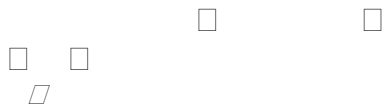




2008 to 2011  
Lexington, Massachusetts



Administrative lead for three community based behavioral health centers that provide a continuum of behavioral health services to children, adolescents, and adults. Services include three high volume outpatient clinics, a 24 hour Emergency Services Program/Crisis Team, Crisis Stabilization Unit, Adult Day Treatment program, a Family Stabilization Team, and other community based services

- Developed a multi-disciplinary leadership team with a focus on quality clinical programming and fiscal management
- Awarded a contract from a statewide procurement for a Community Services Agency and successfully implemented key components to the Children's Behavioral Health Initiative
- Team lead for the development of an innovative Emergency Services Program program procurement that was awarded a 4.5 million dollar contract
- Developed and implemented program specific dashboard to monitor critical utilization, fiscal, and quality indicators
- Developed and implemented an incentive based model for hiring outpatient clinicians which resulted in a committed group of clinicians and significantly increased clinic revenues

2003- 2008



Direct accountability for all Departmental policy development and statewide implementation  
Oversite of all aspects of departmental research activities including development of an annual research agenda, review of all proposed research activities, the Central Office Research Review Committee, and two state funded Centers for Research Excellence  
Co-principal investigator for the SAMHSA State Infrastructure Grant to Reduce and Eliminate the Use of Seclusion and Restraint which resulted in a 53% reduction in the use of seclusion and restraint over a three-year period in the 850-bed state hospital system  
Departmental liason to the Executive Office of Health and Human Services which included serving as the interim lead for the MassHealth Behavioral Health Unit for the Department of Medicaid  
Licensing and monitoring 70 inpatient psychiatric units and intensive residential treatment programs  
Oversight of the DMH Psychiatric Residency and Psychology Internship Training Programs



Developed and implemented statewide policy and accompanying state regulation which dramatically changed the use of seclusion and restraint in psychiatric hospitals. These regulations are widely recognized as a national best practice model  
Created an innovative procurement of two Centers for Research Excellence which significantly revised program specifications to increase consumer participation in setting an annual research agenda and developed a statewide reporting mechanism which brought new research to the field for implementation  
Chair of the High Risk Workgroup with the MassHealth managed care entities which developed a system for tracking the prescribing of psychotropic medication to very young children and







1980-1985

*Robert J. Keane, Ph.D.*

Clinical Decision Making in Managed Care, Training Institutes: Developing Local Systems of Care in a Managed Care Environment for Children and Adolescents with Serious Emotional Disturbances, Traverse City, Michigan, June, 1996