



THE COORDINATING CENTER  

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INSPIRED SOLUTIONS

# 2020

## ANNUAL REPORT



# A MESSAGE FROM OUR CEO

## 2020: A Year We Must Remember!

One year ago, no one could have predicted the unprecedented events of the year 2020. While many would like to “just move on” after 2020, we must not forget, in fact *we must remember!*



*We must remember*, 2020 was a year of continued racial and social injustices and violence, compounded by a global health crisis. So much hurt, and too many lives lost.

*We must remember*, the challenges that individuals (in particular, those with disabilities, chronic health care needs and people of color), businesses, and communities faced, because of COVID-19. Yet, the resilience of so many is admirable.

*We must remember*, how well we were able to manage the unpredictable nature of the pandemic on coworkers and clients because everyone worked collaboratively as a team and with our funders (Maryland Department of Health, local jurisdictions, and other health care organizations).

*We must remember*, how we were able to quickly pivot our daily operations to meet the needs of our 300 coworkers and 10,000+ clients, more than half of whom are immunocompromised. Our bills were paid, mail was managed, client calls were answered, coworkers continued to be hired and oriented to The Coordinating Center Family and coworkers without child-care or in-person schooling were supported.

*We must remember*, how we were able to successfully transition to an all-virtual model of care, ensuring clients had access to all appropriate resources to meet their health and safety needs, and all coworkers had the tools they needed successfully transition to a teleworking model. In fact, during the pandemic, our team made approximately 8,500 virtual visits from March-December, 2020 with less than 2% of our clients infected by the COVID-19 virus. At the same time, we managed to maintain a 94% satisfaction rating with the services they receive from The Coordinating Center and 96.3% reported their Coordinator “respected their cultural/racial/religious/ethnic background.”

*We must remember*, we achieved so much in 2020. I’m truly humbled by the commitment of our coworkers to our clients, who deliver exceptional services, at a time when it seemed like the sky was falling.

***We must remember, we’re stronger together. More resilient together. And I couldn’t be more proud.***

A handwritten signature in dark ink, reading "Teresa Titus-Howard". The signature is fluid and cursive, with a large, stylized initial 'T'.

Teresa Titus-Howard, PhD, MHA, MSW  
President/CEO, The Coordinating Center



# VISION

People of all ages and abilities have equitable access to achieve optimal quality health, affordable housing and meaningful community life.



# MISSION

The mission of The Coordinating Center is to partner with people of all ages and abilities and those who support them in the community to achieve their aspirations for independence, health and meaningful community life.



# VALUES

**Excellence:** We challenge ourselves to do great work.

**Integrity:** We uphold ethical standards.

**Impact:** We make a difference.

**Collaboration:** We are better together.

**Equity and Inclusion:** We value diversity in many forms.

**Learning:** We believe continual learning is essential.





## Food

Food access,  
home delivered meals,  
dietician services &  
pediatric feeding programs



## Primary Care

Preventative  
health screenings  
& wellness visits



## Transportation

Public/private &  
accessible/affordable



## Family Supports

Respite care, caregiver support,  
& family training



## Insurance

Medicaid/Medicare/  
Commercial/Private  
insurance & coordinating  
insurance benefits



## Educational Support

Advocacy/ legal resources  
& state/local educational  
resources



## Housing

Rapid rehousing, transitional  
housing, home repair/  
modification, environmental  
assessments, accessibility  
modifications, community  
living with enhanced  
supports, & group homes



## Transitional Services

Health care transition, adult life  
planning & transitioning youth



## Special Care

Dental, vision, specialty  
physicians, complex care clinics,  
occupational/physical/  
speech/language therapies &  
mental health/behavioral services



## Equipment and Supplies

Durable medical equipment, disposable  
medical supplies, assistive technology,  
accessibility adaptations, & personal  
emergency response system



## Medication

Pharmacy, medication therapy,  
medication review, education  
& access



## Community Integration

Meaningful day, medical day,  
school care coordination,  
vocational programs, senior  
center plus, day habilitation &  
medical day care services

# Services We Coordinate



# People We Serve

Rare Diagnosis   Disabilities

Complex Medical Needs   Chronic Conditions

Special Health Care Needs   Transitioning Youth

Autism Spectrum Disorder   Formerly Homeless Adults



# FAMILY RESOURCE FUND

The Coordinating Center ("The Center") was founded in 1983 by a group of passionate advocates who believed that all children belong at home, including those with special health care needs. With the support of a federal grant, The Center established a care coordination model that was successful in supporting the transition of children with complex medical needs from hospital to home. As The Center grew, coworkers concerned about the wellbeing of the children they were supporting, rallied together to establish a Crib Fund, providing cribs and other necessities to families in need. Today, this fund is still managed by coworkers, only its mission has expanded to serve people of all ages and abilities. Thanks to the generosity of donors, the Family Resource Fund supports children and adults with disabilities, adults experiencing homelessness and housing insecurity, and people with chronic conditions and frequent hospital encounters, many of whom are impacted by social determinants of health, such as food insecurity and unemployment.



**368**

**People Served  
FY 2019-FY2020**

**\$98,218**

**Distributed**

**22%**

**Supports Critical  
Housing Needs**

*In FY2019 – 2020, thanks to the generosity of the Jill Fox Memorial Fund, Inc., the Family Resource Fund supported the medical needs of twenty children and young adults with Autism Spectrum Disorder, with more than 50% of the requests exceeding the Family Resource Fund's per client maximum of \$500, with the largest request funded at \$2,600.*

- Rapid rehousing
- Critical home modifications
- Medical equipment
- Medical supplies
- Hearing aids
- Eyeglasses
- Dentures/dental work
- Assistive technology
- Adaptive equipment
- Respite
- Summer camp
- Funeral expenses



# CARE MANAGEMENT SERVICES

The Center's Care Management Services Division helps people with specialized health care needs and disabilities obtain high quality, medically appropriate health care services in the community. The vast majority of people supported have developmental disabilities, genetic disorders, physical disabilities, and/or chronic diseases. Often, it is difficult for them to live independently without connection to the proper resources, consistent medical follow-up and community supports. Our Clinical Care Coordinators, licensed nurses and social workers, are skilled in helping individuals and families navigate transitions (i.e., early childhood interventions, school transitions, pediatric to adult services and hospital or nursing facility to home) and access community-based services to avoid costly long-term hospitalization.

**Our Impact** | **4,568**  
People Served  
FY 2020

- **16 new clients transitioned** onto the Model Waiver. This is significant because the program only has **200 slots** for the entire State of Maryland.
- Reduction in Model Waiver Category III Waitlist from 12-18 months to six **(6) month or less**.

**Model Waiver** is a Maryland Medicaid program, which allows medically fragile individuals, before the age of 22 years to live at home. Without this benefit, these individuals would be hospitalized, as their medical needs require hospital or nursing facility level of care. Under the Waiver, the parents' income and assets are waived during the financial eligibility process even though the child continues to live in the community with their parent(s).

**Rare and Expensive Case Management Program (REM)** is Maryland's, case managed, fee for service alternative to HealthChoice Managed Care Organization (MCO) participation. The REM Program is limited to individuals with certain qualifying conditions or diseases that may be considered rare and/or expensive to treat.

- Won a competitive rebid, maintaining The Center's status as the sole source care management provider of the REM Program for the State of Maryland.
- Successfully onboarded two new Minority Business Enterprise partners: Gant Global Services, Inc. and Medicalincs, LLC.





# MEET MEIKO

## 11 years old

**“My experience with The Coordinating Center has left me in awe and in tears of joy, speechless even because there are things that were offered to Meiko that I didn’t even know about.” - Tiffany R.**

Eleven-year-old Meiko was born with a rare brain disease that greatly impacted his vision and hearing. Without an official diagnosis it was extremely difficult for Meiko’s family to access affordable health care services; his Medicaid application was denied, leaving him and his family without access to affordable and accessible in-home services and supports Meiko desperately needed. As luck would have it, while at court waiting for the appeal process to begin, Meiko’s mom Tiffany met a Coordinator who worked for The Coordinating Center. After hearing Meiko’s story, it was clear to the Coordinator that Meiko needed to be enrolled in the Model Waiver, a Maryland Medicaid program, which provides critical services and supports to medically fragile individuals, before the age of 22. With the Coordinator’s help, Tiffany connected with The Center and Meiko was approved for and enrolled in the Model Waiver.

In 2016 when Meiko was six-years old, Tiffany received a call from Meiko’s doctor saying that a new rare disease had just been discovered, which met Meiko’s symptoms. The doctor explained that Meiko had a rare neurodevelopmental disorder called White-Sutton Syndrome. This syndrome is mainly characterized by developmental delay, intellectual disability, craniofacial abnormalities and commonly features of autism spectrum disorder. Finally, Meiko and his family had answers. While there is no cure for White-Sutton Syndrome today, there are symptomatic treatments that can vastly improve a person’s quality of life.

Today Meiko is learning to be as independent as possible in his home, and while he is not a huge fan of virtual learning, Tiffany says working remotely has given her the opportunity to watch Meiko grow and develop more closely. “I’m still learning every day, but prior to connecting with The Center it felt like I was on my own trying to figure everything out, but now I have a support system,” stated Tiffany. When Meiko’s family needed help covering some of Meiko’s out-of-pocket medical expenses, The Center’s Family Resource Fund stepped in to assist, covering \$400 for his special eye drops and ointments. Tiffany says she is most grateful for Meiko’s coordinator, who goes to bat for her family. Since joining The Center, Meiko’s family no longer worry about Meiko’s health insurance. Tiffany says, “I tell everyone that its hard, but I give them encouragement and always try to share the information I have about The Center.”



# HOME AND COMMUNITY COORDINATION SERVICES

The Center's Home and Community Coordination Services Division helps people of all ages and abilities navigate complex medical, social, and educational systems. We coordinate care, and support transitions from school-based services to adult services and the transition from a hospital or nursing home to homes in the community. Using a person-centered planning approach, we coordinate care for those enrolled in the following Programs and Waivers:

**Community First Programs:** Support Planners coordinate care for individuals with complex medical and/or behavioral needs enrolled in: Maryland's Home and Community-Based Options Waiver, Community First Choice Program, Community Personal Assistance Services and/or Increased Community Services. Participants receive personal assistance services, nurse monitoring, home delivered meals, assistive technology, and other services funded by Medicaid that enable a person to live independently in the community (or in assisted living).

In FY2020, The Center was approved as a licensed CCS provider for DDA's Central and Southern Maryland Regions, serving 43 people in the first six months.



## Our Impact

**3,615**  
People Served  
FY 2020

500+ increase in the number of older adults and non-elderly disabled served through supports planning and housing locator services with the successful hiring and onboarding of 42 new coworkers (including two rehires!).

**Coordination of Community Services for the Maryland Developmental Disabilities Administration (CCS/DDA):** Coordinators of Community Services support people with intellectual/developmental disabilities in maximizing their independence in the community. Coordinators guide individuals/families through the eligibility determination process, the waiver enrollment process and coordinate services for those on DDA's Wait List and Waivers. Our Transitioning Youth specialists are skilled in the transition from school-based services to DDA waiver services.

Successfully transitioned 19 Autism Waiver students from school-based services to DDA funded services with only 2.5 weeks in mid-June during the COVID-19 Pandemic.

**Autism Waiver Services** are for children with Autism Spectrum Disorder (ages 2 - 21), who need an Intermediate Care Facility for the Intellectually Disabled (ICF-ID) level of care. The Center is contracted by local school systems in Dorchester, Harford, Howard and Worcester counties to provide service coordination for students on the Waiver.



# MEDICAL LEGAL SERVICES

The Center's Medical Legal Services Division continues to provide comprehensive Life Care Planning Services to the legal community. Over the past five years, the division has expanded services to individuals who, following litigation, are the recipients of special needs trusts and similar funding supports. Utilizing their expertise in the delivery of community-based resources for care, the division's Life Care Planners and Care Coordinators have forged partnerships with numerous clients and their representatives to support full community inclusion and access for both children and adults with special health care needs and disabilities. Working with specialists in home accessibility, home care, specialty equipment, medicine and rehabilitation, the division's Care Coordinators have worked to provide services that are both inclusive and cost efficient while striving to optimize the functional outcomes and safety of the individuals in the community.

## MEET DESTINY

**“I feel secure knowing that I can turn to my coordinator for advice and resources at any time. Kay is like family to me; I’ve known her a long time.”**

When Destiny turned 21 years old, she decided it was time to transition from her grandmother's care to a home of her own. Destiny knew that the transition to independent living would be difficult with paraplegia, but she was determined not to let her disability get in her way. She contacted her trust attorney for some guidance and soon after was referred to The Center's Medical Legal Services Division for comprehensive care coordination services.

Destiny was matched with Kay Hairston, a certified case manager who worked with Destiny to meet her personal goal of full community inclusion. With the help of Kay, Destiny gained access to a variety of in home and community-based services, including accessible housing, transportation, caregivers, vocational services, post-secondary education, and other community and public resources. Kay worked with Destiny to identify a vocation that interested her and with Kay's advocacy and the support of the Division of Rehabilitation Services (DORS), a state funded organization that helps people with disabilities obtain vocational training and jobs, Destiny enrolled in DORS's first on-site nail technician program.

Today, Destiny is thriving! She's living independently and raising her three-year old daughter. Destiny has become more confident in coordinating services and advocating for her and her family's needs. At the same time, she knows that she can rely on Kay whenever she needs support. Kay continues to assist Destiny as issues present and is especially helpful in navigating an ever-changing health care industry to meet Destiny's health care needs.



# COMMUNITY HEALTH SERVICES

The Center's Community Health Services Division partners with hospitals, physician practices and managed care organizations to deliver customized care management and coordination services to improve population health. Our team has significant experience moving individuals from one healthcare setting to another and addressing gaps in care and social determinants of health, such as access to affordable housing, food and employment.

Our Impact

822  
People Served  
FY 2020



**44.97%** reduction in total medical cost per member/per month in Care Management services for at least 6 months.

**Health Plan Services** excels at complex care management services for members of Managed Care Organizations (MCOs), children and adults with disabilities and/or multiple chronic conditions and frequent hospital encounters. Licensed RNs, help members avoid unnecessary hospital use, adhere to preventative health schedules and access vital clinical and community resources. **In 2020, The Center acquired a new MCO partner, in partnership with Medicalincs, LLC, with the launch of the CARES Program. CARES aims to provide the right care at the right time and place, connecting MCO members to Medicaid funded programs and waivers.**

The **Get Well Program** is known for its exceptional coaching and care coordination services for adults with chronic diseases and recent, and often frequent hospital encounters. Using an interdisciplinary Care Team of Certified Community Health Workers in partnership with Licensed RN, participants learn self-managements skills, maintain continuity of care across multiple specialties and access to clinical and community resources. **In 2020, The Center's positive return on investment resulted in the conversion of a five year grant to an annual contract with The Center's hospital partner.**

**32%** reduction of preventable admission utilization rate and a **\$4,331,308** total cost savings.



**25%** reduction in health care provider time burden spent on non-medical activities.

**VIPhysicians&Kids** provides children and youth with special health care needs who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and require long-term health and related services and comprehensive medical home with access to care coordination services. An interdisciplinary Care Team (RN and Community Health Worker), partner with pediatric practices, their patients and families to improve health and wellbeing. **In 2020, The Center increased the number of pediatric partners from two to three practices.**



# MEET IVIS

**“I thought my life as I knew it was over, but thanks to The Coordinating Center I was able to get a second chance at life”**

Ivis is passionate about helping others. Born and raised in Baltimore City, Ivis pursued an Associate's Degree in Applied Sciences with a focus in Chemical Dependency Counseling at the Community College of Baltimore County. Following her passion Ivis spent several years as a Substance Abuse Counseling Trainee at a recovery network, and later became Vice President of a Patient Advisory Board for a Substance Abuse Disorder Clinic. When Ivis is not helping others, she is busy with her family – a mother of two boys and a grandmother of three children.

In 2013, Ivis was hospitalized as a result of troubled breathing. While at the hospital doctors informed Ivis that she would require intensive medical care as a result of a collapsed lung and a new diagnosis of Muscular Dystrophy. Ivis spent the next three years in the battle for her life. Refusing to enroll Ivis in hospice, Ivis's family remained optimistic and chose to keep her on life support at a long-term nursing facility. After three long years on life support and many months of intensive rehabilitation services, Ivis defied all odds. Determined to return to her community, and not wanting to be a burden to her family, Ivis became determined to find affordable, in home supports. Thankfully, Ivis got connected with Disability Rights Maryland (DRM), a nonprofit that excels at advocating for full community inclusion. With their help, Ivis got connected to The Center and enrolled in Maryland Medicaid's Community First Choice (CFC) Program. With the help of her designated Supports Planner and Housing Coordinators at The Center, Ivis returned home. Soon after she enrolled in the Rare and Expensive Case Management program and was matched with a Clinical Care Coordinator from The Center.

Today, Ivis and her son (a young adult with Down Syndrome, who was recently diagnosed with Muscular Dystrophy) are thriving with the help of their Care Teams at The Center. Ivis says her coordinator is amazing, never letting her give up. “Even at my lowest moment, when I wasn't strong enough, my family and my coordinator continue to push me and because of that, I decided I wanted to turn my misfortune into fortune for other people,” she said. Ivis is now a Sunshine Advocate for DRM, educating others CFC and supporting their transition back to the community, and serves as a Board Member for The Center. When asked what she tells others about The Center, Ivis says, “I tell them I was in their shoes before and having someone like a coordinator from The Center going to bat for you makes a world of difference.”



# HOUSING AND SUPPORT SERVICES

The Center's Housing and Support Services Team is skilled at locating, securing, and maintaining safe, affordable and accessible housing opportunities in the community for adults with complex medical and/or behavioral needs. Our Housing Coordinators assist individuals living in long-term nursing facilities with their transition back to the community and help those living in the community maintain their housing, avoiding costly, long-term care in institutional living. Coordinators help individuals understand and identify different housing opportunities, assist with obtaining the necessary documentation and provide resources to successfully maintain good tenancy.

**90**

adults obtained housing in  
FY 2020.

**62%**

HIP clients remained  
housed & supported  
for >1 year, 35% for  
6-12 years.

**64%**

of the adults who obtained  
housing in FY2020 transitioned  
out of a skilled nursing facility  
to an affordable home in the  
community; the other 36%  
transitioned from homes in the  
community to affordable  
housing (inclusive of assisted  
living transitions).

**84**

adults enrolled in  
HIP served, 77 of  
whom have been  
housed, 7 awaiting  
housing

**14**

formerly homeless  
adults housed  
between March and  
August

**Our Impact**

**174**

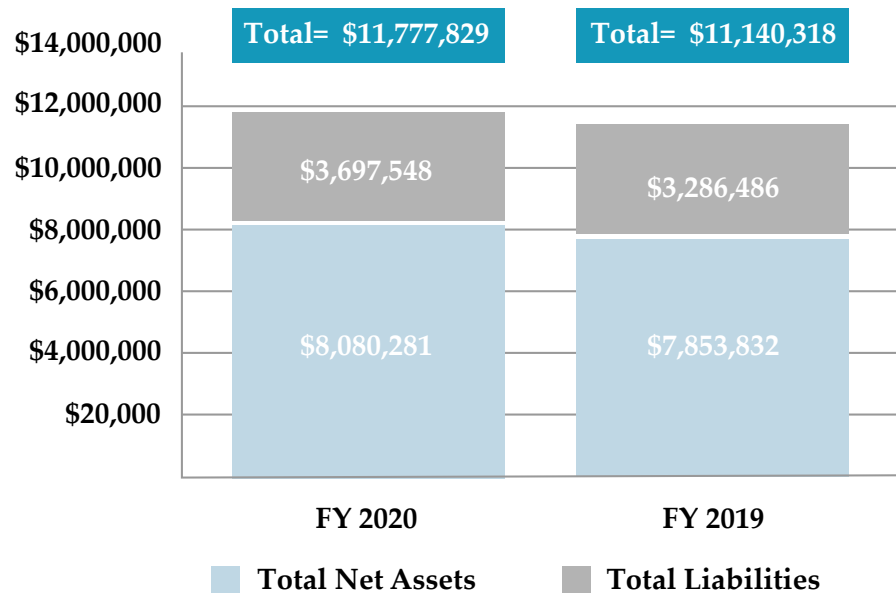
**People Served  
FY 2020**

The Center works in a cooperative arrangement with Montgomery County, Maryland's Department of Housing and Human Services to provide service coordination and supportive services to formerly homeless individuals through the **Housing Initiative Program (HIP)**. Using a "Housing First" model, providing immediate access to permanent supported housing directly from a shelter setting.



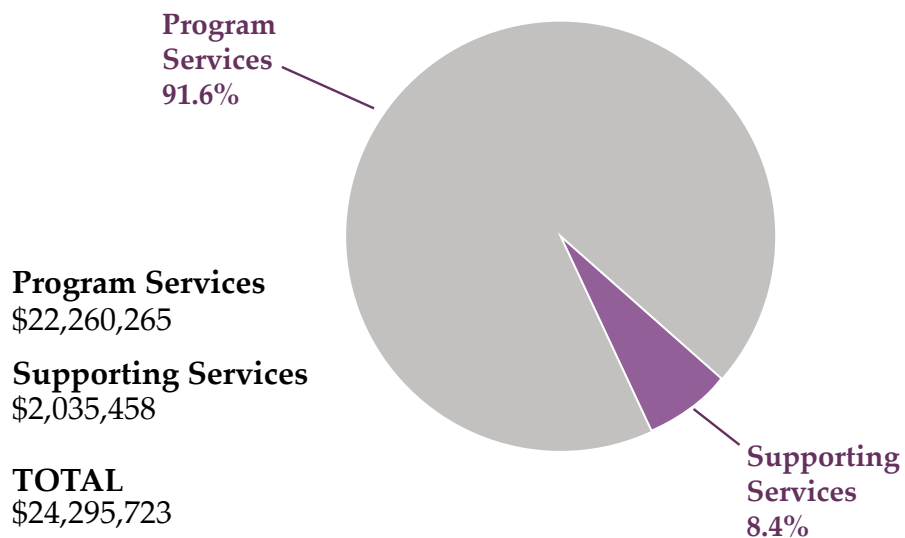


# STATEMENT OF FINANCIAL POSITION



# WHERE THE MONEY GOES

Year ended 09/30/2020 unaudited



# STATEMENT OF ACTIVITIES

Year ended September 30, 2020 and 2019  
(in thousands)

Support & Revenue	2020 unaudited	2019
Client Income	\$24,302	\$23,724
Grant Income	\$116	\$146
Released from Restriction	\$43	\$61
<b>Total Support and Revenue</b>	<b>\$24,461</b>	<b>\$23,930</b>
Expenses	2020	2019
Program Services	\$22,260	\$21,686
Management and General	\$2,033	\$2,213
Fundraising	\$2	—
<b>Total Expenses</b>	<b>\$24,295</b>	<b>\$23,899</b>
<b>Change in Net Assets from Operations</b>	<b>\$166</b>	<b>\$31</b>
Investment Income, Net	\$143	\$112
Other non-operating Gains (Losses)	(14)	(117)
Other Income	\$44	\$31
<b>Total Non-Operating Gains/Losses Other Revenue</b>	<b>\$173</b>	<b>\$26</b>
<b>Change in Unrestricted Net Assets</b>	<b>\$339</b>	<b>\$57</b>
<b>Change in Temporarily Restricted Net Assets</b>	<b>—</b>	<b>(24)</b>
<b>Total Increase in Net Assets</b>	<b>\$339</b>	<b>\$33</b>
Net Assets, Beginning of Year	\$7,854	\$7,821
Net Assets, End of Year	\$8,080	\$7,854

## Donors \$250-\$10,000

- Absolute Care, LC
- Access Nursing Services
- Alert Response, LLC
- All Staffing, Inc.
- AME Home Care
- Amerigroup, an Anthem Company
- Bank of America
- Canty's Helping Hands
- Homecare Services, LLC
- Chesapeake AED Services
- Comcast
- Continuum Pediatric Nursing Services
- Corporate Synergies
- Cognasante
- DP Solutions
- Heywood Oil and Gas, LLC
- Elizabeth Cooney Care Network
- Enterprise Community Partners
- First Maryland Disability Trust
- Get a Grip
- Gilchrist
- Guilford Retirement Services
- High Quality Care Nursing, Inc.
- HomeCentris Healthcare
- Joel Kelly
- Kelly Cove Mobility
- Kennedy Krieger Institute
- LifeBridge Health
- Maryland Department of Disabilities
- Maryland Technology Assistance
- Program Medi Rents and Sales, Inc.
- Michael Gara Group,
- UBS Financial Services, Inc.
- Millenium Marketing Solutions
- Mom's Meals, Nourish Care
- Mt. Washington Pediatric Hospital
- Numotion
- 101 Mobility
- Open Arms Healthcare
- Professional Nursing Services
- Public Policy Partners
- Rudolph Supply
- STAAR Alert
- Sun Life Financial, Inc.
- TheraFit Rehab
- The Wawa Foundation
- Shella Augustin
- Peggy Bailey
- Walter Barnett
- Pamela Damsky
- Michael Gara
- John Gorman
- Joseph Machicote
- Julie Hall
- Thomas H. Hall
- Sally H. Hebner
- Carole Lowe-Nedab
- Andrey Ostrovsky
- James Karpook
- Jeffrey Levy
- Matt Newton
- Melissa McCain
- Sally H. Hebner
- Steven Laufer
- Susan O'Brien
- Susan Trumbule
- Martha Riva
- Kyle Weadock
- Elizabeth Weglein
- Trisha Woodward

## BOARD OF DIRECTORS

### Executive Committee

#### Board Chair:

Thomas H. Hall  
Marketing Consultant

#### Board Treasurer:

Sally Hebner, CPA  
Chief Financial Officer  
Enterprise Community  
Partners, Inc.

#### Board Vice Chair:

James Karpook  
Principal  
The Chartis Group

#### Board Secretary:

Carole Taylor  
Vice President, Technology  
The Associated: Jewish Community  
Federation of Baltimore

#### Peggy Bailey\*\*\*\*

Director, Health Integration Project  
Center on Budget & Policy Priorities

#### Ivis Burris\*\*

Consumer & Parent Rep., The Center

#### Natacha Clavell\*

Senior Market Research Analyst,  
CareFirst BlueCross BlueShield

#### Dr. & Reverend Terris King\*\*

CEO, King Enterprise Group, LLC.

#### Carole Lowe-Nedab\*

Parent Rep., The Center  
Budget Manager, Prince George's  
County

#### Joseph Machicote

Chief Diversity & Inclusion Officer,  
Premier Inc.

#### Brandon Neiswender

Chief Operating Officer, CRISP

#### Andrey Ostrovsky, M.D.\*\*\*\*

President/CEO  
Concerted Care Group

#### Dr. Karen Hoenig Rigamonti\*\*\*

Consultant

#### Naftali Rabinowitz\*

Consumer Rep., The Center

#### Scott Reifsnyder\*\*

Chief Financial Officer,  
Nexterus, Inc.

#### Hillery Tumba

Director, Strategy & External  
Affairs, Primary Care Coalition

#### Rick Wade

Communications Consultant,  
Rugby Hall Communications, LLC.

#### Elizabeth Weglein\*

CEO, Elizabeth Cooney Care  
Network

*\*Board term concluded 9/30/2020*

*\*\* Joined board 10/01/2020*

*\*\*\*Joined board 1st Quarter, 2021*

*\*\*\*\*Resigned 1st Quarter, 2021*

## LEADERSHIP TEAM

**Teresa Titus-Howard**  
President/CEO

**Colby Bearch**  
Chief Operating Officer

**Khuzaima Pirbhai**  
Chief Financial Officer

**Jennifer Sears**  
Chief Information Officer

**Nancy J. Bond**  
SVP, Medical Legal Services

**Carol Duvall**  
SVP, Human Resources

**Sharyn King**  
SVP, Population Health Services

**Renée Dain**  
SVP, Strategic Partnerships & External Affairs

**Karen Twigg**  
AVP, Community Health

**Tricia Hogewood**  
Contracts and Compliance  
Manager