis, MBTA transit analysis, safety analysis, and determining the appropriate mitigation measures to alleviate congestion. We are coordinating with the project team to finalize the Transportation Access Plan Agreement.

Hyde Park Senior Center, Hyde Park, MA: Project Manager for transportation permitting services for Boston's first LGBTQ-friendly senior housing development at 15 Everett Street in Hyde Park. The project involves the interior renovation of the former William Rogers High School along with landscape and site design improvements. The project recently received Boston Planning and Development Agency (BPDA) board approval and is continuing with design review. The approved Supplementary Traffic Assessment Report highlighted the high-level traffic impacts to the neighborhood as compared to the former school. The Transportation Access Plan Agreement (TAPA) recently received approval from the Boston Transportation Department (BTD) and the Construction Management Plan with NEI General Contracting is currently being reviewed by BTD.

Moakley Park Vision Plan, Boston, MA: Project Manager for traffic engineering services to support the redevelopment of the park. The Moakley Park Vision Plan positions the park to serve as protection for the South Boston community against climate change impacts. Traffic engineering services included developing a feasibility study to identify opportunities for site access, pedestrian mobility improvements, and off-site roadway improvements. The feasibility study also included the transportation permitting process for this use redevelopment and all stakeholders involved for each improvement opportunity.

Revere Beach Boulevard and Ocean Avenue, Revere, MA: Project Manager for traffic engineering consulting services to support the Massachusetts Department of Conservation and Recreation (DCR) in developing Design Standards and Guidelines for Revere Beach Boulevard and Ocean Avenue. Revere Beach is the first public beach established in the United States in 1896 and the Revere Beach Reservation includes three miles of beach, Revere Beach Boulevard, and an approximate 10-acre linear park between Revere Beach Boulevard and Ocean Avenue. This project aims to develop standards that will lead the historic Reservation into a more resilient future considering development, climate change, and multi-modal circulation through and within the project site.



Years of Experience

- 29 in industry
- 7 at Nitsch Engineering

Registration

- Massachusetts: Professional Engineer (Civil) #45444, 2003
- Institute for Sustainable Infrastructure, Envision Sustainable Professional, 2016

Education

- B.S., Civil Engineering, University of Massachusetts, Amherst, 1993

Professional Affiliations

- ACEC/MA Member
- Massachusetts Highway Association (MHA)
 - Worcester County Highway Association Vendor Member
 - Tri-County Highway Association Vendor Member
- Town of Holden
 - Planning Board Chairman (2017-Present)
 - Planning Board Vice Chairman (2015-2016)
 - Planning Board Secretary (2012 – 2014)
 - Water and Sewer Advisory Board Member (2007 – Present)

John has 29 years of experience specializing in civil engineering related to the management and implementation of complex transportation and infrastructure improvement projects throughout New England. John's experience includes design of highways and municipal roadways, traffic improvements, streetscape enhancements, multi-use recreational trails, utility plans, environmental permitting, right-of-way acquisition, traffic management during construction, construction estimating and scheduling, and construction oversight.

Representative Projects

VFW Parkway & Spring Street, Boston, MA: Senior Project Manager for the design of intersection and signal improvements at the VFW Parkway and Spring Street. Performed an intersection traffic operations analysis in Synchro for existing and future conditions and developed improvement alternatives based on that model. Incorporated complete streets design elements into the proposed design, including separated bicycle facilities through the intersection with bicycle signals and protected bicycle phasing. Prepared Conceptual Design and Functional Design Reports summarizing existing conditions, traffic analysis results, the alternatives analysis, and the preferred alternative.

CitySquare II, Worcester, MA: Project Manager for transportation engineering services for the redevelopment of the Worcester Common Outlets Mall, a one-million-square-foot mall on a 20-acre site, into CitySquare II. The 2.1-million-square-foot mixed-use development re-established city streets which were eliminated by urban renewal in 1968, connected the site with City Hall and Union Station, and included housing, retail and entertainment, underground parking, and office space over four city blocks. Designed the grading and utility infrastructure to serve the numerous buildings and new municipal roadways. Services also included municipal site permitting and Massachusetts Department of Environmental Protection permitting.

Parking Lot at 435 Washington Street, Codman Square Health Center, Dorchester, MA: Project Manager for the design of a new 53-space low-impact development parking lot for the Codman Square Health Center. In order to minimize environmental impacts, the project required balanced cut and fills and the installation of large block retaining walls to minimize the amount of excavation and impacts to adjacent properties. The project included the use of porous asphalt pavement, new solar lighting, and recycled curbing for an environmentally friendly solution.

Route 125 Corridor Study, North Andover, MA: Project Manager for transportation planning services associated with the Route 125 Corridor Study for MassDevelopment and the Town of North Andover which will examine existing zoning, tax base, land uses, and infrastructure; identify recommendations for changes to land use and the regulatory structure; and engage the public in a vision for what the future of this corridor could be with major new developments planned.

Representative Projects - continued

MBTA Orange Line Parking Improvements, Wellington Station, Malden Center Station, and Oak Grove Station, Medford, Malden and Melrose, MA: Project Manager for design of parking lot improvements under the MBTA's "State of Good Repair" policy. Project included full depth pavement, signage, pavement markings, and accessibility improvements at three MBTA Station parking lots. The work at Oak Grove Station included coordination with the MBTA, DCR, Metropolitan Area Planning Council, and City Officials during the design of the reconstruction of Banks Place in Malden and Melrose to support the future construction of a bike path. Reviewed plans prepared by others for the proposed extension of the Wellington Greenway during the design of improvements at Wellington Station.

Coburn Elementary School, West Springfield, MA: Project Manager for transportation engineering services for the feasibility study and schematic design for the existing Coburn Elementary School. Evaluating existing conditions, reviewing proposed design alternatives, and preparing a Traffic Assessment Report for the Massachusetts School Building Authority (MSBA). Existing conditions reviewed as part of the evaluation included documenting traffic operations at the school and roadway characteristics of the roadway system in the immediate vicinity of the school; observing parent pick-up and drop-off activities; conducting parking inventories and occupancy when school is in session; and completing a field inventory of roadway and traffic data relative to the traffic analysis.

Groton Complete Streets, Groton, MA: Project Manager responsible for updating the Town's cost estimates to their Tier 2 Complete Streets Prioritization Plan under a very tight schedule. Provided the required information meeting the State's schedule, which led to MassDOT's approval. After receiving approval from MassDOT to move forward with construction, prepared final construction plans and documents and conduct construction engineering services for two complete streets projects: pedestrian safety improvements along Main Street and sidewalk construction along Long Pond Road. Will be assisting with updating the Town's Prioritization Plan for submission for the next round of complete streets funding.

Carlisle Complete Streets Project – Carlisle Town Center, Carlisle, MA: Senior Project Manager for the Town's MassDOT Tier 3 Complete Streets Projects. The projects included the reconstruction of Carlisle Town Center, intersection improvements at East Street, and mid-block crosswalk enhancements. The design included traffic calming measures to modernize the existing rotary to modern design standards, realigning an existing skewed intersection, sidewalks, curb extensions, and crosswalks. Closely coordinated with the Town's Complete Street Committee to produce a design that met the needs and desires of the committee. Coordinated the project design with key stakeholders to understand and incorporate their concerns into the project design. After receiving approval on the conceptual design, provided final construction documents, specifications, engineer's estimate, and bid documents within a tight timeline to meet funding deadlines.



Years of Experience

- 12 in industry
- 4 at Nitsch Engineering

Registration

- Massachusetts: Professional Engineer (Civil), Reg. #53602
- Arizona: Professional Engineer (Civil), Reg. #48367
- Certified Professional Traffic Operations Engineer (PTOE) #4615, 2019
- Institute for Sustainable Infrastructure, Envision Sustainability Professional, 2020

Education

- M.S., Civil Engineering, University of Arizona, 2006
- B.A., Physics, University of Pennsylvania, 1998

Professional Affiliations

- Women's Transportation Seminar (WTS) International, Boston Chapter, Membership Committee, 2017 - Present
- Institute of Transportation Engineers (ITE), Member, 2017 - Present

Adina is a professional engineer with a focus in Transportation. Her project experience includes Road Safety Audits (RSAs) and Complete Streets designs, as well as a variety of traffic analyses and traffic impact studies, and design plans for traffic signals, signing and marking, roadway segments, roundabouts, and traffic management. Adina possesses excellent analytical skills with an attention to detail that lends itself to her knowledge of technical writing and report development. Her ability to confidently consult with clients is shown by her past project management experience, including work for local municipalities and developers, as well as on State DOT projects, primarily in Massachusetts and Arizona.

Adina is skilled in industry-standard and advanced computer programs, including AutoCAD/Civil 3D, Synchro and SimTraffic, VISSIM, and SIDRA. She is familiar with the standards and guidelines of the Highway Capacity Manual, the Manual on Uniform Traffic Control Devices, the ITE Trip Generation Manual, A Policy on Geometric Design of Highways and Streets, and the MassDOT Project Development & Design Guide.

Representative Projects

VFW Parkway at Bridge Street (Route 109) and Spring Street, Boston, MA: Senior Transportation Engineer responsible for the intersection traffic operations analysis in Synchro for existing and future conditions and the development of improvement alternatives based on that model. Incorporated Complete Streets design elements into the proposed design, including separated bicycle facilities through the intersection with bicycle signals and protected bicycle phasing. Prepared Conceptual Design and Functional Design Reports summarizing existing conditions, traffic analysis results, the alternatives analysis, and the preferred alternative. Coordinated with the client to finalize the features of the 25% design. Prepared the 25% traffic plans, including the traffic signal and the signing/pavement markings.

Route 125 Corridor Study, North Andover, MA: Senior Transportation Engineer for transportation planning services associated with the Route 125 Corridor Study for MassDevelopment and the Town of North Andover which will examine existing zoning, tax base, land uses, and infrastructure; identify recommendations for changes to land use and the regulatory structure; and engage the public in a vision for what the future of this corridor could be with major new developments planned.

1165R Massachusetts Avenue Apartments, Arlington, MA: Senior Transportation Engineer for transportation permitting services for a 4-building, 130-unit residential development within the Mirak Innovation Park in Arlington. The project involves demolishing two buildings, constructing two new buildings, and renovating two existing buildings. The project is currently under review with the Town of Arlington Planning Board. The permitting effort involved completing a full traffic impact study for eight intersections including data collection, Synchro traffic capacity analysis, Massachusetts Bay Transportation Authority (MBTA) transit analysis, safety analysis, and determining the appropriate mitigation measures to alleviate congestion.

Representative Projects

115 West Main Street, Millbury, MA: Senior Transportation Engineer for transportation permitting services for a 3-building mixed-use development comprising 197 residential units, 2,400 square feet of restaurant space, 10,000 square feet of office space, and two underground parking garages. The project involves renovating an existing manufacturing building and constructing two new buildings. The project is currently under review with the Town of Millbury Planning Board. The permitting effort involved completing a full traffic impact study for six intersections including data collection, Synchro traffic capacity analysis, safety analysis, and determining the appropriate mitigation measures to alleviate congestion and address safety concerns. Coordinating with the project team to address project-related issues with the Town of Millbury and the Town of Sutton. Presented the Traffic Impact Study to the planning board and public.

Intersection Improvements at Lynn Fells Parkway and Melrose Street, Melrose, MA: Senior Transportation Engineer for the redesign of the intersection of Lynn Fells Parkway and Melrose Street. The proposed improvements include signalization of the intersection with a new traffic signal equipment system to reduce the many existing conflict points that exist today, installation of Americans with Disabilities Act (ADA) compliant pedestrian ramps and sidewalks, and redesigning the intersection with curb bump-outs to narrow the roadway at the intersection for traffic calming and to reduce pedestrian crossing distance to improve pedestrian safety. The proposed improvements also include providing bicycle accommodation where feasible, installation of new pavement with box widening and mill and overlay, drainage improvements, and installation of new signage and pavement markings.

Special Events Traffic Management Plans, Greater Boston, MA: Senior Transportation Engineer for traffic engineering consulting services to support the Massachusetts Department of Conservation and Recreation (DCR) in developing Traffic Management Plans for special events around Greater Boston. Traffic Management Plans were developed for 20 events including road races along Furnace Brook Parkway and Storrow Drive, weekend closures on Memorial Drive, and concerts at the Hatch Memorial Shell.

Weston Town Center, Weston, MA: Senior Transportation Engineer for transportation engineering services for the Weston Town Center Improvement Project. The project includes approximately $\frac{3}{4}$ of a mile of streetscape, traffic calming, lighting, and landscape design. Three new open spaces are being design which will include new site amenities for the public to enjoy, as well as updates to drainage and water utilities, and undergrounding of overhead utilities (Electric, Phone, Cable, Town Fiber).



MICHAEL J. CRONAN, LSP, LEED AP

Program Manager

EDUCATION

B.S., Environmental Studies, University of Vermont

PROFESSIONAL REGISTRATIONS

Licensed Site Professional, 2012

LEED Accredited Professional, 2009

PROFESSIONAL SOCIETIES

Member of Licensed Site Professional Association (LSPA)

SPECIAL STUDIES AND COURSES

40 Hour OSHA Hazardous Waste Operations Training (29 CFR 1910.120)

8 Hour HAZWOPER Refresher Course OSHA 29 CFR 1910.120

Self-Contained Underwater Breathing Apparatus (SCUBA) Certified

PSMJ Resources, 2004 Project Managers Bootcamp

Michael became an environmental consultant because he wanted to contribute to his community. Over his greater than 20-year career, he has seen how remediated sites can revitalize properties and neighborhoods for future generations. As a Program Manager, Michael provides Licensed Site Professional (LSP) services for institutional and developer clients, supporting due diligence, site characterization, remediation, and regulatory compliance under the Massachusetts Contingency Plan (MCP) and Toxic Substances Control Act.

Throughout his career, Michael has gained extensive experience evaluating potential oil and hazardous materials releases and remediating sites with a range of contaminants including petroleum, metals, PCBs, pesticides, and chlorinated solvents. Clients appreciate how Michael's creative approaches solve complex environmental issues, providing the best methods to reach each project's unique objectives.

RELEVANT PROJECT EXPERIENCE

Spaulding Rehabilitation Hospital, Boston, Massachusetts. Michael served as the project manager for environmental services for the redevelopment of a former Naval Yard facility in Charlestown, Massachusetts. The site was regulated under the Massachusetts Contingency Plan (MCP) and the Toxic Substances Control Act (TSCA) and was being redeveloped from a vacant lot into a rehabilitation hospital with two levels of below grade space. Michael was responsible for site characterization, evaluation of remedial alternatives, remediation, state and federal regulatory compliance, and public involvement activities associated with the site. Michael developed a program to integrate the remediation of historical releases of polychlorinated biphenyls (PCBs), petroleum, and urban fill into the building construction activities to streamline the overall remediation and construction process. The site is now occupied by a world-class rehabilitation hospital and achieved regulatory closure under the MCP and TSCA.

Boston Medical Center, Boston, Massachusetts. Michael was the LSP of record for the construction of a new building, an addition to an existing building, and a patient transportation bridge at the Boston Medical Center. The project is situated in a dense urban area immediately adjacent to existing buildings. The patient transport bridge was also located adjacent to a power plant and within the limits of a historic fuel oil release. Michael's responsibility as the LSP of record included the development and implementation of a regulatory approach to address historic fill and fuel oil releases during construction, as well as providing support for obtaining Brownfield Tax Credits. The site has obtained a Permanent Solution for the historic fill and a Temporary Solution is in effect for the fuel oil release.

Newton Wellesley Hospital, Newton, Massachusetts. Michael was the LSP of record for a historic No. 6 fuel historic fuel oil located adjacent to the boiler plant for the Newton Wellesley Hospital in Newton, Massachusetts. Michael was responsible for evaluating and selecting remedial alternatives to address the fuel oil release. Based on the client needs, the site currently has a Temporary Solution. Michael maintains responsibility for the on-going quarterly gauging and bailing program designed to remediate the site and maintaining the Temporary Solution.

Clippership Apartments, East Boston, Massachusetts. Michael served as the senior project manager and LSP-of-record for the redevelopment of an aging housing development into a new condominium and apartment complex. The site was historically used as a brass foundry, wool scouring, and an auto repair shop. The site investigation revealed that the site was impacted by chlorinated solvents, asbestos, petroleum, and urban fill. Michael negotiated with MassDEP's Bureau of Air and Waste and Bureau of Waste Site Cleanup to develop a remedial program that ultimately led to the closure of the site without restrictions and saved the client over \$500,000 in remediation costs.

Boynton Yards, Somerville, Massachusetts. Michael was the principal environmental consultant and LSP-of-record during the property acquisition and redevelopment of an approximately 17-acre area in Somerville, Massachusetts, known as Boynton Yards. Michael is responsible for evaluating risk and developing remediation and regulatory compliance strategies to address contamination resulting from decades of rail and automotive repair and automotive junkyard use.

Fan Pier Development, South Boston, Massachusetts. Michael managed site evaluation and successful remedial response action addressing polychlorinated biphenyls (PCBs). He conducted a Release Abatement Measure at an active parking facility and coordinated with contractors, property owners, and regulatory agencies (U.S. Environmental Protection Agency and Massachusetts Department of Environmental Protection) regarding work activities. He prepared Release Abatement Measure Completion Report and Phase II Comprehensive Site Assessment resulting in a preliminary finding of No Significant Risk for the property.

Blackstone Housing Development, Blackstone Street, Harvard University, Cambridge, Massachusetts. As the project manager, Michael was responsible for the investigation and successful remediation of a release of No. 6 fuel oil from a former fuel oil filling station. The remediation consisted of the identification and removal of the source, excavation and off-site disposition of impacted soil, and groundwater treatment within a UST farm. Regulatory compliance activities included the preparation and submittal of a Release Abatement Measure (RAM) Plan, RAM Status Reports, a RAM Completion Report, and a Response Action Outcome (RAO) Statement, ultimately achieving regulatory closure without the need for institutional controls.

Riverside Student Housing, Banks/Cowperthwaite/Grant Streets, Harvard University, Cambridge, Massachusetts. Michael served as the project scientist during the design and project manager during the construction of the graduate student housing located near Harvard Square consisting of a six-story above grade building with three-levels of below-grade parking. The project is located in a residential neighborhood and construction involved slurry wall installation, monitoring of construction impacts on adjacent buildings, and mitigation activities. Regulatory compliance activities included preparation of MCP-related documents, including a RAM Plan, Status Reports, and a RAO Statement. The project was designated a Public Involvement Site under the MCP. Regulatory closure was achieved without the need for institutional controls.

Boston Convention & Exhibition Center, Phase 1, South Boston, Massachusetts. Michael was the project manager and staff scientist for the redevelopment of 40 acres of former commercial/industrial area in South Boston. His responsibilities included soil and waste management, contractor management, and federal and state regulatory compliance activities. He also developed and implemented response actions to address PCB-contaminated soil, underground storage tanks, and utility installations. The site was closed with Class A3 RAO and an Activity and Use Limitation was placed on the site.

Boston Convention & Exhibition Center, Phase 2, South Boston, Massachusetts. Michael was the project manager and technical lead for the development and implementation of remedial and regulatory compliance strategies under both the MCP and TSCA for a 10-acre portion of the Boston Convention and Exhibition Center. A Temporary Solution was selected and implemented under the MCP to temporarily close the site to allow future remediation to occur concurrently with expansion of the BCEC. Michael was the lead in designing and obtaining approval from EPA for a complex remediation program to clean up PCBs in advance of construction of the proposed expansion, and to allow the construction to proceed with limited TSCA involvement. The expansion project was delayed, and Michael responded by redesigning a remedial program to meet the client's goals and maintain regulatory compliance under the MCP and TSCA. The site has achieved regulatory closure under the MCP and TSCA.



MICHAEL J. WEAVER, P.E., STSC

Senior Associate / Director of Field Services

EDUCATION

M.S., Geotechnical Engineering, University of Illinois
B.S. Civil Engineering, Tufts University

PROFESSIONAL REGISTRATIONS

2005/MA: Professional Engineer (Reg. No. 46695)
2019/Safety Trained Supervisor Construction

SPECIAL STUDIES AND COURSES

40-Hour OSHA Hazardous Waste Operations Training (29 CFR 1910.120)
ASFE Fundamentals of Professional Practice Class No. 18

In over 18 years of experience with Haley & Aldrich, Mike has served as project engineer and project manager for a wide variety of projects dealing with geotechnical and environmental aspects of design and construction. His responsibilities have ranged from design and construction administration for projects involving underground spaces, tunnels, and major buildings, for both private and public clients.

Mike's geotechnical project experience includes aspects of foundation design for low- and high-rise structures using piles, drilled shafts, mat and spread footing foundations; lateral support systems for deep excavations including soldier piles, sheeting, and slurry walls; ground improvement; and geotechnical instrumentation associated with deep excavations. Mike also has experience conducting and analyzing data from static compression and tension pile load tests on a variety of pile types (micropiles, precast concrete, steel H-piles, large diameter pipe piles).

RELEVANT PROJECT EXPERIENCE

Boston Medical Center Expansion, Boston Medical Center, Boston, Massachusetts. Mike served as the project manager for the exploration, design, and construction phases of a new medical building for Boston Medical Center. The project was designed and constructed using the Integrated Project Delivery (IPD) model. The project involved the demolition of a portion of an existing building and the construction of a five-story building with one level of below grade space on a tight urban site. The site was surrounded on three sides by active hospital buildings. The new construction was founded on drilled-in-minipiles and required an extensive array of temporary earth support and underpinning as some of the adjacent structures were built in 1908. The project also included the addition of a new elevator tower adjacent to the existing power plant building and a pedestrian access bridge across a busy city street. Mike's responsibilities included oversight of subsurface explorations program, development of geotechnical design recommendations, coordination of environmental regulatory compliance documents, preparation of contract documents, and management of construction monitoring personnel.

Ambulatory Patient Care Building Addition, Providence, Rhode Island. Mike was the project engineer for the planning, design, and construction phases for a proposed 2,000 square foot addition to an existing building. The addition consists of a 2-story addition with a basement level that will connect two existing buildings. The construction phase of the project includes the conventional pit underpinning of an existing pedestrian tunnel, installation of an earth support system consisting of a soldier pile and lagging wall, and the placement of footings. The project responsibilities included assisting with management of the field exploration program, writing and preparing the report, preparing documentation for environmental compliance and permits, management of field staff during foundation installation, on-site construction observation, review and preparation of daily field reports, and review and response to Contractor's submittals.

North Point Development, Cambridge, Massachusetts. Mike was the senior project manager for the geotechnical portions of a 75+ acre parcel in Cambridge. The proposed development consists of the construction of a new community of 15+ new buildings for residential, commercial and retail space, and new utilities and infrastructure to support them.

1-3 Boylston Place, Emerson College, Boston, Massachusetts. Mike was the project manager for the exploration, design, and construction phases for a new dormitory building for Emerson College. The project involved the demolition of the existing structure and the construction of an eighteen-story (seventeen above and one below grade) building on a tight urban site. The new building is supported on high capacity minipiles installed to rock. Mike's responsibilities included oversight of subsurface explorations program, development of geotechnical design recommendations, coordination of environmental regulatory compliance documents, preparation of contract documents, and management of construction monitoring personnel.

Snyder Center, Phillips Academy, Andover, Massachusetts. Mike was the senior project manager for the exploration, design and construction phases for a new 75,000 sf field house building. The project involved the construction of a new field house building on the side of a glacial till slope adjacent to the existing football field. Mike's responsibilities included oversight of subsurface explorations program, development of geotechnical design recommendations, coordination of environmental regulatory compliance documents, preparation of contract documents, and management of construction monitoring personnel.

112 Commerce Way, Woburn, Massachusetts. Mike served as the **project** manager for the exploration, design, and construction phases for a proposed retail development for National Development, Inc. The project involved the building of a retail and restaurant building on an EPA superfund site. The buildings were supported on a combination of shallow and deep foundations. Mike's responsibilities included oversight of subsurface explorations program, development of geotechnical design recommendations, coordination of environmental regulatory compliance documents, preparation of contract documents, and management of construction monitoring personnel.

Modern Theatre Re-Development, Suffolk University, Boston, Massachusetts. Mike was the project manager for the exploration, design and construction phases for a new dormitory and classroom building for Suffolk University. The project involved the demolition of the existing Modern Theatre Building and the construction of a thirteen-story (nine above and one below grade) building on a tight urban site. The new building is supported on a combination of shallow and deep foundations. Mike's responsibilities included oversight of subsurface explorations program, development of geotechnical design recommendations, coordination of environmental regulatory compliance documents, preparation of contract documents, and management of construction monitoring personnel.

The District, Burlington, Massachusetts. As the senior project manager, Mike was responsible for the exploration, design and construction phases for several new buildings at the existing office park including a new parking garage, addition to and existing office tower and several new retail buildings as well as site and utility upgrades. Mike's responsibilities included oversight of subsurface explorations program, development of geotechnical design recommendations, coordination of environmental regulatory compliance documents, preparation of contract documents, and management of construction monitoring personnel.

The Batch Yard, Everett, Massachusetts. As the project manager, Mike was responsible for the design and construction phase of a new 328-unit residential development consisting of three 5-story buildings on a brownfields site. Two of the buildings involved new construction and one was a renovation of an existing building. A new concrete parking structure was also constructed. The foundations included shallow spread footings, footings on ground improvement, and the re-use of wood piles.

EISAI Research Institute of Boston, Andover, Massachusetts. As the project engineer, Mike was responsible for the exploration and planning phases of a new 140,000-sq-ft, 1-story above grade and 1-story below grade research facility and a 4,000-sq-ft, 1-story above grade and 1-story below grade addition to an existing building. His project responsibilities included assisting with management of the field exploration program, writing and preparing the report, preparing project specifications, proposal preparation, and construction quantity estimation.

Harry Smith

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Jamaica Plain, MA 02130

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harrysmithconsulting@gmail.com
www.harrysmithconsulting.org

SKILLS

Community Organizing: Over twenty-five years of experience in community organizing strategy and campaign planning, land use and affordable housing initiatives, community land trusts, leadership development, legislative advocacy, coalition building.

Organizational Development: Organizational and Strategic planning; Program design; Hiring and orientation of organizing and program staff; Meeting design and facilitation; 1-1 coaching and mentoring.

Community Economic Development: Knowledge and experience in designing and facilitating successful community-based development planning processes around affordable housing and commercial development.

Trainings: Experience designing and facilitating workshops on community organizing, legislative advocacy, media and public relations, resident engagement, leadership development, creative placemaking, Development 101, Community Land Trusts, other topics.

Spanish: Fluent in conversation, reading, writing. Able to facilitate meetings in Spanish.

EXPERIENCE

2008-present

Principal, Harry Smith Consulting, Boston, MA

- Provide strategic advice around organizational development, community organizing strategies, and political advocacy to grassroots organizing and policy organizations;
- Provide training and technical assistance to emerging community land trusts;
- Facilitate organizational strategic planning and strategic direction processes;
- Plan and implement community and neighborhood engagement plans for nonprofits proposing affordable housing projects;
- Coordinate hiring, coaching, and training of organizers and senior program staff;
- Conduct training sessions to build capacity of board, staff, and leaders;
- Provide 1-1 mentoring and coaching to nonprofit leaders;
- Public speaking and presentations at local and national conferences on land use planning, community land trusts, and community organizing.

Current or former clients include:

- The Community Builders/Pine Street Inn
- SHARE Baltimore Community Land Trust Network
- Boston Neighborhood Community Land Trust
- Mattapan Square Main Streets
- Jamaica Plain Neighborhood Development Corp.
- Sociedad Latina
- Urban Farming Institute
- Greenroots/Comunidades Enraizadas CLT (Chelsea)
- Dorchester Not For Sale
- Tierra Colectiva CLT (Denver)
- ONE Neighborhood Builders (Providence)
- Egleston Square Main Streets
- Chinese Progressive Association
- Dorchester Bay Economic Development Corp.

2011-2018

Dudley Street Neighborhood Initiative, Roxbury, MA **Director of Sustainable Economic Development**

- Organized residents to actively participate in planning, land use, and design processes in Roxbury and North Dorchester to ensure that proposed projects meet the community's needs and vision;
- Served as Director of Dudley Neighbors Incorporated Community Land Trust, consisting of 30 acres in the heart of the Dudley neighborhood, with 226 affordable homes, two acres of urban farmland, community greenhouse, and commercial space;
- Oversaw implementation of programming and advocacy initiatives to help build family assets and strengthen the local economy, including *Fair Chance for Family Success*;
- Built collaborations with residents and neighborhood partners on anti-displacement and anti-eviction initiatives;
- Coordinated *Fairmount Cultural Corridor* creative placemaking and creative economic development initiative along the Fairmount Commuter Rail line;
- Supervised team of eight organizers and program staff;
- Coordinated fundraising activities that generated more than \$1 million annually in funding for Sustainable Economic Development and Community Land Trust initiatives;
- Conducted trainings and webinars for community groups and residents around *Community Land Trusts*, *Development 101*, *Community Organizing Strategies*, and *Ensuring Resident Voice in Planning and Development*.

2006-2008

EDUCA- Servicios para una Educación Alternativa, Oaxaca de Juarez, Mexico
Community Economic Development Specialist

- Facilitated evaluation process and case study for community development projects in Rancho Nuevo, Lachao in the Sierra Sur of Oaxaca, Mexico; Assisted with development of organizing manual for popular education campaign promoting fair trade and strengthening local economies called *La Campaña de Consumo Responsable*.

1998-2006

Jamaica Plain Neighborhood Development Corporation, Boston, MA
Director of Organizing and Community Planning

- Coordinated all aspects of Community Organizing program; supervised team of organizers and interns/volunteers;
- Organized residents, youth, and merchants to participate in planning processes around vacant land and buildings to ensure full participation in development decisions;
- Coordinated community development planning processes for Jackson Square, Back of the Hill, and Blessed Sacrament Church redevelopment initiatives, resulting in creation of 600+ units of affordable housing, new youth and family centers, and more than 50,000sf of retail space;
- Lead Organizer for *Campaign of Conscience for Affordable Housing*, a multi-year organizing and public education campaign to fight displacement of low-income residents, convert vacant land into affordable housing, and increase public funding for affordable housing; campaign successfully prevented displacement of more than 300 families and secured millions of dollars in funding for affordable housing development;
- Created and oversaw *Coalition to Educate, Mobilize, and Vote*, a collaboration with Hyde Square Task Force and City Life/Vida Urbana, that raised voter turnout rates in Hyde, Jackson, Egleston Square precincts more than 50% over previous levels;
- Conducted trainings and workshops for more than 250 neighborhood leaders, including youth, merchants, and tenants; trainings included: *Development 101*, *Meeting with Elected Officials*, *Legislative Advocacy*, *Voter Mobilization*, *Building Resident Leadership*, *Media/Public Speaking*, and *How to Participate in Planning Processes*;
- Played leadership role in city and state-wide advocacy efforts to secure more resources for affordable housing and economic development initiatives, including \$100 million Affordable Housing Trust Fund; helped Massachusetts Association of CDCs and Boston Tenant Coalition implement advocacy campaigns.

1992-1998

Farm Aid, Inc., Cambridge, MA

Program and Communications Director

- Developed and implemented organizing, media and public education campaigns for national family farm organization working to promote sustainable local food systems;
- Assisted local farm and rural groups with media, legislative and organizing campaigns;
- Designed and carried out Farm Aid's *Stop Factory Farms* organizing and media campaign; campaign led to the creation of *Campaign for Family Farms and Environment*, a multi-state effort that successfully organized against factory hog and poultry operations;
- Organized rallies, town hall meetings and events to promote Farm Aid message;
- Reviewed proposals, conducted site visits and distributed more than \$3 million to farm and rural development projects.

1988-1991

Tenants United for Public Housing Progress, Boston, MA

Community Organizer

- Planned and implemented city-wide campaigns on housing code compliance, tenants' rights, youth development and public safety;
- Assisted residents of Orient Heights in developing comprehensive \$16 million renovation plan, including creation of a new youth and family center;
- Organized series of community meetings and technical assistance workshops to maximize resident control over redevelopment process.

EDUCATION

1998

Southern New Hampshire University, School of CED

M.S., Community Economic Development

1987

Brown University, Providence, RI

B.A., International Relations

VOLUNTEER ACTIVITIES AND AFFILIATIONS

Board Member, Center for Community Land Trust Innovation; Past board member of City Life/Vida Urbana, Hyde-Jackson Square Main Streets; Past Co-Chair, School Parents Council, Curley K-8 School; Youth baseball and softball coach; Past President of Jamaica Plain Regan Youth League; extensive travel and volunteer experience in Mexico, Central America, and Spain.

###

George Cole

Senior Vice President

George has more than 35 years of experience in planning, developing, constructing, and managing a wide variety of large-scale private sector, institutional and real estate development projects. Working closely with communities, planning consultants, financing institutions, and individual investors, he is successful at conceptualizing, permitting and realizing development projects that maximize its owner's objectives while complementing the host community.

Experience

- **Massachusetts College of Art and Design, Boston, MA:** Project Executive for the strategic real estate assessment and major capital project planning for the overall academic campus at a critically located site adjacent to the Longwood Medical Area.
- **John Hancock Life Insurance Company – Wellesley Office Park:** Project Executive for the planning and rezoning a preeminent suburban office park into a mixed-used community incorporating residential and hospitality uses, as well as new office space and structured parking.
- **Harvard University Club:** Project Executive for the strategic assessment of the Club's real estate and the optimization of their property in order to improve facilities for their members.
- **Boston Symphony Orchestra, Boston, MA:** Co-Project Executive for the strategic real estate assessment and major capital project planning for the real estate holdings of the BSO.

Prior Experience

Prior to joining LMP, George was a Principal and New England Group Leader of the Real Estate Consulting and Program and Project Management Groups for Stantec. Previously, George was founding Partner of GLC Development Resources in Boston.

- **Boston Children's Hospital, Brookline Place, Brookline, MA:** Managed development of a \$250M ambulatory care campus, consisting of a new 190,000 sf clinical building, 45,000 sf addition to an existing



medical office building, and a 700 car parking garage; also advised client on strategies for non-clinical real estate holdings.

- **Boston University, Theater Arts Center, Boston, MA:** Manage development and permitting of a \$120M theater arts facility and 250 car parking garage.
- **MIT Investment Management Co., Cambridge, MA:** Acted as development advisor on development of two 100 unit residential buildings in Kendall Sq.
- **DCAMM, DPH, and DMH, Boston, MA:** Managed the \$120M redevelopment of existing 300,000 sf hospital as a replacement for an existing state hospital facility.

Education

- Master of Architecture, Harvard University, Graduate School of Design
- B.A., American History, Wesleyan University
- Recipient, Watson Fellowship, Industrial Archaeology

Professional Affiliations & Associations

- Corporate Director, Brighton Marine Health Center
- Board Member, Lambda Alpha International
- Board Member, Town of Brookline, MA - Building Commission
- Co-chair, Brookline High School Expansion Committee

Chad Reynolds

Senior Vice President

As a Partner, a Senior Vice President and a member of Leggat McCall Properties Executive Committee, Chad has played a leadership role in a number of significant projects, including the Charles Stark Draper Laboratory, City Square/Unum, Choate Hall & Stewart, Bain Capital, and The Fairmont at Battery Wharf. Additionally, Chad has overseen a number of successful principal investment projects, including Schneider Electric/800 Federal Street, 600 Federal Street and the Ames Pond Corporate Center.

Chad's experience with complex ground-up projects, mixed-use projects, and high-end corporate work provides clients with a unique perspective.

Experience

- **Charles Stark Draper Laboratories, Cambridge, MA:** Project Executive for a multi-year phased construction and interior renovations project at Draper's Cambridge headquarters in Kendall Square. Phase I includes the construction of a new 23,800 SF glass atrium. The project also includes the renovation of 250,000 SF of office and lab space within the existing building.
- **Choate Hall & Stewart, Boston, MA:** Senior Project Manager for 136,000sf high-end renovation of 7 floors of occupied law firm space in downtown Boston.
- **Schneider Electric, Andover MA:** Oversaw the permitting, budget, design, and construction of a build-to-suit commercial development adding 80,000sf to an existing 150,000sf building. This Leggat McCall investment property was fully leased to Schneider Electric upon completion.
- **One Mercantile Place, City Square, Worcester, MA:** Oversaw the development of a 215,000 SF, \$30M ground up office building in downtown Worcester and a concurrent \$9M renovation of an adjacent existing parking garage. This high-profile project was part of the largest ongoing public / private partnership in the State at the time. The deal required active tenant coordination to achieve critical lease milestones and aggressive decisions to bring the property to market in an accelerated manner.



- **The Hotel and Residences at Battery Wharf, Boston, MA:** Oversaw the 485,000 SF, \$350M Fairmont Battery Wharf development on the Boston Harbor waterfront. This mixed-use project was comprised of 104 luxury condominiums, a 150 key Fairmont hotel and Sensing restaurant, the Fairmont Gold lounge, a fitness center, the Battery Wharf museum, and two levels of below grade parking for 376 cars.

Prior Experience

Prior to joining Leggat McCall Properties in 2005, Chad worked for Skanska USA Building as a Project Engineer for four years. He also was a Financial Analyst for Sugarbush Resort where he worked directly for the President of Real Estate Development. Prior to that, he served as a Captain in the United States Marine Corps where, as a senior staff officer, he advised the commanding officer on all personnel matters, oversaw promotions, and interpreted policy for a 3,500-person organization.

Education

- M.S. Real Estate Development – Columbia University
- B.S. Economics – United States Naval Academy

Professional Affiliations & Associations

- National Association of Industrial and Office Properties

Consultant Team Project Experience



Stull and Lee Incorporated
architecture · planning

OAKWOOD SHORES TERRACES

CHICAGO, ILLINOIS

The Mercy Medical Building at Oakwood Shores is an important part of a continuing strategy to recapture the former vibrancy of one of the Southside's great streets, Cottage Grove Avenue. The new building is a six story mixed use structure with the first two floors given over to medical suites for Mercy Hospital. Floors three through six contain 48 apartments.

Inspired by elegant examples of remarkable pre-World War II Chicago apartment buildings in the area, the Mercy building utilizes a palette of pre-cast masonry panels with stone accents, and variations in texture, punched window openings and balconies for each unit. A two story arcade of columns distinguishes the medical floors from the residential floors above.

Project amenities include a landscaped pavillion with seating available to the building's neighbors.





Stull and Lee Incorporated
architecture · planning

RUGGLES GATEWAY VISION STUDY BOSTON, MASSACHUSETTS

Stull and Lee was the Coordinating Urban Design Consultant for the Ruggles Gateway Visioning Project which received a coveted HUD Choice Neighborhoods Initiative Grant.

S + L worked with a consortium of city agencies and community development corporations to develop a comprehensive inter-disciplinary vision for this important city corridor. The vision includes replacing an outdated public housing project, significant improvements to a city park, construction of the Dewitt Community Center and innovative streetscape designs.

In addition to developing corridor wide open space and streetscape concepts, S+L designed the Dewitt Community Center which is at the principal crossroad of the re-emergent neighborhood.



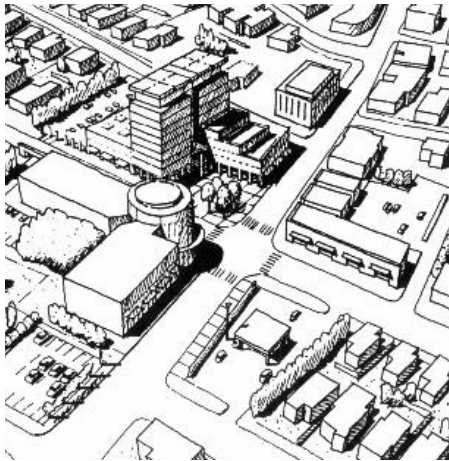


Stull and Lee Incorporated
architecture · planning

BLUE HILL AVENUE COMMUNITY VISION BOSTON, MASSACHUSETTS

This project is the result of a collaborative effort by local community activists and public leaders to rebuild and enhance one of Roxbury's most recognized avenues. With the goal of creating a significant catalyst for future growth and development in the area. Stull and Lee was commissioned by the Department of Neighborhood Development and the Blue Hill Avenue Citizens Task Force to prepare the comprehensive vision and development framework for this one-mile long zone.

The Clarion (under construction) designed by S+L is a 39 unit mixed use/ mixed income building with nearly 6000 square feet of ground floor retail anchoring the revitalization of this prominent street.





Stull and Lee Incorporated
architecture · planning

THE CLARION MIXED-USE DEVELOPMENT ROXBURY, MASSACHUSETTS

Developed by The Community Builders and designed to LEED Gold accreditation standards, the project includes 39 mixed income residences.

Additional program elements include ground floor retail, management offices, a community room and a prominent publically accessible open space feature at the intersection of Quincy Street and Blue Hill Avenue.





Stull and Lee Incorporated
architecture · planning

BAYSIDE EXPOSITION SITE

BOSTON, MA

Stull and Lee was commissioned by the University of Massachusetts Boston to plan for the future use of the 20 acre former Bayside Exposition site which is in close proximity to the main campus.

The firm led a series of public design charrettes coupled with working sessions with a variety of stakeholders to solicit ideas to be incorporated into urban design and land use guidelines for this attractive waterfront site.



County of Los Angeles
LAC + USC Restorative Care Village

CANNONDESIGN

LOCATION:
Los Angeles
California

SIZE:
69,300 sf

SERVICES:
Architecture, General Contractor, Modular
Design+, Structural Engineering



A World Changing Model to Help the Homeless

The Los Angeles County + University of Southern California (LAC+USC) Restorative Care Village (RCV) Project and associated County Programs supporting it, represents an innovative new approach to providing supportive care for these under-served and vulnerable communities in Los Angeles County. It is home to a comprehensive strategy for managing the whole-person and full continuum of interrelated challenges facing those with serious medical, mental health and addiction issues who may be homeless or incarcerated as a result. It will consist of two primary components:

A Recuperative Care Center with 96 beds to provide immediate placement options for individuals discharged from an inpatient hospital setting who lack a supportive place to live. This clinically enriched form of interim housing will offer on-site administrative support, health oversight, case management, and linkage to permanent supportive housing.

The Residential Treatment Program (RTP) consisting of four buildings that provide a short-term alternative to hospitalization to address mental health needs. The RTP offers residential programs for individuals being discharged from County hospital emergency services, inpatient units, jails, and urgent care centers and will provide therapy and support services to those rehabilitating from physical trauma. There will be 16 beds in each of the four buildings (64 total).

Together, these facilities, along with others planned throughout the County, are essential components of a broader strategy to help vulnerable residents fully recover. They offer a safe, clean, sober and nurturing environment for patients while permanent housing solutions are sought. The RCV is the first phase of a larger resource array that will not only divert individuals with complex healthcare needs from city street and/or the local jails, but also promote their successful re-integration in the community.

Sheppard Pratt Health System
Baltimore/Washington Behavioral
Health Hospital

CANNONDESIGN

LOCATION:
Elkridge
Maryland

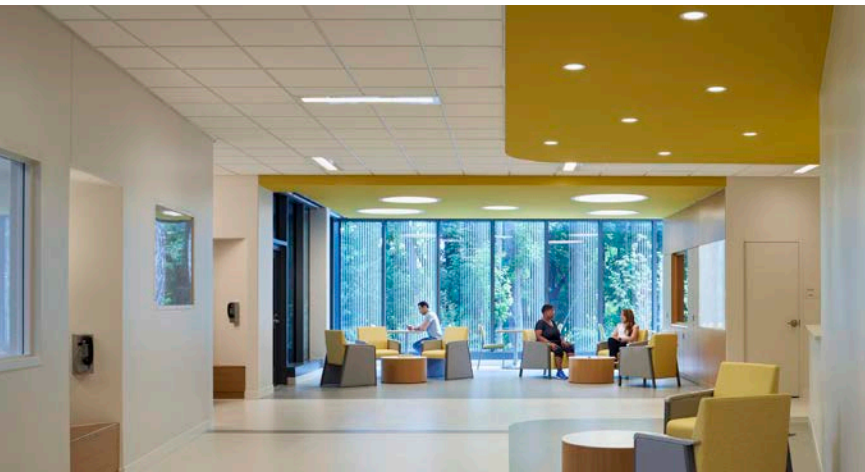
SIZE:
156,000 sf

SERVICES:
Architecture, Advisory Services,
Programming/Planning, CON Assistance,
Interior Design, Lighting Design,
Environmental Graphic Design, Technology,
Cost Estimating



Planning for the Future of Behavioral Healthcare Delivered on a Single Campus

CannonDesign was engaged to provide programming, planning and design for a new 85-bed behavioral healthcare hospital in Elkridge, Maryland, a growing area between Baltimore and Washington, D.C. The new facility will replace an existing 88-bed facility operated by Sheppard Pratt Health System in leased space. The new 156,000 square foot facility is designed to be easily expanded to 150 beds as needs in the area increase. In addition to the inpatient units the new facility will also provide emergency inpatient behavioral healthcare admissions area and several multi-functional day treatment program areas for use in treating patients on an outpatient basis. The new hospital leverages the serene, natural environment for patient care by locating the inpatient units facing heavily forested swales that cut across the site. The majority of the patient bedrooms and all of the on-unit therapy and activity spaces face directly into this natural landscape capitalizing on healing effect of nature that has been a core tenant of the Sheppard Pratt Health System.



Penn Medicine
Princeton House Behavioral Health
Inpatient Units Addition

CANNONDESIGN

LOCATION:
Princeton
New Jersey

SERVICES:
Architecture, Programming/Planning,
Interior Design

SIZE:
46,600 sf



A New Front Door Creates Campus Identity

Penn Medicine Princeton House Behavioral Health Center provides services to those in need of acute psychiatric care, detox, or co-occurring disorders such as substance use disorder and mental health diagnosis. The existing campus contains an original building with a spoke/wing configuration plus several additions over time which has led to confusion around site circulation and entry. The new two-story addition creates a marked front door, welcoming all those to the campus at one main point while clarifying the campus wayfinding strategy. In addition to a welcome center and intake department, the 46,600-sf addition contains 29 new inpatient beds for those suffering from mental illness or substance use disorder. The design of the inpatient units was a collaborative process between the design team and the providers, psychiatrists, clinicians, and facility personnel including maintenance, food services, and security to name a few. The team approached the design challenge with both design best practices and clinical best practices, ensuring that the delivery of care is supported by the physical solution and organization of the unit. While located on a larger site, the facility struggled to provide ample time outside for patients because there was limited enclosed and safe courtyards. The location and geometry of the addition created two new enclosed outdoor courtyards for patient use. Rather than install fencing to create an enclosure, the building addition itself becomes the boundary, solving the issue of security in a less institutional way. Patients from all units now have access to a secure and safe outdoor space daily. Given that both staff and visitors/family are also critical occupants of the facility, it was important for the design team to consider their experience. Ample spaces for staff amenities have been accommodated as part of the addition and renovation including staff lounges, lockers, on call suites, and a conference/training suite to keep in line with their clinical approach of always providing care with up-to-date best practices. Having a family member in crisis is also trying for families as well. Upon entering, families are greeted by a receptionist and directed toward a waiting area which overlooks a private garden. Nature and daylight is used to create a calming environment and a space for reflection.



Eagleville Hospital

New Welcome Center and Patient Care Facilities

CANNONDESIGN

LOCATION:
Eagleville
Pennsylvania

SIZE:
64,550 sf

SERVICES:
Architecture, Engineering



Creating a Welcoming New Front Door for the Eagleville Campus

The construction of a new 61,000-sf welcome center and inpatient facility at Eagleville Hospital seeks to address space constraints, replace aging infrastructure, and create a welcoming new front door for the Eagleville campus. The new facility serves inpatients in need of detoxification, recovery, and rehabilitation and provides space for community groups and former patients to meet on-site in support of ongoing treatment needs. The patient intake area offers a smooth, comforting and stabilizing experience for incoming patients. Public lobby space deliberately separates users in subtle ways upon entry instead of providing dual exterior circulations that can create stigma. Because of differing levels of acuity among patients, activity areas allow for staff separation or self-separation and feature an open design that connects to circulation, staff spaces, and the outdoor environment. An exterior palette of stone and wood communicate safety, security and durability and the building is sited on a hill overlooking the surrounding community, taking advantage of scenic views and the natural environment. The ground floor is devoted to materials management for the entire campus, centralizing services and increasing efficiency.



County of San Mateo
 Cordilleras Mental Health Center,
 Replacement Campus

CANNONDESIGN

LOCATION:
 Redwood City
 California

SIZE:
 78,190 sf

SERVICES:
 Architecture, Programming/Planning,
 MEP/FP Engineering, Interior Design,
 Environmental Graphic Design, FF&E,
 LEED/Sustainability, Energy Modeling,
 Technology



**Psychiatric Campus
 Dedicated to Whole Person
 Health and Wellness**

San Mateo County is in the process of replacing its existing 117-bed Cordilleras Mental Health Center with new facilities that will enable the San Mateo County Health System, Behavioral Health and Recovery Services (BHRS) to provide state-of-the-art care for the County’s most vulnerable mentally ill residents. The Cordilleras Campus is uniquely situated between the Edgewood County Natural Preserve and Pulgas Ridge Open Space Preserve. The estimated 90,000 SF of new, Net-Zero construction will be embedded within this serene natural environment to create a center for client wellness, rehabilitation and recovery that will encourage the engagement of the larger community in the process of recovery.

The new Cordilleras campus comprises separately licensed, Mental Health Rehabilitation Centers (MHRC), each housing 16 residents, a multistory Campus Center and Supported Housing building providing 57 beds for transitional care. The twenty-acre site transformation, including major infrastructural upgrades, will be organized around a continuous loop road, wrapping around an expansive central green space. Taking cues from the existing topography, hydrology, and natural resources already on site, the design team has designed safe, comfortable spaces that leverage best practices for healing outdoor spaces.

The new Cordilleras campus is dedicated to the whole health and wellness of its clients. The environment of the Center will support and reflect a productive individualized wellness path assuring dignity and respect for its clients and staff. The new Cordilleras Center will help clients realize their full potential, achieving their goals for recovery and return to living independently in the community.

Additional Behavioral Health Relevant Projects



→ **Most Comprehensive Healthcare Project of its Kind Undertaken in Canada in the Previous 25 years**

Programming, planning, and design services for award-winning 325-bed replacement facility that uses innovative design concepts to provide top-quality psychiatric care for seriously mentally ill patients.

Ontario Shores Centre for Mental Health Sciences

Whitby, Ontario



↑ **Applying Behavioral Healthcare Planning Principles to a Facility Dedicated to a Special Population**

Programming, planning and design services for 32-bed replacement behavioral healthcare facility for children and adolescents, providing outpatient and inpatient services. The Treatment Center is LEED Silver registered.

Virginia Commonwealth University Virginia Treatment Center for Children Replacement Facility

Richmond, Virginia

CANNONDESIGN

→ A Welcoming Icon to Reduce Stigma Surrounding Mental Health

Architecture, interior design and full-service engineering services for new 65-bed, \$35 million replacement behavioral health hospital providing inpatient and outpatient services for adults, geriatric and adolescent populations.

Prisma Health Grove Point Replacement Behavioral Health Hospital

Greenville, South Carolina

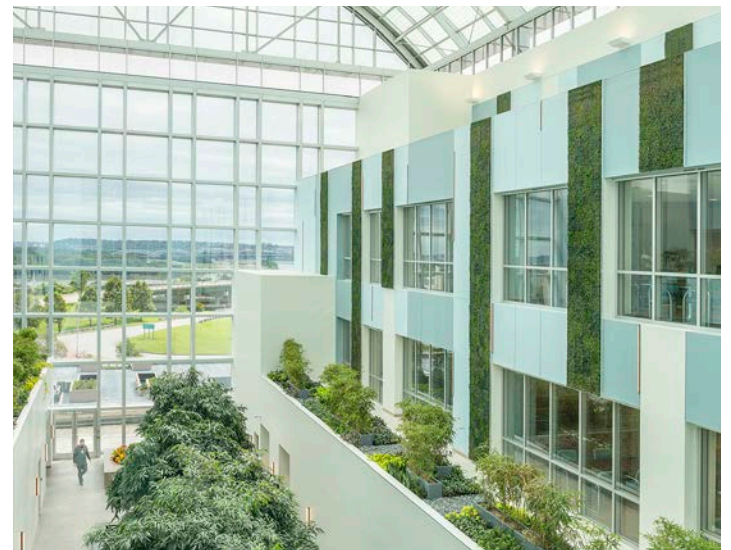


↓ The Integration of Inpatient, Outpatient, Clinical Education and Research in One Comprehensive Center

Planning, architectural, interior design and engineering services for new \$35 million, 64-bed, state-of-the-art behavioral hospital and clinic offering patient care, education, outpatient services and research to adolescents, adults, and the elderly.

University of Cincinnati Health Lindner Center of HOPE, Comprehensive Mental Health Care Center

Mason, Ohio



↑ Transformation of Existing Office Building to Improve Access for Under-served and Spark Community Renewal

Planning and design services for a 105,700-sf, 48-bed inpatient behavioral health facility providing treatment for mental health and addiction. The facility contains two 24-bed inpatient units on two floors with a third floor shelled for an additional 16 bed unit. Other spaces include clinical treatment, a judicial suite and a recovery mall for patient exercise and group meetings, dining, pharmacy, and administration facilities.

University of Kansas Health System Strawberry Hill Campus

Kansas City, Kansas



↑ **The Integration of Acute Behavioral Healthcare, Crisis Stabilization, Outpatient Services and a Psychiatric Emergency Department Under One Roof**

New 120-bed psychiatric hospital, including a Crisis Response Center. The facilities serve multiple educational and healthcare roles, consolidating the hospital's resources, accommodating a new teaching program, and mitigating patient loads in current emergency departments, psychiatric inpatient units, and jails and juvenile detention facilities.

Banner - University Medical Center South Behavioral Health Pavilion and Crisis Response Center

Tucson, Arizona

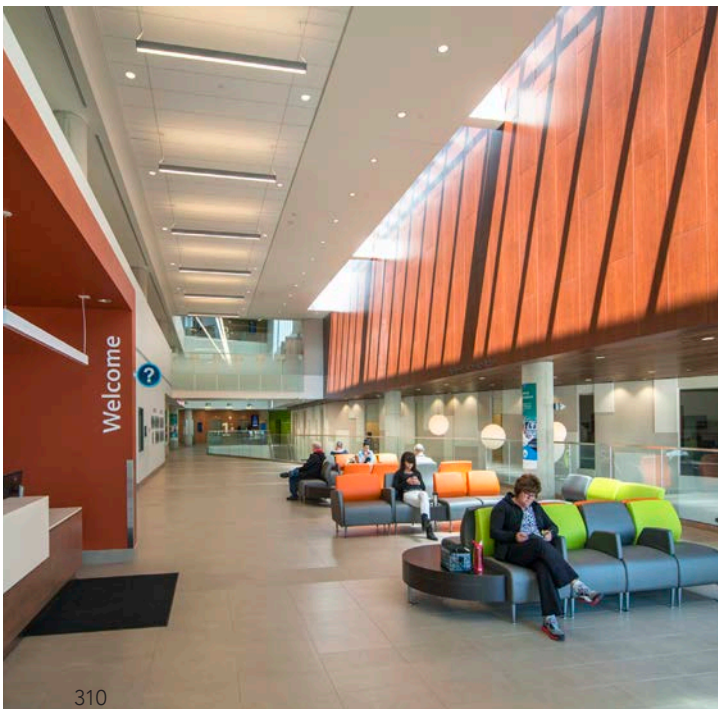


↑ **Creating a Flexible, Expandable Facility Programmed, Designed and Built in 24 Months**

New 180-bed, 151,925 sf replacement psychiatric hospital. The facility employs a "matrix model" of care founded on the principle of community reentry through a normalizing environment, exposing patients to experiences similar to those they will encounter upon returning to their lives outside of the facility.

Essex County Hospital Center Institute for Mental Health Policy, Research and Treatment

Cedar Grove, New Jersey



← **Integration of Inpatient and Outpatient, Clinical Education and Research in One Center**

Design services for 855,000-sf, 305-bed psychiatric hospital to support delivery of recovery-focused care centred on patients and families, integrated with strong educational and research focus. Delivered via DBFM arrangement.

St Joseph's Hospital Margaret and Charles Juravinski Centre for Integrated Healthcare

Hamilton, Ontario



↑ **Impact of Nature on Healing Environments**

**Saskatoon Health Region
Irene and Leslie Dubé Centre for
Mental Health**

Saskatoon, Saskatchewan

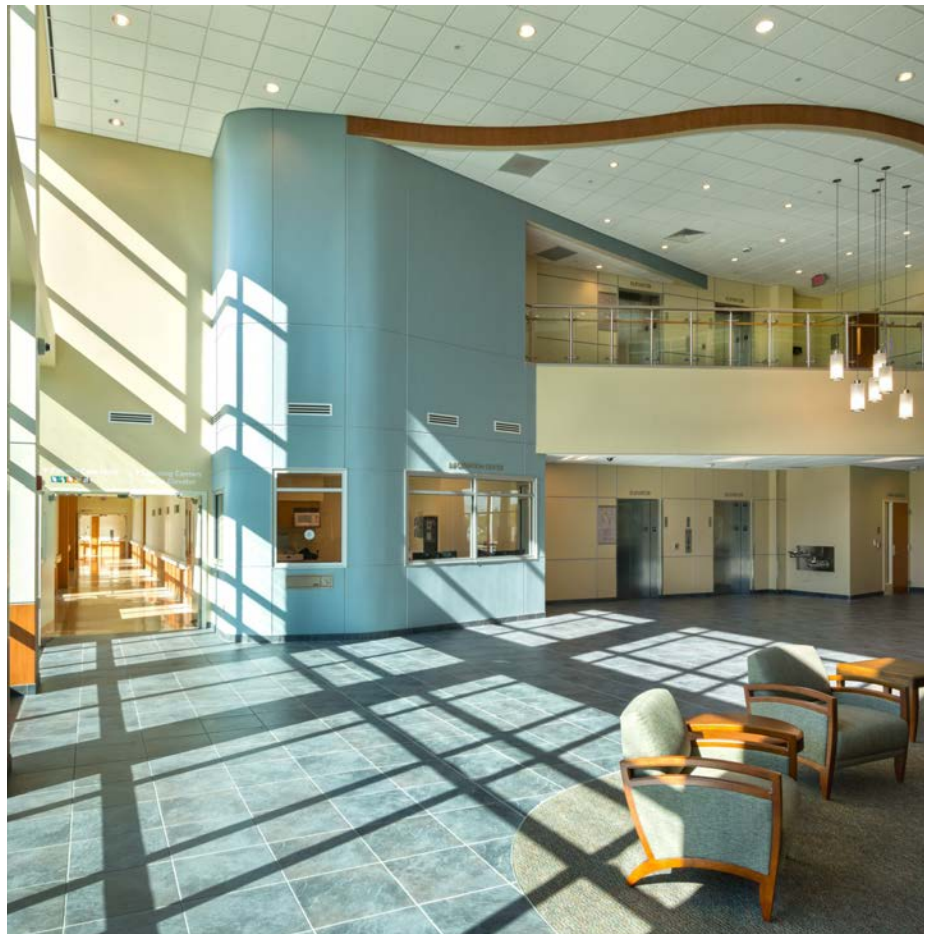
New 4,800-sm inpatient unit offering 54 adult and 10 youth beds, plus renovations to existing mental health facility. Project creates a facility that, in the words of the Health Region’s vision statement, is “conducive to healing and growth of the mind, body, and spirit.”

→ **Building and Site
Create a Therapeutic
Platform Health**

246-bed, 343,500-sf, \$120 million full replacement facility. The hospital houses a variety of inpatient psychiatric functions, including nine patient care units (PCUs) and is designed for the often conflicting needs of behavioral healthcare environments: safety, durability, and normalization.

**Commonwealth of
Virginia, DBHDS
Western State Hospital**

Staunton, Virginia





← **Taking Healing
Outside to Support
Patient Recovery**

Programming, planning, and design services for a new state-of-the-art 220-bed mental health and behavioral facility within the confines of the existing Arizona State Hospital.

**Arizona State Hospital
Civil and Adolescent
Behavioral Health
Hospital**

Phoenix, Arizona



↑ **Award-Winning Healthcare Design
for Facility Specializing Inpatient and
Outpatient Mental Health Treatment**

**Acadia Hospital
Acute Care Psychiatric Hospital**

Bangor, Maine

Combination of new construction and renovation for an award-winning \$13M, 126,000-sf, freestanding acute-care psychiatric hospital specializing in both inpatient and outpatient treatment of mental illness, behavioral disorders, and chemical dependency.. Cited as “well-conceived and beautifully executed within a very modest budget,” the project received the AIA/New England Healthcare Facilities Honor Award for Design Excellence.

CANNONDESIGN



J. GARLAND ENTERPRISES

One Marina Park Drive
Boston, MA 02210
617.477.0543
jgarlandenterprises.com
Minority-Owned Business

1201 RIVER STREET
Logan Sq. Hyde Park

CLIENT

B'nai B'rith Housing

PROGRAM

63-Unit

100% Income-Restricted
Senior (Age 55+)
Rental Apartments
Commercial Retail
40 Parking Spaces

PROJECT TYPE

New Construction

PROJECT SIZE

4 Stories
~49,900 GSF

ROLE

Architect of Record

PHASE/STATUS

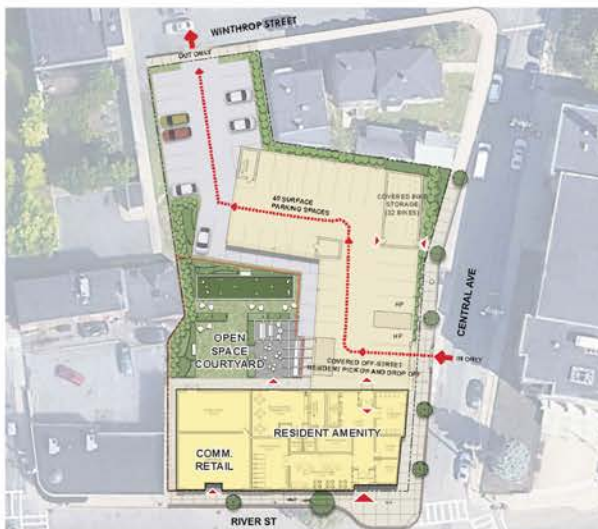
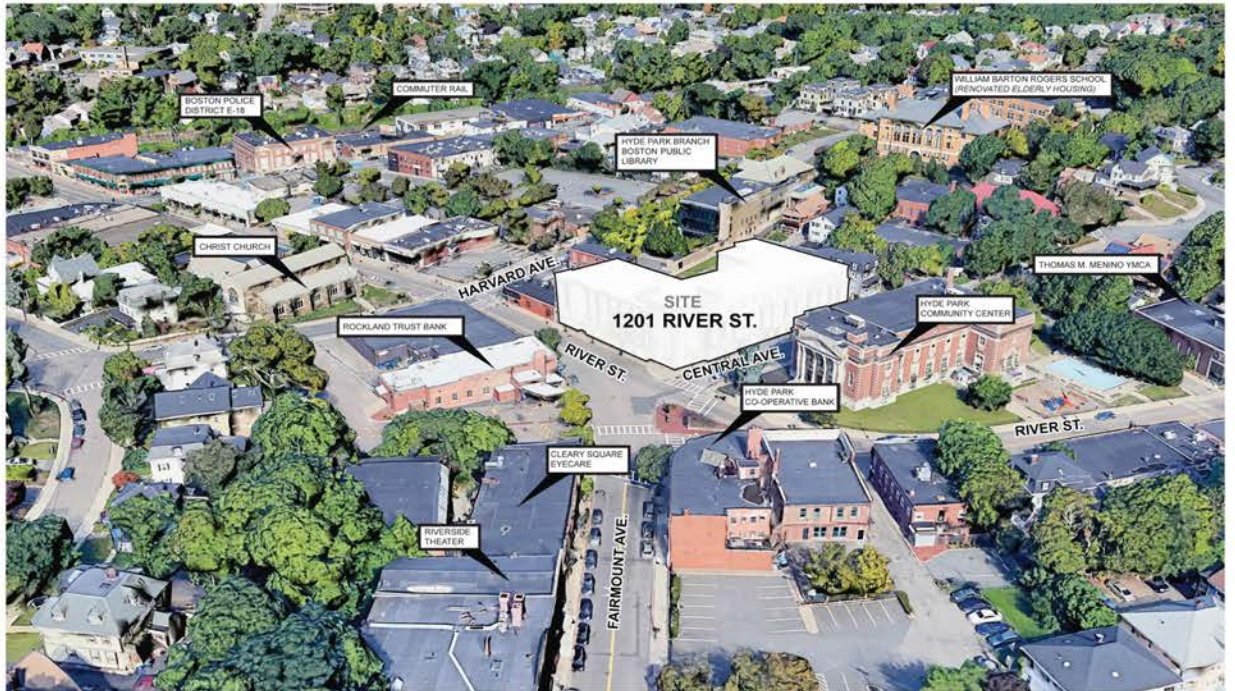
Construction Documents
BPDA Board Approved
Article 80 SPR
Zoning Compliant

SUSTAINABILITY

Passive House (PHIUS)

PUBLIC FUNDING

DND
DHCD





**J. GARLAND
ENTERPRISES**

One Marina Park Drive
Boston, MA 02210
617.477.0543
jgarlandenterprises.com
Minority-Owned Business

10 STONLEY RD.
Jamaica Plain

CLIENT
JPNDC

Traggorth Companies

PROGRAM

- 45-Unit
- Income-Restricted
- Homeownership
- Condominiums
- Artist Live/Work
- Exterior Art Mural
- 19 Parking Spaces

PROJECT TYPE

New Construction

PROJECT SIZE

4 Stories
~40,000 GSF

ROLE

Architect of Record

PHASE/STATUS

- Design Development
- BPDA Board Approved
- Article 80 SPR
- ZBA Approved

SUSTAINABILITY

Passive House (PHIUS)

PUBLIC FUNDING

DND
CommonWealth Builder





**J. GARLAND
ENTERPRISES**

One Marina Park Drive
Boston, MA 02210
617.477.0543
jgarlandenterprises.com
Minority-Owned Business

84 WARREN PLACE
Nubian Sq. Roxbury

CLIENT

Madison Park Dev. Corp
Urban League (ULEM)

PROGRAM

65-Unit
Income-Restricted
Homeownership
and Rental Apartments
Modernized Commercial
Space for ULEM
24 Parking Spaces

PROJECT TYPE

New Construction

PROJECT SIZE

6 Stories
~98,000 GSF

ROLE

Design Architect
in association with ICON

PHASE/STATUS

Design Development
Article 80 LPR
Public Engagement

SUSTAINABILITY

Passive House (PHIUS)

PUBLIC FUNDING

DND
DHCD





**J. GARLAND
ENTERPRISES**

One Marina Park Drive
Boston, MA 02210
617.477.0543
jgarlandenterprises.com
Minority-Owned Business

566 COLUMBUS AVE.
South End, Boston

CLIENT

New Boston Ventures

PROGRAM

- 66-Unit
- Homeownership
- Condominiums
- Non-Profit Commercial
- Affordable Artist Units
- Express Cafe
- 43 Parking Spaces

PROJECT TYPE

New Construction

PROJECT SIZE

6 Stories
~113,000 GSF

ROLE

Design Architect
in association with BH+A

PHASE/STATUS

- Under Construction
- Article 80 LPR
- Zoning Compliant
- BPDA Board Approved
- Landmarks Commission

SUSTAINABILITY

LEED Silver Certifiable



Mildred Hailey Apartments

Program

690 apartments including replacement of the existing 253 public housing units and the construction of 435 new low income to middle income affordable apartments. PCA's scope includes 224 apartments and activating the public realm around the first two built buildings.

Location

Boston, MA

Client

The Community Builders



The Mildred C. Hailey Apartments in the Jamaica Plain neighborhood of Boston is a large-scale redevelopment project. It will consist of approximately 690 apartments including replacement of the existing 253 public housing units and the construction of 435 new low

income to middle income affordable apartments. PCA's scope, including 224 apartments, looks to activate the public realm around the first two built buildings.

PCA

Home to one of the city's largest public housing projects, formerly called Bromley Heath, PCA is working with the City of Boston, The Community Builders and the resident neighborhood groups to reconnect the development with the broader community. Our approach includes access to public transportation, shopping, local eateries and more. Open green space, a community center and recreation uses further connect the residents allowing for an active, safe pedestrian experience.



Hattie Kelton Apartments

Program

56,290 SF, 4-story residential building with 47 affordable units and community room.

Location

Jamaica Plain, MA

Client

JPDNC /
Back of the Hill Neighborhood
Development Corporation



The Hattie Kelton Apartments bring new life and vitality to the Mission Hill / Jamaica Plain neighborhood in Boston with the addition of 47 new apartments and community space. One hundred percent of the apartments are affordable. Most are designed for families earning up to 60% of area median income with a portion of units set aside for formerly homeless

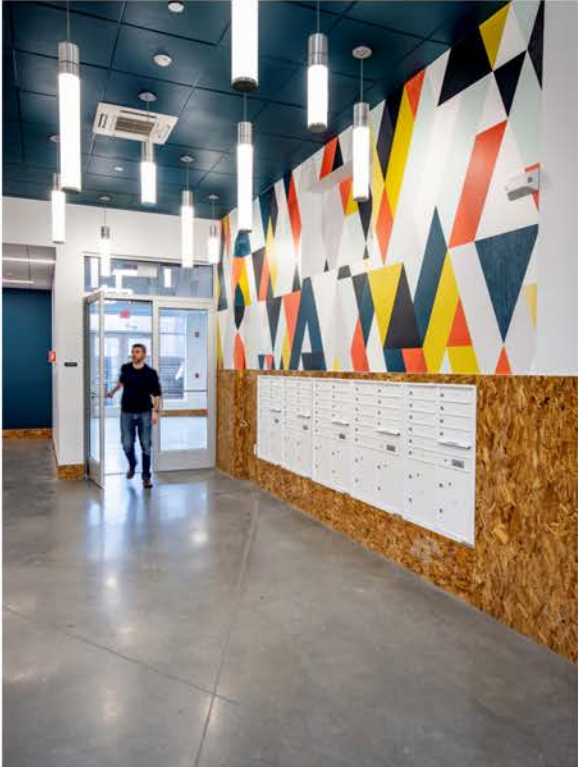
and people with mental disabilities.

Designed to fit into the neighborhood, the building has porches, planted terraces, multiple entries, and a rhythm of cladding materials that complement the existing neighborhood architecture of three-family wood-frame houses, historic brick buildings, and single family homes.

PCA



The design received overwhelming support from community leaders and public officials at the Article 80 Large Project Review.



PCA

140 Clarendon Street

Program

111 units supportive housing, 99 units affordable housing and varied amenity spaces.

Location

Boston, MA

Client

Beacon Communities,
The Mount Vernon Company,
YW Boston and Pine Street Inn



The scope outlined is for a proposed renovation of the historic YWCA Boston building built in 1929. The existing 13-story building will house a variety of mixed uses including commercial, cultural, educational, offices, residential and hotel uses. The renovation intends to convert all existing hotel rooms and residential units into all affordable and supportive housing apartments

while maintaining all other existing non-residential uses in the building. The program includes a total of 210 units including 111 units; 5 floors of 'Housing First,' a permanent supportive housing program operated by Pine Street Inn to provide services and help to maintain housing stability. Also, 99 units; 5 floors of conventional affordable housing units operated by Beacon

PCA



Lobby as part of the historic
140 Clarendon Building



Existing Historic
140 Clarendon Building

Communities is part of the scope.

Supportive and amenity spaces provided on various floors will support residents' health and well-being, financial stability, and community connection. A fitness center, computer learning lab, onsite wellness office, 24/7 security and front desk coverage, and social events offer continued amenities.

The renovation work includes upgrades to the roof, replacing all 5 elevators in existing shafts, improving accessibility, and installing a ground water conservation system that will make the site more resilient for the future.



Olmsted Green

Program

287,700 SF redevelopment of Boston State Hospital with a focus on senior housing, home ownership and housing for larger families

Location

Mattapan, MA

Client

Lena New Boston,
2Life Communities



Olmsted Green will provide 167 vibrant senior housing for the residents of surrounding neighborhoods and those aging out of initial housing phases with supportive services encouraging them to “age in community rather than in isolation.

The project also includes a home ownership

program, with 78 homes for area residents, promoting home ownership and the creation of equity for households of color. Home ownership is provided in three forms: an elevated building on a platform over parking, low density townhomes for larger families and triple-deckers on Harvard Street.



Treehouse in Easthampton, MA

The third distinct phase is Treehouse at Olmsted Green, a cutting-edge housing prototype first established in Easthampton, Massachusetts that provides an intergenerational, intentional, foster/adoptive family village. It is a synergistic community of seniors committed to mentoring and providing compassionate support to families who are working toward adopting foster children and youth ages 18-24 who are aging out of the foster care system without permanent families - a national example of best practices for foster care family success and achievement.

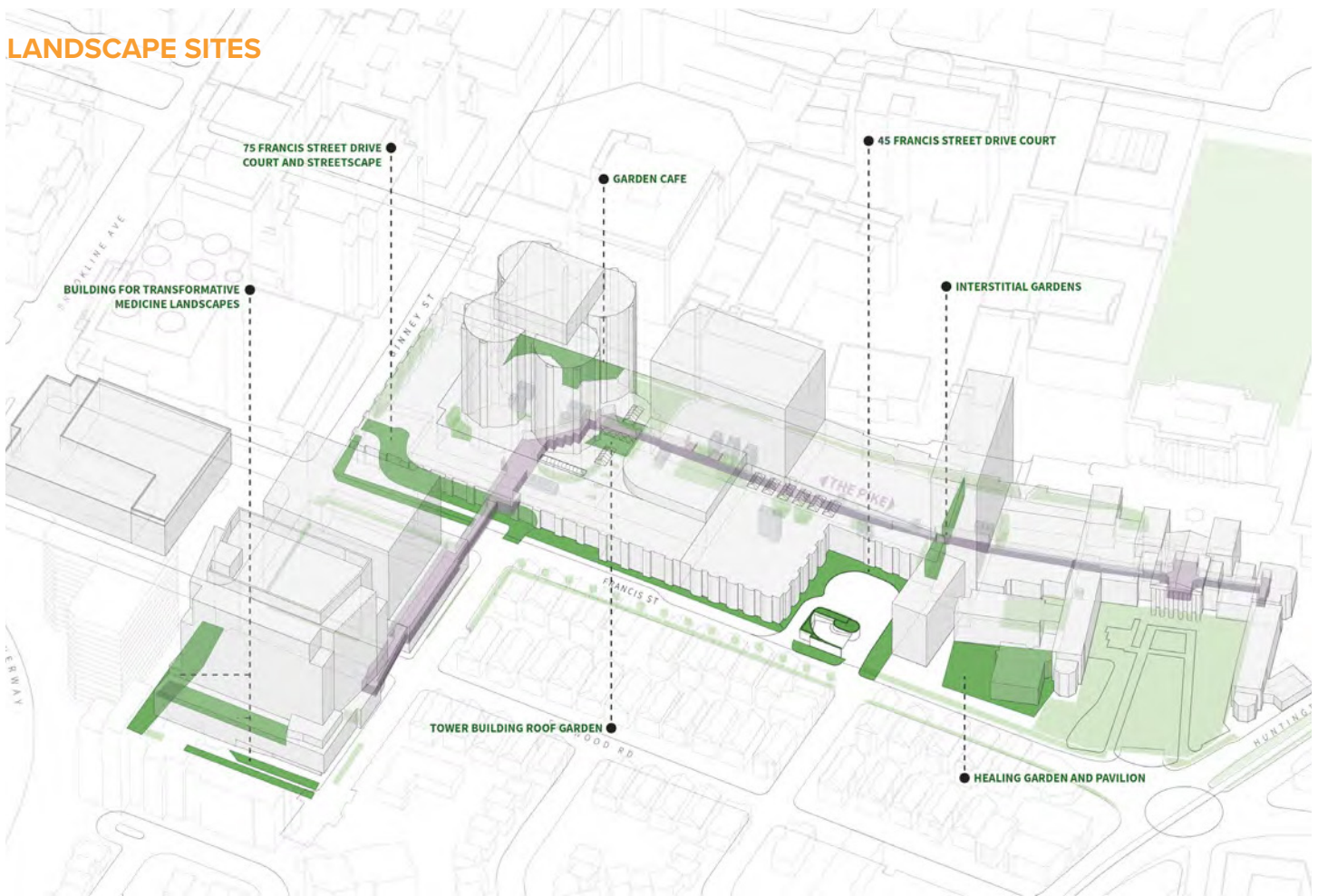
A "green" environment that respects and celebrates open space is central to the heritage of Olmsted Green. The site design enhances the interaction with the Boston Nature Center, the maintenance of several view corridors from the surrounding streets into the development, and the inclusion of solar energy and striving to achieve "zero energy" as much as possible.



BRIGHAM AND WOMEN'S HOSPITAL

LANDSCAPE MASTER PLAN + SELECT PROJECTS

LANDSCAPE SITES



Client

Brigham and Women's Hospital
Mass General Brigham

Location

Boston, Massachusetts

Architecture

NBBJ

Interior Design

Cama, Inc.

Wayfinding & Signage

Cloud Gehshan Associates

Status

Complete

One of the most prominent hospitals in the country, Brigham and Women's Hospital, is embedded in Boston's Longwood Medical Center district. Like many urban hospitals, it is challenged by the opposing forces of limited open space and the desire to offer its patients a premium environment for healing.

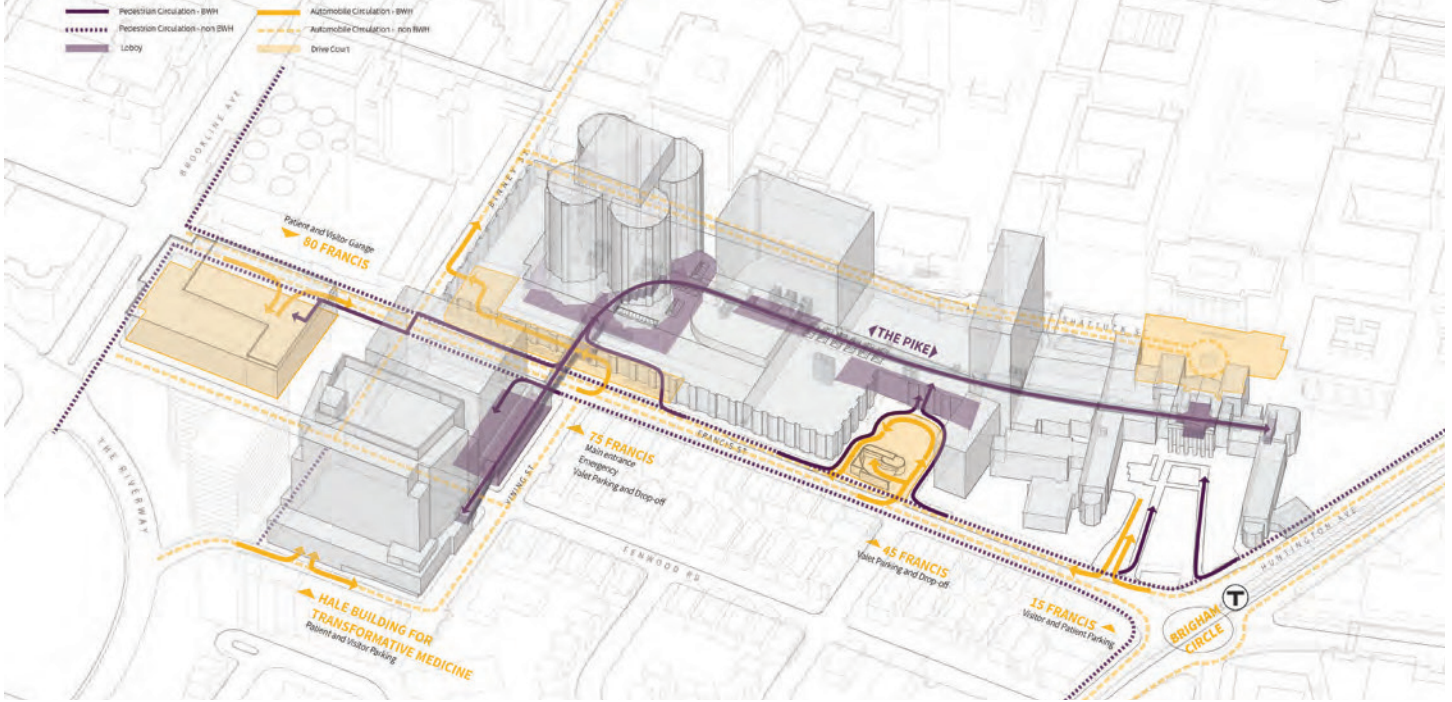
The hospital's initiative to bring nature into the hospital and provide patients, families, and staff with the restorative power of landscape is the driving vision of the project. Leading an interdisciplinary team that includes architecture, interiors, and wayfinding, KMDG developed a landscape master plan that meets the specific goal of creating more robust exterior landscapes and better connecting interior spaces with nature.

The first phase of work focused on significant moments of arrival for patients, starting with the campus parking garage and streetscape of the primary address on Francis Street. Other phased projects include rooftop and on-structure landscapes of BWH's new Building for Transformative Medicine (BTM), retrofitting existing roofs with landscapes, and creation of healing and patient gardens. Interior projects include atrium landscapes and seating spaces along the central 'pike' that unites the campus across its entire length.

BRIGHAM AND WOMEN'S HOSPITAL

LANDSCAPE MASTER PLAN + SELECT PROJECTS

CAMPUS CIRCULATION



45 Francis Driveway



Hale Building for Transformative Medicine



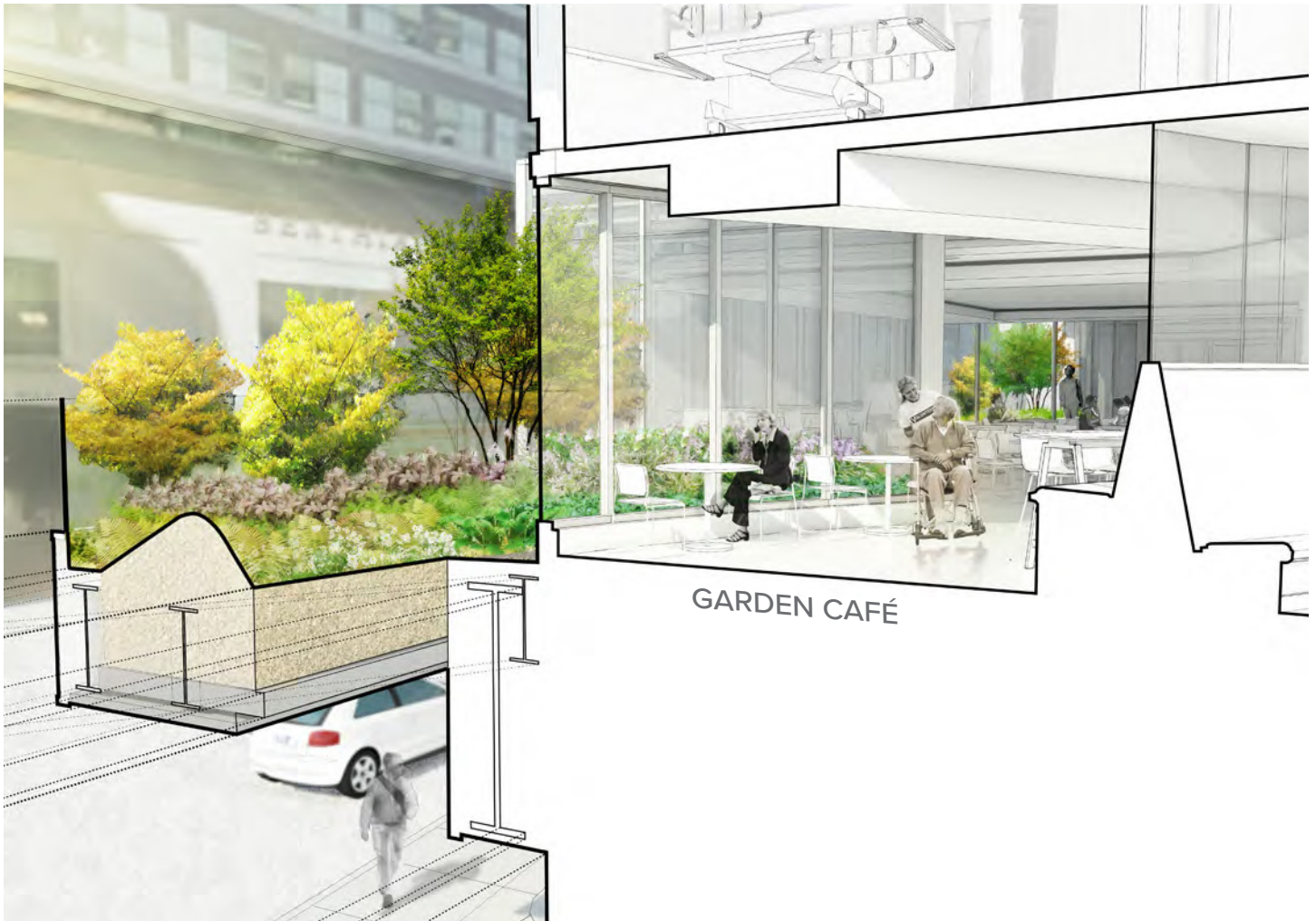
75 Francis Streetscape



Interstitial Gardens

BRIGHAM AND WOMEN'S HOSPITAL

GARDEN CAFÉ



Client

Brigham and Women's Hospital
Mass General Brigham

Location

Boston, Massachusetts

Architecture

Bruner/Cott Architects

Structural Engineering

McNamara/Salvia

Wayfinding & Signage

Cloud Gehshan Associates

Contractor

Suffolk Construction

Status

Complete

One of the most prominent hospitals in the country, Brigham and Women's Hospital, is embedded in the Boston's Longwood Medical Center district. Like many urban hospitals, it is challenged by the opposing forces of limited open space and the desire to offer its patients a premium environment for healing.

The hospital's initiative to bring nature into the hospital and provide patients, families, and staff with the restorative power of landscape is the driving vision of the project. Leading an interdisciplinary team that includes architecture, interiors, and wayfinding, KMDG developed a landscape master plan that meets the specific goal of creating more robust exterior landscapes and better connecting interior spaces with nature.

The second phase of Landscape Master Plan implementation includes the remodeling and modernization of the hospital's primary cafeteria at 75 Francis Street. Extending the vision of the master plan to this space, the design team created two small viewing gardens adjacent to the new cafeteria and hovering one floor above the Shattuck Street sidewalk below. To implement the project, a 130-foot steel girder was deployed to carry the weight of the garden over the sidewalk without column supports below.

BRIGHAM AND WOMEN'S HOSPITAL

GARDEN CAFÉ



FISHER HILL RESERVOIR PARK



Client

Town of Brookline
Parks & Open Space Division

Location

Brookline, Massachusetts

Gatehouse & Comfort Station Architect

Touloukian Touloukian Architects

Transportation & Civil Engineer

Howard/Stein-Hudson Engineering

Status

Complete

Awards

2018 BSLA Merit Award in Design
2017 BSA Honor Award Design Excellence
2017 American Architecture Prize
2017 Massachusetts Historical Commission
Preservation Award
2016 Architect Newspaper, Best of Design,
Adaptive Reuse
2016 Merit Award, Adaptive reuse AIA NE
2016 Award for Architectural Excellence APA
2016 Architect Newspaper, Design Award:
Adaptive Reuse

Built by the Massachusetts Water Resources Authority in 1893 the reservoir and its gatehouse (on the National Register of Historic Places) served as part of the water system of Brookline until 1954 when use of the facility was discontinued. In subsequent years a wetland formed in the basin of the former reservoir and the surrounding land grew into a woodland. The site was acquired by the town in 2011 for use as a park for active and passive recreation.

KMDG proposed a radical alternative to the town's conceptual master plan and promoted keeping the earth embankments as an important historic reference to the previous use and that created unique possibilities for the park as well. Through an extensive series of public meetings, the park design emerged as an open athletic field in the basin with spectator seating on the sloped landform. A series of terraces and ramps retain the historic relationship of the reservoir to Fisher Avenue and allow greater access to the site. The restored historic gatehouse is grounded by a granite promenade with an interactive playful water feature. Additional destinations throughout the park include an overlook platform, embankment slide, an artist-designed sculptural wooden climber, and a boardwalk through a wet meadow. On the outer edges of the reservoir, a diverse, layered planting creates a woodland environment for strolling and screens views into the park from the adjacent residential neighborhood.

FISHER HILL RESERVOIR PARK



Main Program Areas



Location
Quincy, Massachusetts

Client
FoxRock Properties

Architecture
Arrowstreet

Status
In Design Development

For four years the Quincy Medical Center and its 10-acre site have been largely vacant, except for an operational Emergency Department slated to close in 2020. Undermaintained for decades the site sheds stormwater onto its neighbors, and the vacant hospital buildings and on-site power plant pose problems for the immediate neighbors and city as a whole.

In 2018 FoxRock Properties purchased the site and proposes to build 400 homes in six buildings with the hospital's former Administration Building reimagined as its core architectural feature. Working with the project architects, kmdg has developed the landscape both as an important exterior environment for those living there, as well as new landscape spaces for the neighborhood, effective screening of the new development to the abutting homes, and preservation of nearly 40% of the site as a defacto conservation space for the city. To achieve the robust open space goals of the project, a majority of the parking is located under the cluster of buildings at the center of the site and central green defined by those buildings, freeing up as much space as possible to be enjoyed as landscape.

The project underwent an extensive public approvals process, and the integrated process of the design team between architecture, civil engineering and landscape, has been a key element of its success in furthering the project.

The Common



The Passage (30000sf)



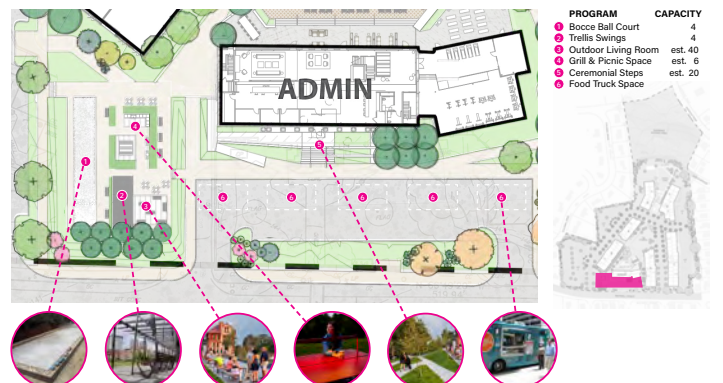
The Common (14000sf)



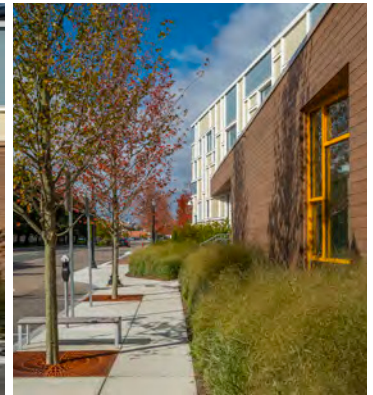
The Veranda (12600sf)



The Foyer (7200sf)



MASS GENERAL BRIGHAM CHILDCARE CENTER



Client
Mass General Brigham

Location
Somerville, Massachusetts

Architect
D.W. Arthur Associates

Status
Complete

Completing the build out of a new central administrative campus, the Mass General Brigham (MGB) Childcare Center includes a welcoming and engaging landscape for children of MGB employees and the general public. Beyond the play spaces, the landscape fosters connectivity to its surroundings by extending the lush plantings and site furnishings characteristic of the campus further south along the campus spine.

The Center's play yard consists of a series of connected spaces with a set of features, each tailored to the ages of the intended users— mounds to climb up and over and slide down, flexible spaces for unprogrammed play, diverse plantings designed to highlight sensory experiences and seasonal change, and equipment that stimulates movement and imaginative play. Within a relatively small space, the ground plane includes a variety of materials to add visual and tactile interest for the children, along with creating a patchwork pattern when viewed from above from the adjacent office towers. Low fencing that separates the spaces by age also introduces a playful element through patterning, color, and variations in transparency.

MASS GENERAL BRIGHAM CHILDCARE CENTER



The Commonwealth of Massachusetts acquired the existing Newton Pavilion Building located at 88 East Newton Street in Boston's South End and will relocate the medical services currently located at Lemuel Shattuck Hospital (LSH) in Jamaica Plain, including inpatient bed and associated support services and outpatient clinics to this renovated facility.

The Shattuck Hospital, operated by the Massachusetts Department of Public Health (DPH) and located in Jamaica Plain, is the Commonwealth's safety net provider that enables economically and socially disadvantaged patients to obtain high quality, cost-effective care. The Shattuck Hospital accommodates services provided by three agencies of the Commonwealth: the DPH, the Department of Mental Health (DMH), and the Department of Corrections (DOC).

Nitsch Engineering provided civil engineering services for the renovation of an existing 423,000-square-foot building. The new recovery center and hospital provides a state-of-the-art therapeutic environment that will help patients transition to independent living in the community. The renovated facility will include a 260-bed adult hospital allowing the DPH to close an out-of-date facility. LSH provides acute and sub-acute adult inpatient care for a total of 260 beds, including:

- DPH inpatient medical/surgical units – 117 beds;
- DMH inpatient units where the DMH provides staff on these psychiatric units – 115 beds; and
- DOC inpatient units where the DOC provides security and the DPH staff provides medical services – 28 beds.

In addition to working with the design team during the Study Phase, Nitsch Engineering provided utility and grading (recent change order) design for the building and site.

Green infrastructure strategies include a green roof. Subsurface infiltration systems were incorporated into the sites stormwater management system to promote infiltration, provide enhanced water quality treatment, reduce onsite runoff and comply with the Boston Water and Sewer Commission (BWSC) infiltration requirements.

We permitted with BWSC and prepared an early earthwork/utilities site package to accommodate the fast-track schedule of the project. Nitsch Engineering will provide construction administration services.

Nitsch Engineering is in contract with Gilbane Building Company to provide transportation permitting services for construction activities. We will develop the Construction Management Plan (CMP) showing construction activity and temporary traffic control throughout the duration of the project. Nitsch Engineering will work with the Client and Boston Transportation Department (BTD) to facilitate a prompt approval of the final Construction Management Plan. Work is expected to begin in February 2022. Work on the site began in 2021.

Project Features

- *Utility design*
- *Green infrastructure design*
- *Subsurface infiltration system*
- *Fast-track schedule*
- *Permitting with BWSC*
- *Transportation permitting*
- *Development of Construction Management Plan*

Client

The S/L/A/M Collaborative, Inc.

Owner

DCAMM

Completion Date

Ongoing

Nitsch Engineering provided land surveying, civil engineering, and traffic engineering services for the Mass Department of Public Health Jamaica Plain Campus phased renovation of the William A. Hinton State Laboratory Institute.

Nitsch Engineering updated the existing conditions site survey which included incorporating the boundary survey Nitsch Engineering completed in 2008; performing property research at the City of Boston offices, County registry of Deeds, and the Massachusetts Land Court; performing research at the gas, water, sewer, telephone, electric, cable television, and steam utility companies/departments to obtain record data on utilities in adjacent streets and services to the property; and performing a topographic and location survey update of the 2008 survey Nitsch completed.

Civil engineering services provided included the study and schematic design to develop a strategic plan for the phased renovation of the tower building. Our traffic engineering services provided included a parking utilization study and assessment and site plan development to examine and estimate the parking demand for the proposed facility.

Project Features

- *Project with Mass Department of Public Health*
- *Study and schematic design for phased renovation*
- *Parking utilization study and assessment*
- *Examination of parking demand*

Client

Payette Associates Inc.

Owner

DCAMM

Completion Date

Ongoing

Nitsch Engineering is providing transportation design services for a master plan for a public housing development in the Jamaica Plain neighborhood. The project is replacing seven public housing buildings on Centre and Heath Streets and 253 public housing units, with brand new buildings and brand new units, while adding a mix of new affordable and market rate units as well. The public housing development will be developed in Phases over an undetermined amount of time starting with the Phase 1 housing units which are currently in design and permitting.

As a part of the redevelopment, a new roadway (Lamartine Street Extension) will be constructed along with improvements to its intersection with Centre Street and Heath Street. A concept master plan has been developed and presented to the public. In addition, Nitsch Engineering is working with the Client to determine the parking accommodations and site access during each Phase of the project development.

The Phase 1 buildings, including apartments and underground parking, are in the final stages of design and expected to be submitted to the City in early 2022. Also included in the Phase 1 package are the proposed design of the Lamartine Street Extension adjacent to the buildings; the intersection design for Lamartine Street Extension and Heath Street; and the Heath Street improvements along the site frontage.

As part of this project, a Massworks grant was awarded to construct the roadway layout and subsurface work including underground utilities in front of the Phase 1 buildings on Lamartine Street Extension and Heath Street. Upon completion of the Massworks construction scope, the Phase 1 building construction will begin which will include the roadway resurfacing and the installation of all curbing, sidewalk, and roadway finishes. Nitsch Engineering is continuing to work with the project team to finalize the Phase 1 construction documents and Massworks plans.

Project Features

- *Master plan*
- *New roadway*
- *Intersection improvements*
- *Parking and site access*
- *Sidewalk installation*

Client

PCA / Prellwitz Chilinski Associates

Owner

The Community Builders, Inc.

Completion Date

Ongoing

Nitsch Engineering provided land surveying, civil engineering, and traffic engineering services to support the campus-wide planning analysis, design, and construction of the reconstruction of the roadway system and utility systems on the 98-acre campus, based on a previously prepared 25 year build-out Master Plan. We evaluated the current drainage system on the campus and assessed and designed alternatives for stormwater management, focusing on methods of improving stormwater quality. Nitsch Engineering developed a Comprehensive Stormwater Master Plan that emphasized the design of Low Impact Development (LID) and Green Infrastructure (GI) strategies such as water quality swales, bioretention basins, and non-structural Operations and Maintenance practices. Due to the urban nature of the campus, proprietary water quality structures were sized and designed to provide additional water quality treatment where appropriate.

Following the completion of the Master Planning effort, Nitsch Engineering performed design of the stormwater management system and grading for the campus. The stormwater management system included a Green Infrastructure approach that included a series of stormwater basins integrated into the landscape along the outer perimeter of the campus adjacent to Boston Harbor. The intent of this system is to develop a more appealing open space along the waterfront to draw students and faculty to the coast. This system provides a buffer to the campus against climate change impacts, including sea level rise and storm surge, while also providing enhanced water quality benefits. This Green Infrastructure system also provides additional capacity to the closed drainage system, which will be needed as rainfall intensities increase in the future. The closed drainage piping system was also sized and improved to accommodate sea level rise and increased storm intensities.

Nitsch Engineering also provided a campus-wide traffic engineering study and design for the on-site and off-site roadway system. The traffic study included a Synchro analysis to determine an efficient means of traffic management for the internal roadways and site access. Nitsch Engineering assisted the design team with on-site circulation and traffic engineering services, including developing construction plans for four signalized intersections at the site driveways and roadway construction plans for the roadway network. The on-site design included layout, grading, pavement marking and signage as well as roundabout design at key intersections. Nitsch Engineering also assisted in developing an efficient Intelligent Transportation System for on-campus parking. The final design provides accommodations for bicycles and vehicles while maintaining sufficient sidewalk and exclusive paths to prioritize student safety throughout campus.

Following the master plan phase, Nitsch Engineering began working with the design team and University to design the improvements. The project began construction in 2013 and was completed in 2018.



Project Features

- *Master Plan*
- *Utility infrastructure*
- *Transportation infrastructure*
- *Sustainable stormwater management*

Client

BVH Integrated Services

Owner

*University of Massachusetts
Building Authority*

Completion Date

2018

Nitsch Engineering provided land surveying, civil engineering, and traffic engineering services for the Mass Department of Public Health Jamaica Plain Campus phased renovation of the William A. Hinton State Laboratory Institute.

Nitsch Engineering updated the existing conditions site survey which included incorporating the boundary survey Nitsch Engineering completed in 2008; performing property research at the City of Boston offices, County registry of Deeds, and the Massachusetts Land Court; performing research at the gas, water, sewer, telephone, electric, cable television, and steam utility companies/departments to obtain record data on utilities in adjacent streets and services to the property; and performing a topographic and location survey update of the 2008 survey Nitsch completed.

Civil engineering services provided included the study and schematic design to develop a strategic plan for the phased renovation of the tower building. Our traffic engineering services provided included a parking utilization study and assessment and site plan development to examine and estimate the parking demand for the proposed facility.

Project Features

- *Project with Mass Department of Public Health*
- *Study and schematic design for phased renovation*
- *Parking utilization study and assessment*
- *Examination of parking demand*

Client

Payette Associates Inc.

Owner

DCAMM

Completion Date

Ongoing

Nitsch Engineering is currently providing transportation permitting services for the new MIT Music Building. The proposed building, located adjacent to the Kresge Auditorium near Massachusetts Avenue (Route 2A) and Memorial Drive in Cambridge, will house a new practice and performance music facility. In addition, a new parking garage will be constructed with access off Amherst Street adjacent to a loading zone parking lot.

Working with the owner and landscape architect, Nitsch Engineering studied the existing pedestrian mobility throughout the local part of campus and provided transportation mobility recommendations for pedestrian and vehicle site access. In addition, Nitsch Engineering provided design recommendations for the future garage entrance way and loading zone parking lot. Using the AutoTurn vehicular turning modeling software, we developed an entryway design that maximized the number spaces in the adjacent parking lot while providing an efficient ingress and egress for all anticipated vehicle types and sizes.

Nitsch Engineering is also coordinating any transportation permits that may be required. Currently we are working with the Cambridge Traffic, Parking & Transportation Department (TPT) to determine what traffic studies will be necessary for the institutional development and what construction permits may be needed from the TPT.

Project Features

- *Providing transportation permitting*
- *Studied pedestrian mobility*
- *Provided recommendations for site access*
- *Developed entryway design for efficiency*

Client

*Perry Dean Rogers /
Partners Architects*

Owner

MIT

Completion Date

Ongoing

Nitsch Engineering provided civil engineering services for The Residences at Brighton Marine, which included 101 new units of housing (including 25 units of housing specifically designed for veterans on campus) and two building renovations that received LEED Gold Certification.

Green Infrastructure strategies, including surface swales and a subsurface infiltration system, were built into the project to reduce runoff velocity, prevent erosion, and provide water quality treatment.

In addition to working with the design team during the study phase, Nitsch Engineering provided utility design and permitting for the building and site. Performed permitting with the Boston Planning & Development Agency (BPDA), Massachusetts Historical Commission, Boston Water and Sewer Commission (BWSC), and the Boston Public Improvement Commission (PIC).

We prepared an early site package to facilitate the construction demolition schedule. We also provided construction administration services.



Image credit: WinnCompanies

Project Features

- Received *LEED Gold Certification*
- *Surface swales*
- *Subsurface infiltration system*

Client

WinnCompanies

Owner

Brighton Marine Health Care Center, Inc.

Completion Date

2019

Nitsch Engineering provided land surveying, civil engineering, and traffic engineering services to support the campus-wide planning analysis, design, and construction of the reconstruction of the roadway system and utility systems on the 98-acre campus, based on a previously prepared 25 year build-out Master Plan. We evaluated the current drainage system on the campus and assessed and designed alternatives for stormwater management, focusing on methods of improving stormwater quality. Nitsch Engineering developed a Comprehensive Stormwater Master Plan that emphasized the design of Low Impact Development (LID) and Green Infrastructure (GI) strategies such as water quality swales, bioretention basins, and non-structural Operations and Maintenance practices. Due to the urban nature of the campus, proprietary water quality structures were sized and designed to provide additional water quality treatment where appropriate.

Following the completion of the Master Planning effort, Nitsch Engineering performed design of the stormwater management system and grading for the campus. The stormwater management system included a Green Infrastructure approach that included a series of stormwater basins integrated into the landscape along the outer perimeter of the campus adjacent to Boston Harbor. The intent of this system is to develop a more appealing open space along the waterfront to draw students and faculty to the coast. This system provides a buffer to the campus against climate change impacts, including sea level rise and storm surge, while also providing enhanced water quality benefits. This Green Infrastructure system also provides additional capacity to the closed drainage system, which will be needed as rainfall intensities increase in the future. The closed drainage piping system was also sized and improved to accommodate sea level rise and increased storm intensities.

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Project Features

- *Master Plan*
- *Utility infrastructure*
- *Transportation infrastructure*
- *Sustainable stormwater management*

Client

BVH Integrated Services

Owner

*University of Massachusetts
Building Authority*

Completion Date

2018

HELPING INSTITUTIONS DO MORE WITH LESS

Haley & Aldrich is a national firm that provides strategic engineering, environmental, and management consulting services supported by a tradition of technical excellence in the built environment. Our one-team approach allows us to draw from our 700 engineers, scientists, and constructors in 33 nationwide offices for creative collaboration and expert perspectives. Since our founding in Cambridge in 1957, we have had one goal in all we do: *deliver long-term value efficiently, whether a straightforward or complex challenge.*

Proven Track Record

From planning, design and construction of new buildings and renovations to portfolio and facilities management and operations, to environmental health & safety and compliance, Haley & Aldrich works as a trusted partner to help our healthcare clients fully realize the value of their operations and physical assets.

Haley & Aldrich has delivered underground engineering and environmental solutions for hundreds of hospital and medical facilities. Hospital development typically involves expansion or new construction on both sprawling and crowded campuses, within an existing building footprint, or abutting existing structures. Many hospitals’ expansion efforts often include full or partial below-grade levels for parking, mechanical systems, or patient care services. Haley & Aldrich integrates our technical acumen, strategic thinking, and practical approaches to assist our clients in mutually understanding and collaboratively responding to the challenges of hospital development projects.

Understanding of the dynamics of healthcare design, construction, and operations. We know healthcare, and work with other top medical institutions with complex campus development challenges such as Boston Children’s Hospital, Harvard Medical School, Brigham & Women’s Hospital, Mass General, Spaulding Rehabilitation Hospital, Mass Eye & Ear, Boston Medical Center, Lahey Clinic, Newton Wellesley Hospital, and Cambridge Hospital. We also know the healthcare design and construction community, and know how to engage quickly, collaborate with the team and provide greater value to the design process.

Presented below is a select list of our healthcare clients.

- » Acute Care & Psychiatric Hospital, Portsmouth, NH
- » Affiliated Hospitals Center, Boston, MA
- » Beth Israel Deaconess Medical Center, Boston, MA
- » Beverly Hospital, Beverly, MA
- » Boston Children’s Hospital, Boston, MA
- » Boston Medical Center, Boston, MA
- » Brigham & Women’s Hospital, Boston, MA
- » Capital Region Healthcare
- » Children’s Hospital of Philadelphia, Philadelphia, PA
- » Children’s National Medical Center, Washington, DC
- » Community Health Center, Middletown, CT
- » Concord Hospital, Concord, NH
- » Dartmouth-Hitchcock Medical Center, Lebanon, NH
- » Emerson Hospital, Concord, MA
- » Greenburgh Health Center, Greenburgh, NY
- » Greenwich Hospital, Greenwich, CT
- » Kaiser Permanente
- » Lahey Clinic, Boston MA
- » Lawrence + Memorial Hospital, Lawrence, MA
- » Lourdes Hospital, Binghamton, NY
- » Maine Medical Center, Portland, ME
- » Mercy Hospital, Portland, ME
- » MetroHealth Clement Center, Cleveland, OH
- » New England Baptist Hospital, Boston, MA
- » Newton-Wellesley Hospital, Newton, MA
- » North Country Health Systems
- » Norwalk Hospital, Norwalk, CT
- » Oregon Health Sciences University, Portland, OR
- » Partners HealthCare System, Inc. and member institutions
- » Phelps Memorial Hospital Center, Sleepy Hollow, NY

- » Providence Healthcare
- » Rochester Regional Health, Rochester, NY
- » Southern New Hampshire Medical Center, Nashua, NH
- » University Hospitals Health System
- » Yale New Haven Health System

We take both proven and innovative approaches to plan for the unexpected so our developer clients can achieve a better result.

As a landowner, developer, or investor, you are accustomed to unexpected events that emerge when you acquire, entitle, design, build, and operate facilities. But the distinct nature of properties and projects makes it difficult to foresee and prepare for these events, which range from permitting complications to environmental liabilities, as well as community engagement and unanticipated subsurface conditions.

The Haley & Aldrich real estate developers team is prepared for the unexpected. Because of our industry-leading expertise in geotechnical engineering, underground construction, and environmental sciences, we are able to anticipate unforeseen circumstances during your development projects. We take both proven and innovative approaches based on our past successes and challenges, resulting in better planning, budgeting, and design — and ultimately, less risk from unexpected events.

We operate as integral members of your team from project inception through completion, advocating on your behalf and collaborating to find reasonable solutions with stakeholders, community organizations, abutters, and regulatory agencies. Our experts ask the right questions early on in a project and seek to understand each team member’s point of view. Through this approach, we provide technically feasible and economical solutions that balance cost, quality, risk, and time.

From due diligence to property acquisition and design to construction, our real estate development consultants apply proven, innovative processes and technology to help you achieve successful outcomes — no matter the size or complexity of your project.

Responsive real estate development expertise from concept through construction

At Haley & Aldrich, we know real estate development projects are increasingly complex, cost-sensitive, and time-driven. We also know that you want to acquire, entitle, finance, improve, and maintain or divest property, while eliminating outside risks that derail or impact investment value.

As leaders in underground engineering, construction, and environmental sciences, we focus on understanding and anticipating real estate development obstacles. We do so by combining our innovative thinking and in-depth industry experience with our ability to adapt. This ensures our clients design, plan, permit, and build on-time and on-budget projects.

Some of our real estate development services include:

- » Earthquake engineering
- » Environmental due diligence
- » Environmental risk assessment
- » Foundation design
- » Geotechnical due diligence
- » Geotechnical instrumentation
- » Remediation
- » Site characterization
- » Support of excavation design
- » Vapor intrusion

Haley & Aldrich’s national presence and local leadership allow us to seamlessly navigate the variable permitting, community, and regulatory ecosystems present in today’s landscape — so real estate improvements exceed your desired outcomes.

CitySquare

Worcester, MA



CitySquare is a +/-2 million sf, mixed-use project set on 20 acres in the heart of downtown Worcester. It is the largest single Public-Private Partnership development in Massachusetts history, outside of Boston. Spanning more than 10 years, the project is now in its final phase and has become the hub that now connects many of Worcester's most prominent destinations – a potential that was forfeited long ago, and thought to be forever lost, when the Worcester Galleria Mall was developed in the name of urban renewal in the late 1960s.

The City of Worcester saw economic opportunity in demolishing the Mall, which had closed and had become a blight on the community. Bifurcating the 20-acre site with new public streets and related infrastructure would create multiple private development opportunities, restore neighborhood connectivity and provide for a more pedestrian friendly environment. The vision of the Public-Private Partnership called for an investment of public funds, primarily through District Improvement Financing (DIF), to demolish the Mall, perform environmental clean-up, and construct new public streets, utilities and public amenities. Increased Real Estate Tax revenues derived by 1.2 million sf of new private development would support the DIF repayment structure.

The property was purchased by a developer in 2004 with the intent of executing the ambitious plan, but after much effort the project stalled. Hanover Insurance, as one the largest employers in the City, saw merit in the City's vision and through its investment subsidiary sought a leadership role in the project. In 2009, Opus Investment Management engaged Leggat

Project Highlights

Size: +/-2 million SF, \$565 million in aggregate expenditure

Property Type: Mixed-Use

Year started/completed: 2009 - Present

Services Rendered:

- Master Developer
- Development Management
- Construction Management

Owner/Client:

Public – Private Partnership between Opus Investment Management (a wholly owned subsidiary of Hanover Insurance) and the City of Worcester, MA

Master Plan Architect:

Arrowstreet

McCall Properties as their advisor and development manager. LMP analyzed the proposed development plan and made recommendations on project scale and real estate product mix to improve project viability. LMP worked with Opus, the City, and the existing property owner to subdivide the site, enabling Opus to purchase the developable portions of the project, leaving the existing owner with substantially leased commercial office buildings that would remain in operation through the extended development period.

LMP took on the developer role in the Public-Private Partnership in 2010 and immediately began demolition of 800,000 sf of the Mall structure and 2,300 spaces of structured parking to free-up 12 acres of land for new development. The demolition project involved a complicated surgical separation of the unified Mall and Office structure, including building systems, services, and utilities in an occupied environment. The work included \$12 million in environmental cleanup that included ACM and PCB abatement and the removal of contaminated soils. A Beneficial Use Determination issued by MADEP allowed the project to process 80,000 tons of clean and abated concrete waste material into engineered fill for use beneath new public streets. All of the structural steel, metal deck and reinforcing steel was also segregated for recycling.

LMP worked with Opus, the City, and other stakeholders to further subdivide the site and define the layout of public streets and infrastructure. LMP also expedited the site plan approval process for each project resulting from the subdivision, in some cases working with other owners and developers who subsequently chose to invest in CitySquare.

As development manager representing the City's interests, LMP oversaw the design and construction of the new public streets, sidewalks, utility infrastructure, and 2-plus acres of public parks and pedestrian plazas. Much of this new infrastructure was created above existing and/or new below-grade structures that made for complicated structure, waterproofing and stormwater drainage conditions. The public work also included a 565-car below-grade public parking facility, operated by the City through a long-term ground lease with project ownership. Management of the work was programmed by LMP to align with the complexities, limitations and timing constraints of various public funding sources, including District Improvement Financing (DIF), three separate Growth District Initiative Grants, a MassWorks Grant, a Federal Transportation Grant, State Legislative Grant and Brownfields funding.

LMP negotiated and executed the following private transactions at CitySquare:

- Original land purchase, plus subsequent land purchases on behalf of Opus to advance the project;
- 214,000 sf build-to-suit, long-term lease transaction with UNUM insurance;
- Development of a 214,000 sf, 8-story, LEED Silver office project and adjacent 865-car structured parking facility for UNUM;
- Sale of the UNUM facilities to a third-party investor on project completion;
- Land parcel sale to St. Vincent Hospital to build a 60,000 sf cancer center;
- Parking lease between UNUM and St. Vincent Hospital;
- Land parcel sale to a third-party to develop 370 units of multi-family housing, a 420-car parking structure and 12,000 sf of retail;
- Air-rights ground lease, and mezzanine credit facility, with a hotelier to develop a 162-key AC Marriott hotel and adjacent 110 Grill restaurant;
- Parking agreement between Hotel and City for hotel/restaurant parking;
- Numerous easements, cross easements and other agreements between the various project stakeholders, including private land owners, lease holders, utility providers and the City of Worcester;

LMP is presently overseeing sales efforts in the marketing of the two remaining land parcels at CitySquare.

The Vale

Woburn, MA



Project Highlights

Size: 107 Acres

Property Type: Mixed-Use Development

Year started/completed: 2017/Ongoing

Services Rendered: Principal Investment

Owner/Client:
Leggat McCall Properties

Land Planning:
Stantec

In 2018, Leggat McCall Properties (LMP) acquired a 107-acre parcel from Kraft Heinz Co. The site, which is located primarily in the City of Woburn, represents one of the largest redevelopment parcels to become available inside Boston's Route 128 corridor in the last 10 years. LMP is currently in the planning and permitting stages.

LMP plans to demolish 400,000 SF of existing buildings and prepare the site for a mixed-use development with Class A office, lab, GMP manufacturing, retail, residential, and a boutique hotel.

The residential component envisions up to 300 units of apartments and townhouses as well as senior housing. The commercial component envisions a unique opportunity for build-to-suit office, lab, GMP, and research and development space within minutes of Boston with flexibility to customize and connect buildings to accommodate 150,000 – 1,100,000 SF.

To learn more about The Vale, please visit thevaleboston.com.

Beth Israel Deaconess Medical Center New Inpatient Building

Boston, MA



Project Highlights

Size: 371,000 SF

Property Type: Inpatient Building

Year started/completed: 2018/
Ongoing

Services Rendered: Project
Management

Owner/Client:
Beth Israel Deaconess Medical
Center

Architect:
Payette

General Contractor:
Turner Construction

Ground up construction of a new inpatient building on BIDMC's west campus in the Longwood Medical Area.

Project Facts:

- Ten (10) story building above ground of approximately 371,000 SF to be constructed over the existing ED parking lot and loading dock
- One (1) story below grade housing Central Sterile, Materials Management and other support services
- Horizontal connections to the existing Rosenberg Building at the 3rd floor (Imaging Department), 5th floor (Peri-Operative Department) and an elevated pedestrian walkway
- 5 Inpatient floors with 128 Medical-Surgical Beds and 30 ICU Beds, 7 Operating Rooms, 1 Hybrid Operating Room, 4 Cath/EP Labs
- Relocation of the existing helipad

Massachusetts General Hospital | Cambridge Street Project

Boston, MA



Project Highlights

Size: 1,200,000 SF

Property Type: Inpatient Building

Year started/completed:
2019/2028

Services Rendered: Project Management

Owner/Client:
Massachusetts General Hospital

Architect:
NBBJ

General Contractor:
Turner Construction/Walsh Brothers JV

Leggat McCall Properties is providing project management services for Massachusetts General Hospital on this transformational project intended to satisfy clinical space needs, provide operational improvements, and flexible space to accommodate future operational and clinical change.

This is a complex, urban project surrounded by ongoing operations on MGH's main campus with a very long project duration. The project requires significant utility enabling prior to the start of construction and will take approximately 8 years from start of programming to completion.

The project is using design assist and project collaboration with all major subcontractors, and the new facility is anticipating and incorporating emerging technologies and practice change.

Project Facts:

- 13-story inpatient building above ground of approximately 1,111,000 GSF to be constructed on the 4B and Parkman Street Garage parcels and over North Anderson Street
- 6 below grade levels of parking for approximately 1,180 vehicles
- 16 – 20 ORs and Cath/EP labs
- Approximately 250 medical-surgical beds
- Approximately 200 intensive care unit beds

- Clinics for exam and infusion
- Imaging
- Retail and support
- Podium, bridge and/or tunnel connections to existing facilities



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January 11, 2023

Shattuck Campus at Morton Street
c/o Office of Real Estate, Division of Capital Asset Management and Maintenance
Attn: Abi Vladeck
One Ashburton Place, 14th Floor Reception, Room 1411
Boston, MA 02108

Dear Ms. Vladeck:

Accompanying this letter, and as requested, please find Boston Medical Center's "best and final offer" ("BAFO") in response to the RFP for the Shattuck Campus at Morton Street. We appreciate the Commonwealth's thoughtful feedback to our coalition in its December letter to us. We are responding to the points you raised in our accompanying BAFO, and would welcome the opportunity to answer further questions and engage in a detailed review of our original proposal and this amendment to it should you find that helpful.

In our response to your feedback we are trying to balance three things: 1) our sincere belief in the critical importance of the original program components, including their ability to successfully work together at the scale we proposed on the site; 2) our desire to work collaboratively with the Commonwealth to realize a shared vision for the site, with this feedback in mind; and 3) an acknowledgement that none of us knows exactly what the future holds, and thus we should build flexibility into the site's design and phasing to create "optionality" for the Commonwealth based on what we learn together in the coming years.

We also know that we still have much ground to cover together in order to realize this vision for a redeveloped Shattuck. Specifically, we understand that a provisional designation would not imply any commitment for financing, and that we would need to work on that subsequent to a provisional designation. We view this as an opportunity to continue our dialogue with you about what programs are most socially valuable, and what programs have the most realistic path to capital financing and operating feasibility. We fully expect our plans for the site will continue to evolve in the months ahead as we begin working with you and other State agencies, as well as with other stakeholders like the City of Boston, on a refined vision for the redeveloped Shattuck site. We believe in our vision, but we are also adaptive and collaborative, and we know that we need to be tightly partnered with you, the City, and the surrounding communities to realize a redeveloped campus.

We are also eager to begin a robust community engagement process, which we understand the bordering communities are seeking as well. We anticipate that stakeholders in these communities will have material input on our plans, and that their input will enrich and evolve the final development.

Thank you again for the opportunity to submit this amendment to our proposal, and we look forward to working with you in the months and years ahead on this endeavor.

Sincerely,

Rob Koenig

Vision for Our Proposal

In our Coalition’s original proposal we described the twin crises of behavioral health and homelessness facing the Commonwealth and the City of Boston, and our conviction that the proposed redevelopment of the Shattuck campus is a once-in-a-generation opportunity to comprehensively and creatively address them. As the largest safety-net health system in Massachusetts, every day our team at BMC witnesses the overwhelming need for more and better behavioral health treatment and housing, and we know that these “twin crises” are inextricably linked and cannot be solved independently. As proposed, the whole of the redeveloped Shattuck campus would be much more than the sum of its parts, with on-site supportive housing coordinated with state-of-the-art clinical programs addressing chronic substance use and mental health conditions.

In BMC’s 514-bed hospital in Boston’s South End, BMC cares for homeless patients with acute substance use disorders (“SUD”) who are struggling to survive, unable to access high-quality residential treatment programs that would heal them and prepare them for supportive housing. One in 12 patients discharged daily from BMC is experiencing homelessness—a substantial share of all the patients under our care. Through our health plan, covering nearly two in five MassHealth members, we see unambiguously how the people using the most healthcare services are people experiencing homelessness who also have behavioral health needs.

Despite past efforts to integrate care, including by partners in our coalition like Boston Healthcare for the Homeless Program and Pine Street Inn, housing and behavioral health treatment are typically set up and operated separately. In fact, although we treat these conditions in silos, we should really think of the SUD treatment continuum as one that predominately serves unhoused people as well: in our analysis of MassHealth claims for members within a 20-mile radius of the Shattuck campus, two-thirds of people who went to detox were unhoused. A further 57% had co-occurring serious mental illness (“SMI”) like major depression or schizophrenia. Yet despite this important role in serving people experiencing homelessness and/or with SMI too, programs are not set up or staffed to be able to adequately support patients, leading to poor outcomes.

It is our vision that the redeveloped Shattuck campus becomes a model for a paradigm of fully integrated care, bringing together key behavioral health treatment options with permanent supportive housing opportunities and the wraparound services required to help individuals and families experiencing homelessness successfully attain healthy, independent living.

Three structural issues frequently inhibit existing programs from serving individuals with both housing and behavioral health needs. First, programs are undersupplied and are not integrated as one uninterrupted continuum. Getting into detox is attainable for many patients, but moving seamlessly from detox to the next program is much harder. For example, in our analysis of claims data we found that only 22% of unique people who went to detox progressed to a CSS program (the next step in SUD treatment) in the next two weeks. These transitions are hard to make often because of an undersupply of beds. For unhoused people who must return to shelter while waiting patiently for a bed, relapse is all too easy.

Second, programs are not set up or staffed to accommodate SMI alongside SUD, even though more than half of people seeking SUD treatment have such a condition. This leads to inadequate care for many people seeking treatment, which leads to poor outcomes and readmissions. Indeed, in 2019 only eight of 66 freestanding psychiatric facilities and acute hospital psychiatric units in Massachusetts held a concurrent license for inpatient withdrawal management services. Many people will need to start in inpatient psychiatric services, where they can stabilize from a mental health crisis and detox, before proceeding to longer residential SUD treatment programs.

Third, considering the prevalence of homelessness among people seeking behavioral health treatment, people in behavioral health treatment need housing, yet there is a substantial undersupply of permanent supportive housing for individuals and families in the Commonwealth. This leaves people experiencing homelessness who are in recovery programs in an extremely precarious position, relatively new in recovery but, once their residential stay ends, homeless again, and thus less likely to continue their course of treatment.

In our proposal we put forward a vision that addresses all three of these structural issues in one place: expanding and integrating recovery services on one campus, adding co-occurring capabilities to the traditional treatment continuum throughout the campus, and adding adjacent permanent supportive housing units.

To do this, we have assembled a set of field-leading homeless services providers, behavioral health program operators, and real estate developers ready to realize this vision for the Commonwealth. It is our belief that by addressing these critical gaps in the existing continuum of care, and by bringing together these providers and services on a single campus, we can establish a new mode of care that will yield dramatically better outcomes for the treatment of behavioral health and homelessness in the Commonwealth and the City of Boston.

Our proposal also considered the disproportionate toll homelessness and behavioral health take on low-income individuals and people of color. Homelessness disproportionately impacts people of color in Massachusetts: in 2019, the rate of homelessness in Massachusetts was six times higher for Black people than white people. Further, communities of color comprise a disproportionate share of MassHealth membership, yet MassHealth members frequently cannot secure access to the kinds of behavioral health treatment programs that are available to those with commercial insurance. By expanding access to a superior set of behavioral health and housing programs we can take meaningful steps to close racial and economic inequities in care.

Development opportunities like this one—with a large parcel specifically set aside for a public health use where critical behavioral health and homeless services have been delivered for decades—are exceedingly rare. We want to, in partnership with the Commonwealth and the City, make the most of it by developing to the scale consistent with the magnitude of the twin crises. Further, we believe this can be done in a way that does not detract from Franklin Park and the adjacent communities, but rather, enhances them.

With all of this said, we have heard the Commonwealth's feedback on several issues, which we address through this memo. First, we will review the development of Family Supportive Housing in the proposal. Next, we will address scale/density of building, population and services on the campus. Third, we will cover site security and public safety. Fourth, we will address the role of inpatient psychiatry services. Finally, we will provide examples of similar projects around the country which combine clinical services and coordinated supportive housing.

Inclusion of Family Supportive Housing

Per the request that our Coalition consider removing Family Supportive Housing from the overall development program, we are willing to remove this component of the proposed project from the initial stage of development, and defer the decision to develop Family Supportive Housing or any other facility on the Phase II site. The decision on whether and how to redevelop this site could be deferred by the Coalition and the Commonwealth until the completion of the development of Phase I, and with sufficient time to understand and assess the development and operational impacts of the first phase of the project on the site, Franklin Park, and the surrounding communities.

Our team feels that the realized project will be more likely to achieve its goals if Family Supportive Housing remains included. We believe that Family Supportive Housing is important to the project's goals of providing comprehensive long-term care and support, and to breaking the cycle of housing insecurity and addiction for future generations. The impacts of homelessness and substance use are not limited to the Commonwealth's adults—we see them in schools, child care centers and other settings; yet resources for families experiencing these struggles are severely lacking, contributing to the fracturing of families that struggle to reach supports that could keep them together. As amended from our original proposal, we propose to defer the decision to develop Family Supportive Housing on the Phase II parcel until after the development of Phase I, including the Clinical Services building and Pine Street Inn shelter and individual permanent supportive housing, have been operational for a year or longer. This will allow the Coalition and the Commonwealth to assess the impacts of site's density of services and population, public safety considerations, traffic impacts, and overall operational success before committing to a program for the Phase II site. At that time, we will work with the Commonwealth to select development options for the Phase II site, which may include Family Supportive Housing and/or other housing or clinical uses.

The program and scale of this future development will be informed by community feedback, the operational history of the first phase of development, and the social and healthcare needs at the time that this site is being considered for development, 6 to 8 years from initial designation. In the future we will also have more data based on developments with models of co-located supportive housing and behavioral health services already in operation or being brought online around Boston, including in Jamaica Plain, by JPND, TCB, and Pine Street Inn, which can inform a choice about Phase II. Per DCAMM's request for updated financial projections, we anticipate capital and operating financials for all of the Phase I components will remain consistent with our original submission. If a Phase II proceeds in keeping with the original Family Supportive Housing concept, we would expect those capital and operating costs to likewise resemble the originally submitted Phase II financials, escalated for additional time.

Development and Use Density

We acknowledge DCAMM's concern about the density of buildings and concentration of services. We address this in this amendment to our proposal by deferring the development of the second major phase of the project, as described above. This deferral would push permitting of the second phase of development to 2028-2030, and would allow Phase II to be informed by operating experience for a year or more of the Phase I facilities. By deferring this second phase of development, initial occupancy of the overall site would decrease by approximately 600 residents, including roughly 200 recipients of SUD or mental health services. On completion of Phase I, square footage would total approximately 460,000 GSF (FAR of 0.8), a substantial reduction from the total build-out of the site as originally proposed at 690,000 GSF (1.2 FAR). These FAR figures represent a low density of development for a site within the City of Boston.

This low development density allows for the restoration of approximately 5 acres of green space directly adjacent to Franklin Park, with ample space for a variety of passive, active, and therapeutic uses. Each of the proposed facilities incorporates its own private green space and programmed exterior areas for the use of its residents and occupants. The proposal also accounts for the allocation of substantial site area for the creation of a pedestrian and bicycle greenway along Morton Street, increasing connectivity between the adjacent communities and providing much-improved access to Franklin Park.

Safety and Security

We look forward to continuing discussion with DCAMM and other Commonwealth agency partners on how best to ensure that the Shattuck site is a safe and welcoming environment for users of site services as well as patrons of Franklin Park and local residents. We are confident that as we continue physical and operational planning for the Shattuck site we will be able to identify solutions that satisfy DCAMM's, neighbors' and Franklin Park users' concerns while providing essential health care and treatment services to our most vulnerable citizens.

During the planning and permitting process, we would work with the surrounding communities, the Franklin Park Coalition, the Boston Police Department, the Boston Parks Department, and other interested stakeholders in establishing safety protocols with specific operational policies and policing strategies. We would also incorporate that input in the planning and design of both buildings and site layout and amenities to make the Shattuck site as safe as possible for the surrounding communities and Park patrons, and for the patients, residents, and employees of the site.

Inclusion of Inpatient Psychiatry Beds

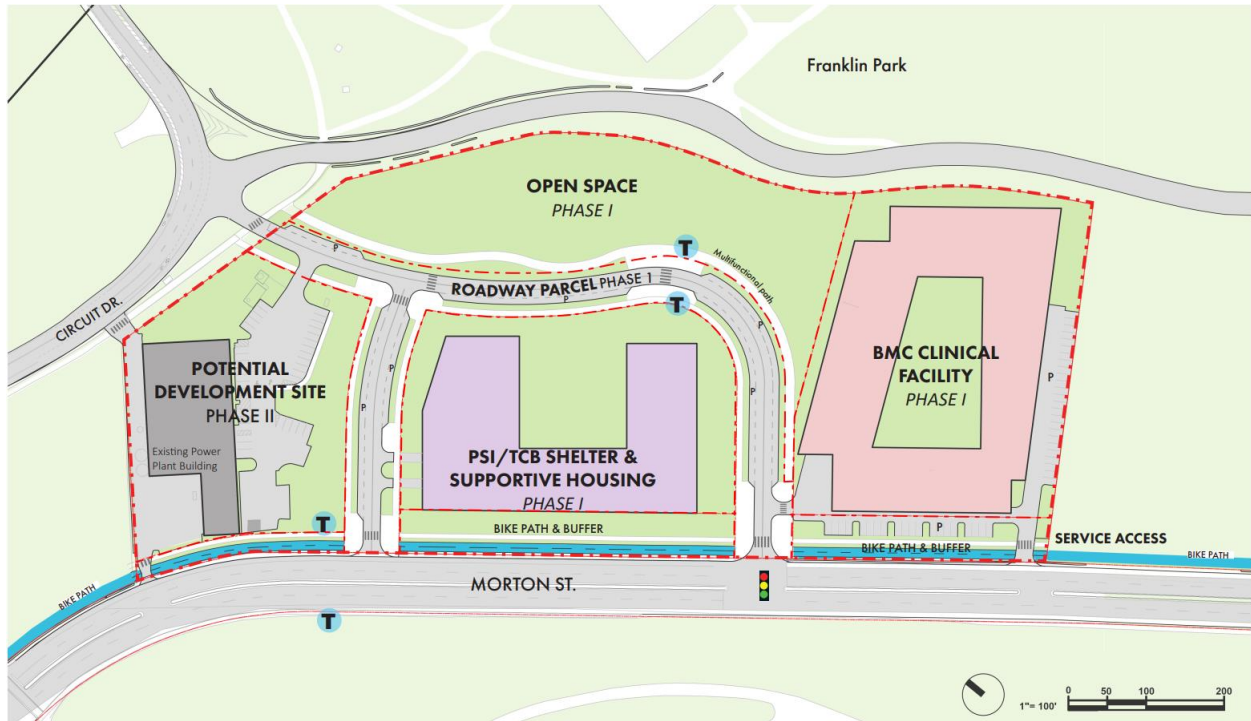
We heard the Commonwealth's concern that the undersupply of inpatient psychiatric services in the Commonwealth is principally driven by a shortage of skilled labor, not a shortage of beds. We also recognize that we are asking for a substantial contribution to the capital cost of the medical facility more broadly, which may fall outside a typical Department of Mental Health process for supporting capital projects. However, we continue to feel that the inclusion of inpatient psychiatric services in the campus will provide immense value to the Commonwealth for two reasons.

First, we have continued to witness firsthand the serious challenges our patients face in accessing inpatient psychiatric services. According to MHA Behavioral Health Boarding Metrics, for the period from October 2021 to September 2022 there were routinely 500-700 patients in Massachusetts boarding in acute care hospitals each day and awaiting an inpatient psychiatry placement, with ~20% of those total patients in the Boston region in any given week. Many of these individuals are insured by MassHealth, and securing an inpatient placement as a MassHealth member has been difficult. The facility we are proposing would be serving 70+% MassHealth members, materially increasing access.

Second, as discussed previously, most inpatient psychiatric facilities are not well equipped to care for people with SUDs, despite the prevalence of co-occurring SUD and SMI in the patient population for which we are seeking to care. The proposed inpatient psychiatric beds would fill a major gap in services and would fit into a seamless continuum of behavioral health services on the redeveloped Shattuck campus.

While today we believe that co-occurring-focused inpatient psychiatry is of great importance and should be included in the scope of services, we are also flexible and hope to have the opportunity to work with the Commonwealth after provisional designation to further refine our plans. Specifically, if in the next several years we observe that the Commonwealth is correct that there is sufficient supply of beds (e.g., the labor market evolves such that staffing is a non-issue and MassHealth members are being served adequately) we can repurpose the planned beds for other uses (e.g., respite programs) or could modify the project's scale. Additionally, we will need the Commonwealth to assist in the financing of the clinical facility, and through that process the Commonwealth will have significant control of what is ultimately built. However, we request that these beds be left in the scope for now given their importance in the continuum, until we can come to a common understanding with the Commonwealth.

Revised Parcelization Diagram



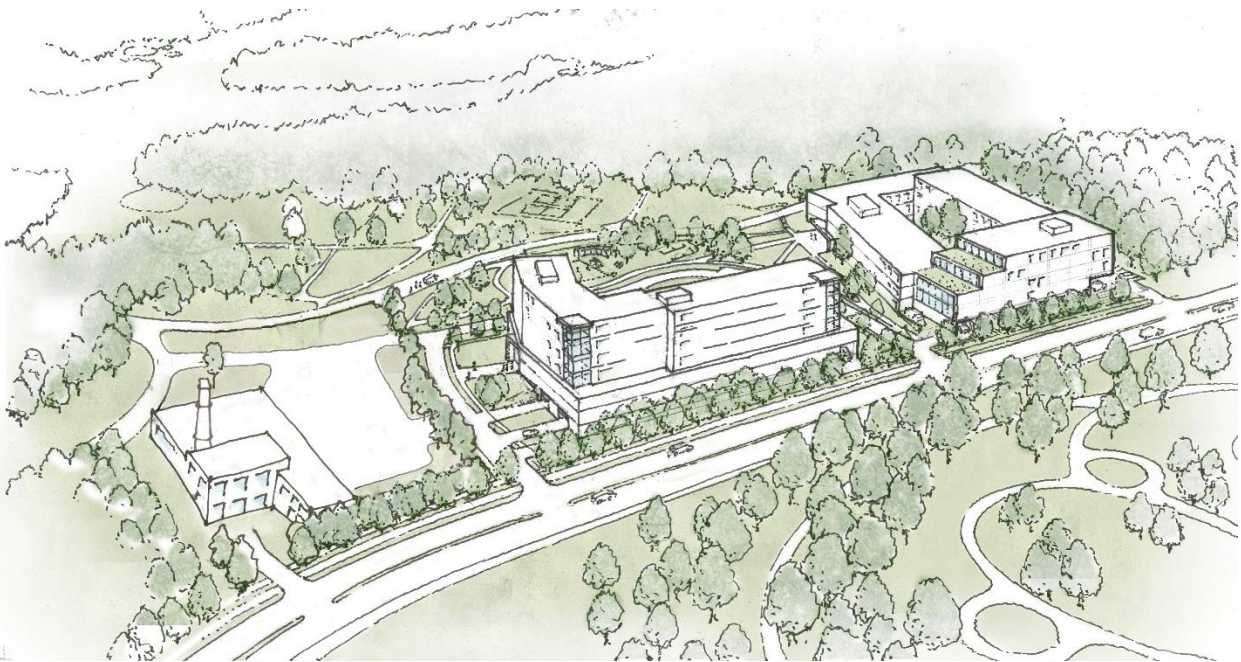
Updated to show proposed development at completion of Phase I, with Phase II development deferred.

Revised Landscape Diagram

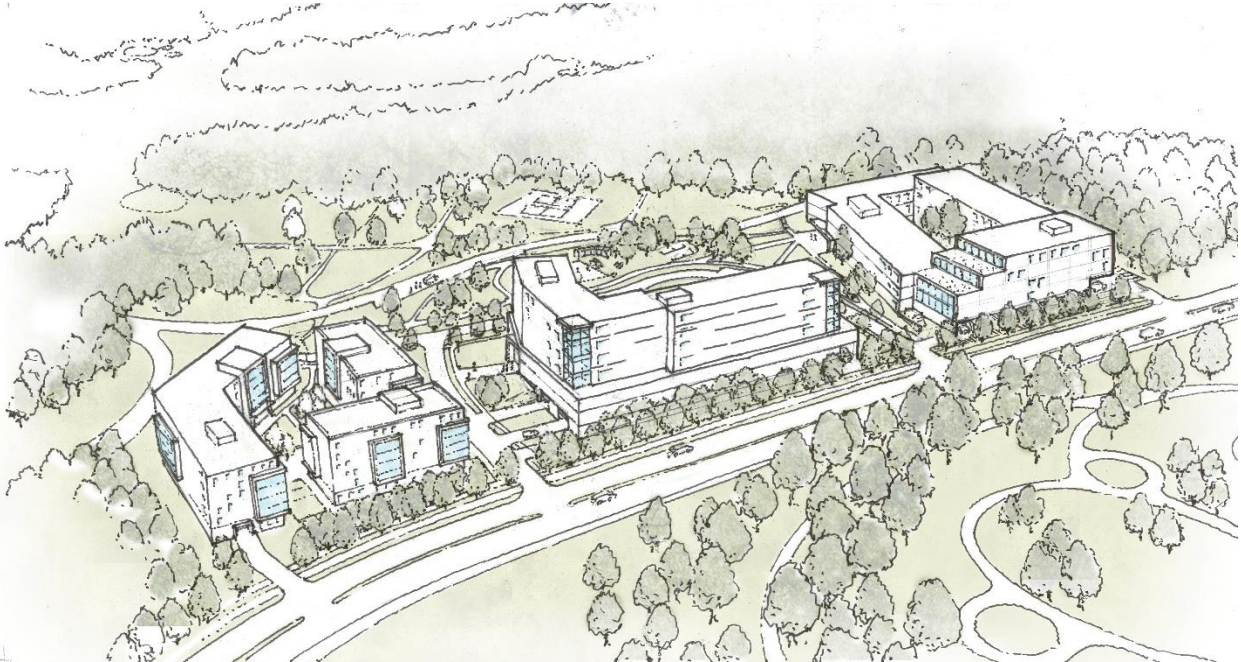


Substantial open space would be created during Phase I development, shown above.

Revised Birdseye Renderings: View from Morton Street

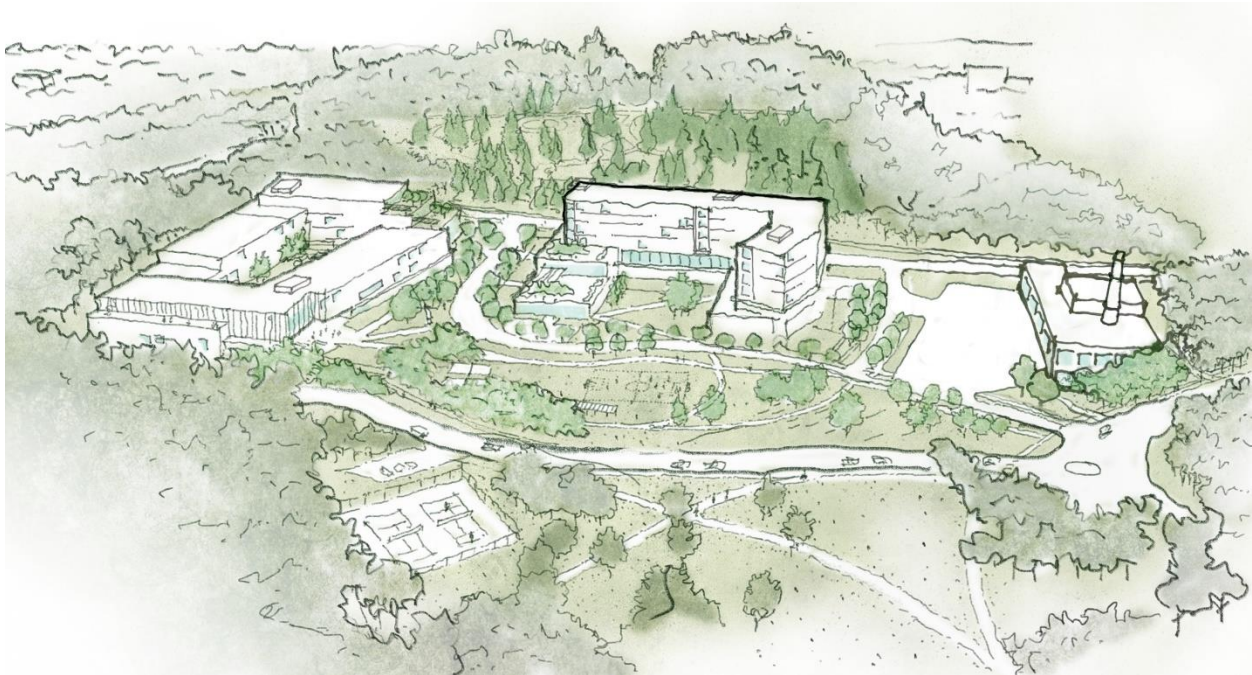


Conceptual rendering of site following completion of Phase I only, with Power Plant still in place.

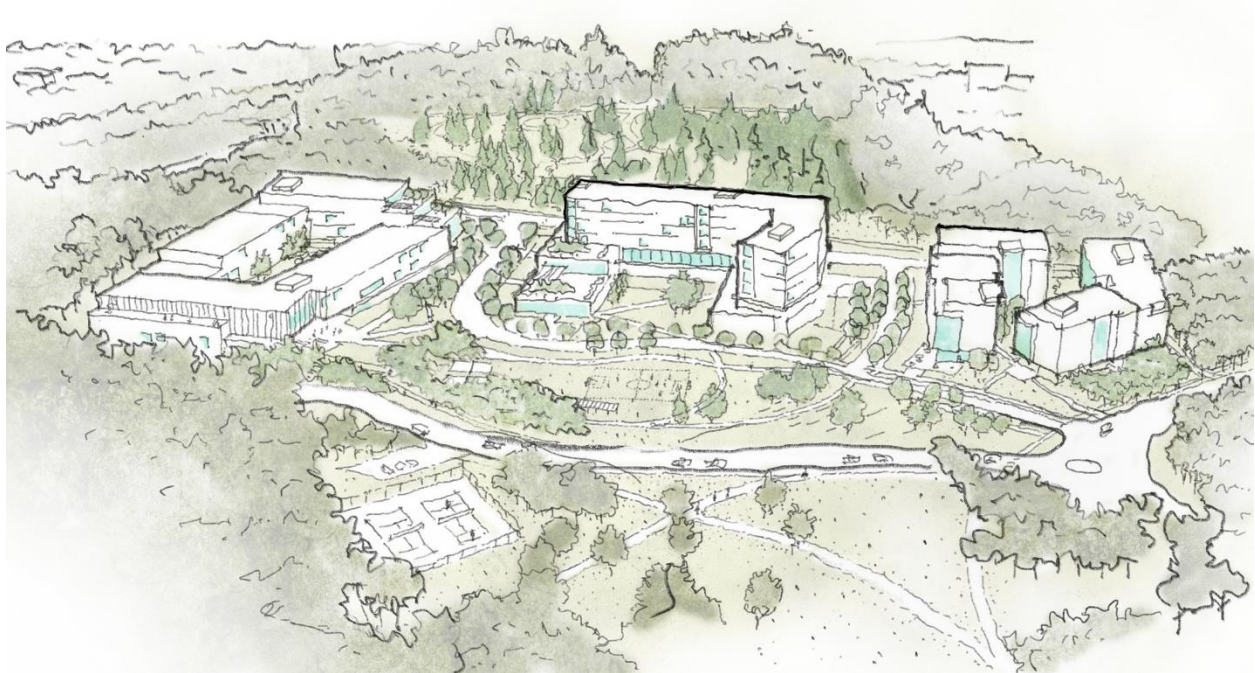


Conceptual rendering of fully developed site, including potential Phase II.

Revised Birdseye Renderings: View from Franklin Park



Conceptual rendering of site following completion of Phase I only, with Power Plant still in place.



Conceptual rendering of fully developed site, including potential Phase II.

Case Studies from Around the Country

The Commonwealth's proposal in June 2021 to the Asset Management Board for the public health campus redevelopment project sought an integrated program of supportive housing alongside behavioral and physical health services—including substance use and mental health treatment—for underserved populations, including the chronically homeless. This type of comprehensive, integrated public health asset represents a novel approach. As such, there are a limited number of precedent examples. Here, we describe Haven for Hope serving Bexar County (including San Antonio) in Texas, which has been operating since 2010. We also included two newer examples—the LA County + USC Medical Center Restorative Care Village (currently under development), and a recently opened project by the Colorado Coalition for the Homeless in Denver, Colorado: the Renaissance Legacy Lofts and Stout Street Recuperative Care Center.

All of these examples provide integrated, co-located housing and healthcare services for homeless individuals in an urban setting (similar to our proposal for Shattuck), and represent varying degrees of scale. Haven for Hope has about twice the number of beds in our original Shattuck proposal, with shelter and transitional housing in addition to health and community services provided through ~70 on-site partners. The Restorative Care Village plans are not fully finalized, but will be roughly on par with the proposal for Shattuck in terms of scale. Finally, the recently opened Renaissance Legacy Lofts and Stout Street Recuperative Care Center is a smaller scale example at 98 supportive housing units and 75 respite beds, though is complemented by several other locations: The Colorado Coalition for the Homeless operates 21 properties with nearly 2,000 units as well as three health centers.

While these precedent examples are compelling instances of integrated housing and healthcare campuses, and each of them includes some form of behavioral health programming, none of them have the full continuum of behavioral health care proposed for Shattuck. Where integrated housing and healthcare campuses do exist, other barriers have prevented them from hosting more robust clinical continuums (e.g., siloed politics and governing structures, limited role/scale of clinical partners involved with the campus). Given the Commonwealth's request to include substance use treatment, the critical need for it in the Commonwealth, the benefits of co-location and integration, and the clinical expertise available within this Coalition, we have a unique opportunity to build a truly first-of-its-kind campus with the potential to create transformative societal impact and to further affirm the Commonwealth as a leader in innovation in clinical care.

Haven for Hope in Bexar County, Texas

Operating since 2010, Haven for Hope sits on a 22-acre campus adjacent to San Antonio's central business district, providing person-centered, trauma-informed care for homeless individuals. The campus houses three core components:

- The Transformational Campus, which provides supportive housing for ~1,000 people (adults and children), along with SUD and mental health treatment, employment and education services, legal services, childcare, and more;
- The Courtyard, a low-barrier emergency shelter which typically serves ~700 individuals daily, providing access to a safe place to sleep, meals, showers, laundry, and outreach services; and
- Community Support Services, offering healthcare and support services to Haven for Hope residents and other members of the public in need through ~70 on-site partners. Healthcare services include crisis care, a sobering center, residential detox, co-occurring Psych/SUD

programming, primary care, eye care, and dental care. Additional services include vocational training, recreation, legal services, and childcare.

Haven for Hope was developed as a “single stop” concept to address homelessness in the community, after local city, county and community leaders traveled to more than 237 homeless facilities across the country and determined the most effective model to be an array of services in a centralized location to address the root causes of homelessness (e.g., mental health, substance use, domestic violence, poverty, lack of affordable housing, unemployment). Funding for the project was sourced from city, county, state, and federal sources as well as private philanthropy.

Since its founding in 2010, more than 40,000 individuals experiencing homelessness have been helped by Haven for Hope. Daily, Haven for Hope serves approximately 1,700 individuals on its campus. Haven for Hope has demonstrated improved health, housing, and economic outcomes for the population it serves. 92% of Haven graduates retain housing 1-year post graduation. 13,353 clients have achieved higher levels of residential care from inception through 2021. 500 clients gain employment through Haven for Hope each year, with an average hourly wage of \$12.67 according to a Texas Workforce Commission report.

Haven for Hope has also generated positive impact for the broader community. Since opening, there has been a 77% reduction in point of time count of homeless individuals in downtown San Antonio, according to the South Alamo Regional Alliance for the Homeless dashboard. According to the Center for Health Care Services Restoration Center, Haven for Hope is estimated to have generated \$100M in cost savings for jails, emergency rooms, and courtrooms for city & county governments, and \$2M in savings for the San Antonio police department.

The Los Angeles County + University of Southern California (LAC+USC) Restorative Care Village (RCV)

The LAC + USC Restorative Care Village is currently under development, with Phase 1 recently completed in July 2022. The goal of the LAC + USC RCV is to develop a campus of co-located services to enable a comprehensive strategy for managing the whole-person and full continuum of interrelated challenges facing those with serious medical, mental health and addiction issues who may be homeless or incarcerated as a result. Services will include recuperative and respite shelter and temporary housing, mental health care, substance use disorder treatment, permanent supportive housing, and other transitional and support services to enable patients to heal and safely reintegrate into the community.

Phase 1 to develop an Acute Care Hub involved 70,000 square feet and 160 beds of clinically supported interim housing, comprised of a 96-bed Recuperative Care Center (RCC) and 64-bed Residential Treatment Program (RTP). The RCC provides clinically supported interim housing for individuals discharged from inpatient settings without a supportive place to live. The RTP provides an alternative to hospitalization to address mental health needs. In addition to clinical care and housing, services include case management and linkages to permanent supportive housing. Phase 2 will develop a Wellness Hub through outpatient and urgent care mental health centers, as well as a recovery and respite center to provide shelter to individuals who are currently inebriated or going through substance withdrawal. Permanent supportive housing and community resources and recreation are also under consideration for Phase 2. Phase 3 will return to the Acute Care Hub, constructing a new psychiatric hospital and psychiatric ED. Plans are also in development to spend nearly \$200M to convert the 1.2M square foot,

mostly vacant General Hospital building to hundreds of mixed affordable and market rate units, with the possibility of community and commercial space (e.g., childcare, a gym, a grocery store).

By investing in “Care First, Jail Last” the goal of the RCV and its planned continuum of services is to allow individuals to more easily receive the appropriate level of care, reducing morbidity and cost while restoring function and dignity for these individuals.

Colorado Coalition for the Homeless: The Renaissance Legacy Lofts and Stout Street Recuperative Care Center in Denver, Colorado

The Colorado Coalition for the Homeless works throughout the state to provide housing and healthcare services for homeless individuals. A few months ago in October of 2022, they opened an integrated housing and healthcare building: The Renaissance Legacy Lofts and Stout Street Recuperative Care Center. The development will meet the immediate health care needs for 500 people experiencing homelessness annually through medical respite and recuperative care, while also providing 98 units of affordable and supportive housing.

The Recuperative Care Center has 75 respite beds for homeless individuals discharged from an inpatient setting and in need of a safe place to recover. Expected length of stay is between 30-45 days, and while individuals are at the Recuperative Care Facility housing counselors will work with them to arrange for post-respite supportive housing, including at the Renaissance Legacy Lofts in the same building.

Residents of the Renaissance Legacy Lofts are homeless individuals who are high utilizers of emergency room and hospital care, and have access to on-site supportive services and a linkage to ongoing, integrated care at the adjacent Stout Street Health Center. The Stout Street Health Center, also run by the Colorado Coalition for the Homeless, is a Federally Qualified Health Center offering a full spectrum of primary care, behavioral healthcare including diagnostic assessments, counseling, psychiatry, therapy, referrals to treatment elsewhere, and MAT, and has an ASAM Level 1 Outpatient SUD treatment designation. On-site staff at the Renaissance Lofts will provide case management and assist residents in obtaining any needed medical care, behavioral health care, or substance treatment services through the adjacent Stout Street Health Center, as well as peer support, job training, and employment assistance.