Docket #1027 Date Filed: 10/16/2023

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

In re:	)	
	)	Chapter 11
Tehum Care Services, Inc.,[1]	)	
	)	Case No. 23-90086 (CML)
Debtor.	)	

WILLIAM KELLY, DERICO THOMPSON, AND KOHCHISE JACKSON'S OBJECTION TO JOINT EMERGENCY MOTION FOR AN ORDER (I) CONDITIONALLY APPROVING THE ADEQUACY OF THE DISCLOSURE STATEMENT, (II) APPROVING THE SOLICITATION AND NOTICE PROCEDURES WITH RESPECT TO CONFIRMATION OF THE JOINT CHAPTER 11 PLAN, (III) APPROVING THE FORMS OF BALLOTS AND NOTICES IN CONNECTION THEREWITH, (IV) SCHEDULING CERTAIN DATES WITH RESPECT THERETO, AND (V) GRANTING RELATED RELIEF

Preliminary Statement

1. This is a liquidating Chapter 11 plan of reorganization. But there are no assets to be liquidated. The only assets (except for certain tax credits likely to be offset by the IRS' claim) are avoidance actions against insiders. One of those insiders, YesCare Corp., purchased the Debtor's entire operating business on May 5, 2022, free of its debts to the creditors in this case, for only $100. (Adv. Case No. 23-03049, Document 37-7). As discussed *infra*, based on the information that has been made available to date, that business was likely worth approximately $173 million to $245 million at the time of this transfer. In addition to receiving the equity in the operating business, Yescare Corp. also acquired approximately $19.9 million in cash from the insolvent Debtor via the May 5th divisional merger transaction.

2. While the plan proponents admit that a disclosure statement should typically reveal, "the actual or projected realizable value from recovery of preferential or otherwise voidable transfers," (Docket

1 The last four digits of the Debtor's federal tax identification number is 8853. The Debtor's service address is: 205 Powell Place, Suite 104, Brentwood, Tennessee 37027.

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986, pg. 11, ¶ 20), the Disclosure Statement contains no information about the value of the operating business that was transferred to Yescare in the divisional merger. Nor does it even inform creditors of Yescare's receipt of nearly $20 million in cash.

3. Following a three-day mediation conducted August 21st-23rd by the Honorable David R. Jones, the Debtor and the Committee agreed to settle all of the Debtor's claims against all of the insiders, including Yescare, for $37 million. On October 7, 2023, Judge Jones reportedly told the Wall St. Journal that he was, and is, in a romantic relationship with Yescare's attorney in this case, Elizabeth Carol Freeman. (Ex. 1). Property records show that since 2017, Judge Jones and Ms. Freeman have been co-owners of a single-family home in Houston, as joint-tenants with rights of survivorship. (Ex. 2; Ex. 3).

4. Creditors have not been informed that Yescare's lawyer and the mediator who presided over the negotiation of the global settlement in this case share a household and are involved in an intimate relationship. Had they been so informed, many creditors likely would have objected to the appointment of Judge Jones as mediator. (Docket 602). The Debtor and the Committee should not necessarily be blamed for the omission as there is no evidence that they were aware of the relationship at the time they filed the Disclosure Statement. But the relationship nevertheless raises reasonable doubts as to the fairness of the mediation process and whether the settlement produced in the global mediation maximized the value of the Debtor's claims against Yescare. At a minimum, Creditors should be informed of the relationship between Yescare's lawyer and the mediator, and whether that relationship was known to the Committee or to the Debtor during the mediation process.

5. In addition to withholding information from creditors about the potential value of most of the avoidance actions they intend to settle, the plan proponents have created a Hobson's choice for those creditors considering opting out of the 3rd-party releases. They did so by combining abusive gatekeeping provisions with a plan-confirmation timeline that requires creditors to decide whether to

opt-out before the date the proponents chose for challenges to the gatekeeping provisions to be adjudicated, January 8, 2024.

6. In order for a creditor who opts-out to pursue a claim against a non-debtor insider, the plan requires the creditor to first **post a bond to pay the non-debtor insider's defense costs** in the event the claim is unsuccessful. (Docket 985, pg. 34). The plan proponents know, of course, that few creditors can afford to do this. That is the point. The plan proponents seek to create 3rd-party releases that appear consensual, while erecting as many impediments as possible for creditors to actually pursue their claims against non-debtor insiders. The plan proponents do so even though creditors who choose to opt-out *benefit the estate under the plan* by forfeiting their right to a share of the Estate's primary assets. (Docket 985, pg. 21, ¶ 3). The Debtor and Committee have no legitimate basis for discouraging opt-outs through these gatekeeping provisions, when every opt-out improves creditor recoveries from either the Liquidation Trust or the Personal Injury Trust.

7. Why did the plan proponents include a clause which harms the estate by discouraging creditors from opting-out? Probably because "the clause is part of their bargain because without the clause [none of the insiders] would have been willing to provide the plan's financing." *Bank of New York Trust Co., NA v. Official Unsecured Creditors' Comm. (In re Pacific Lumber Co.)*, 584 F.3d 229, 252 (5th Cir. 2009). In other words, the Settlement Payment is consideration not only for granting releases of estate claims, but also for impeding third parties who may want to prosecute claims that are not estate property.

8. Just as the Debtor may not sell releases of claims that it does not own, it may not sell the protection of onerous gatekeeping provisions to non-debtors who have nothing to do with the administration of the estate. When used in this way, the gatekeeping provisions serve the same function as prohibited third-party releases and render the proposed plan unconfirmable.

9. In addition to deficiencies in the disclosure statement, in the mediation process, and in the plan itself, special attention must be paid to the voting procedures in this case. Unlike most complex Chapter 11s, many of the creditors in this case are unsophisticated individuals, with low levels of educational attainment and literacy, who either served or are presently serving time in prison. While some of these personal-injury claimants are represented by counsel, many are not. Those who are currently incarcerated have no way to ensure that either their ballots or their responses to the Debtor's objections to their claims will reach the Court or the Solicitation Agent in a timely manner. *See, e.g. Houston v. Lack*, 487 U.S. 266, 271 (1988).

10. Given the circumstances of the unrepresented Class 5 creditors in this case, it is a near certainty that a large number of ballots will be unsigned, filled-out incorrectly, arrive late, or be mailed to the Court or to Debtor's counsel rather than to the Solicitation Agent. The proposed voting procedures will allow the proponents of the plan to use this unusually-large number of irregular ballots to effectively game the voting process in their favor. Several provisions in the plan grant the proponents the right to selectively enforce the voting procedures, waiving defects for "Yes" votes, while strictly enforcing the proposed rules to disqualify "No" ballots with similar defects.

11. The plan proponents seek to grant themselves the authority to "waive any defects or irregularities as to any particular Ballot at any time, either before or after the close of voting." (Docket 986, pg. 14, ¶ 24). The voting procedures also allow the plan proponents to selectively count the untimely votes. The proposed Class 5 ballot provides, "[i]f a Ballot is received after the Voting Deadline and if the Voting Deadline is not extended, it may be counted only in the sole and absolute discretion of the Proponents." (Docket 986-1 pg. 41, ¶ 7). In a typical case, where the major creditors are sophisticated entities represented by counsel, these provisions would not necessarily be objectionable. But they create an opportunity for abuse in light of the nature of the Class 5 creditors entitled to vote in this case.

ARGUMENT

12. Under § 1125(b) of the Bankruptcy Code, a disclosure statement must contain "adequate information" before the Debtors may solicit acceptance of a plan of reorganization or liquidation. 11 U.S.C. § 1125(b). "Adequate information" is defined as being information of a kind, and in sufficient detail to the extent reasonably practicable in light of the nature and history of the debtor, to enable a hypothetically reasonable investor typical of the holders of claims or interests of the relevant class to make an informed judgment about a proposed chapter 11 plan of reorganization. See 11 U.S.C. § 1125(a)(1).

13. Factors courts consider in determining whether a disclosure statement contains adequate information under section 1125(b) of the Bankruptcy Code include: (i) the type and amount of financial information, data, valuations or projections relevant to the creditors' decision to accept or reject the Chapter 11 plan and (ii) information relevant to the risks posed to creditors under the plan. *See, e.g., In re Divine Ripe, L.L.C.*, 554 B.R. 395, 401 (Bankr. S.D. Tex. 2016) (adopting as a non-exhaustive list the factors set forth in *In re Metrocraft Publishing Services, Inc.*, 39 B.R. 567, 568 (Bankr. N.D. Ga. 1984)). A disclosure statement does not contain adequate information if it deprives objecting creditors of information that they may use to persuade others to vote against the proposed plan. *In re Perez*, 30 F.3d 1209, 1217 (9th Cir. 1994).

14. Section 1125 also serves to prevent creditors from receiving misleading or false information. *See In re Applegate Prop., Ltd.*, 133 B.R. 827, 829 (Bankr. W.D. Tex. 1991) (holding that "disclosure statements which are misleading, or which contain unexplained inconsistencies, should not be approved"); *In re Adelphia Commc'ns Corp.*, 352 B.R. 592, 600 (Bankr. S.D.N.Y. 2006), clarified on denial of reconsideration, No. 02-41729, 2006 WL 2927222 (Bankr. S.D.N.Y. Oct. 10, 2006) (determining that "an adequate disclosure determination requires a bankruptcy court to find not just that

there is enough information there, but also that what is said is not misleading"); *In re M.E.S., Inc.*, 148 B.R. 1, 2 (D.P.R. 1992) (concluding that "[w]e find that the bankruptcy judge properly exercised her discretion not to approve the unopposed disclosure statement, as she had more than enough reason to believe that the statement contained serious inaccuracies"). As discussed in greater detail below, the Disclosure Statement clearly contains inadequate information for purposes of section 1125(b).

15. A disclosure statement that describes a patently unconfirmable plan—as the Disclosure Statement here does relative to the Proposed Plan—should not be approved. Pursuing solicitation on a patently unconfirmable plan is "an exercise in futility [that] only serves to further delay a debtor's attempts to reorganize." *In re Atlanta West VI*, 91 B.R. 620, 622 (Bankr. N.D. Ga. 1988). Accordingly, if a debtor seeks approval of a disclosure statement for "a plan that is so 'fatally flawed' that confirmation is 'impossible,' the court should exercise its discretion to refuse to consider the adequacy of disclosures." *Eastern Maine Elec. Co-op.*, 125 B.R. 329, 333 (Bankr. D. Me. 1991); *see also*, *In re Am. Capital Equip.*, LLC, 688 F.3d 145, 148 (3d Cir. 2012) (holding that a bankruptcy court can determine at the disclosure statement stage that a chapter 11 plan is unconfirmable); *In re Quigley Co.*, 377 B.R. 110, 115 (Bankr. S.D.N.Y. 2007) ("If the plan is patently unconfirmable on its face, the application to approve the disclosure statement must be denied, as solicitation of the vote would be futile."); *In re 266 Washington Assocs.*, 141 B.R. 275, 288 (Bankr. E.D.N.Y. 1992) ("A disclosure statement will not be approved where, as here, it describes a plan which is fatally flawed and thus incapable of confirmation"); *In re Filex, Inc.*, 116 B.R. 37, 41 (Bankr. S.D.N.Y. 1990) (declining to approve a disclosure statement for an unconfirmable plan). Thus, it has been observed that "a disclosure statement should not be approved if the proposed plan, as a matter of law, cannot be confirmed." *In re Allied Gaming Mgmt., Inc.*, 209 B.R. 201, 202 (Bankr. W.D. La. 1997).

16. Here, for the reasons described below and those described in the Objection of the United States Trustee (Docket 1022) which these Objectors hereby join in and adopt as their own, the Disclosure

Statement both describes a patently unconfirmable plan and fails to provide adequate information for the proposed plan. The Joint Motion, therefore, must be denied in its entirety.

I. The Disclosure Statement lacks any information about the potential value of the avoidance actions stemming from the Divisional Merger

17. In order for creditors to make an informed decision about whether settling the Debtor's causes of action against insiders for $37 million is a good deal, they need to know the potential value of the released claims. The released claims can be divided into two categories: 1) avoidance actions arising from the May 5, 2022 divisional-merger transaction itself, and 2) avoidance actions relating to transfers that occurred outside of the divisional merger transaction. While the disclosure statement provides some information about the value of the second category of claims, (Document 984 Filed in TXSB on 09/29/23 Page 16 of 150), it lacks sufficient information, or any information, about the first category. Indeed, the claims with the highest potential value by far are those that relate to the transfers that occurred on or about May 5, 2022, in the divisional merger and related transactions.

18. On May 5, 2022, all of the Debtor's bank accounts at Bank of America and all of the cash they contained[2], which totaled $17,616,352.98, as well as the Debtor's entire operating business, were transferred to a statutory insider[3] via a divisional-merger. That statutory insider, CHS TX, Inc., d/b/a "YesCare," was simultaneously purchased by another insider, Yescare Corp., for only $100. (Adv. Case No. 23-03049, Document 37-7). Yescare also received all of the cash in the Debtor's bank account at Signature Bank, Account No. 1504369087, less one million dollars that was left behind for the Debtor.[4]

2 *See* Second Amended SOFA, Document 811, pg. 25, ¶¶ 6-7; Document 677, pg. 221; Document 854-1, pg. 55.

3 That insider is CHS TX, Inc., d/b/a "YesCare," which at the time of the divisional merger was a wholly-owned subsidiary of the Debtor's parent company, Valitas Intermediate Holdings, Inc. *See, e.g., Kelly v. Corizon Health, Inc.*, 2022 U.S. Dist. LEXIS 198725 at *32 (E.D. Mich. 2022); 11 U.S.C. § 101(31)(E); 11 U.S.C. § 101(2)(B).

4 *See* Second Amended SOFA, Document 811, pg. 25, ¶ 6.

In order to reduce the balance of its '9087 account at Signature Bank to $1.0 million, the Debtor transferred an additional $2,312,583.00 to Yescare on or about May 1, 2022. (Docket 911-12, pg. 2).

19. According to the Debtor, the consideration it received in exchange for giving up its entire business and $19,928,935.98 in cash consisted of: 1) CHS TX, Inc.'s assumption of "nearly $100 million" of the Debtor's purported secured debt to yet another statutory insider, M2 LoanCo, and 2) $15 million of funding from M2 LoanCo to pay liabilities. (Document 7, pg. 25, ¶ 10). The Debtor admits that it was insolvent at the time of this transaction. (Document 7, pg. 23, ¶¶ 5, 6).

20. To understand the potential value of avoidance actions arising from the divisional merger itself, the creditors need the following information:

a) What was the approximate value of the Debtor's operating business at the time of the divisional merger transaction?

b) How much cash was moved to CHS TX, Inc. in the divisional merger transaction?

c) What does M2 LoanCo claim it was owed as a secured creditor on May 5, 2022?

d) How collectable are the released parties? Or in other words, what is the value of the operating business today?

e) Is the secured debt purportedly owed to M2 LoanCo even a bona-fide debt obligation?

21. The disclosure statement does not tell creditors that YesCare received bank accounts containing $17.6 million in cash from the Debtor on the date of the divisional merger. Nor does it tell creditors that YesCare received an additional $2.3 million from the Corizon Signature Account as part of the transaction. But the proposed disclosure statement does contain useful information about whether the purported secured debt to another insider, M2 LoanCo, that CHS TX, Inc./Yescare Corp. assumed in return for the Debtor's cash and assets is a bona-fide debt obligation. On that subject, the disclosure statement says:

> "The Debtor contends that the loans were originated by other lenders in 2017 and acquired by LoanCo in or around June 2020. LoanCo is an affiliate of the Debtor by common ownership. ***The Committee disputes that this purported lender-borrower relationship was genuine and believes that the purported debt obligation was canceled and/or converted to equity by the actions, transactions, course of dealing, tax filings, and statements of the Debtor and LoanCo.*** When Perigrove 1018 acquired HoldCo, it also acquired LoanCo."
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> Docket 984, pg. 15 of 150 (emphasis added).

Assume for the sake of argument that the Committee's belief, informed by its investigation, is correct, and "the purported debt obligation was canceled and/or converted to equity[.]" If that is true, then the only consideration that the Debtor received in exchange for giving up both an operating business, and $19.9 million in cash, was a right to receive $15 million in cash through a funding agreement.

22. A contractual right to receive $15 million cannot constitute reasonably-equivalent value for bank accounts containing $17.6 million, an additional payment of $2.3 million, *and* the Debtor's entire operating business. So the Debtor has a colorable avoidance action stemming from the divisional merger itself. In order to have any idea what this cause of action is worth, creditors need to know what the operating business is worth. The disclosure statement does not provide that information.

23. In previous briefing, the Committee has asserted that "YesCare is estimated to have over $173 million in assets[.]" (Docket 360, pg. 4, ¶ 14). The Committee appears to have obtained this number from a brief filed by The Curators of the University of Missouri on January 20, 2023. Specifically, the Curators represented, "[b]ased on recently-produced financials, YesCare and CHS TX have over $173 million in assets." In support, they cited, "**Ex. 95**, YesCare Corp and Subsidiaries Balance Sheet." (Main Case Docket 75-3, pg. 35 of 39). The creditors in this case cannot see the balance sheet; it was filed in the Missouri state case under seal and was not filed on PACER with the removal papers. But the Committee subpoenaed it from the Curators, (Docket 522), so they should have access to the document.

24. Other available information suggests that $173 million is a reasonable valuation of the operating business on the date of the divisional merger. The Debtor reported revenue for calendar year 2022 of $102,790,494.00. (Docket 811, pg. 183 of 225). The Debtor transferred its business to CHS TX/YesCare on May 5, 2022, so this $102-million figure represents only 124 days of operations. If we annualize the revenue reported in the SOFAs for the first four months of 2022, we reach an estimate of $302,568,792.82 for the annual revenue of the operating business. This comports with an affidavit reportedly signed by the CFO of the Debtor/YesCare, Jeff Sholey, some time prior to January 20, 2023. In his affidavit, Mr. Sholey reportedly asserted[5] that "CHS TX and YesCare generate in excess of $300 million in revenue on 'an annual basis.'" (Document 75-3, pg. 36 of 39). Mr. Sholey also stated that YesCare had negotiated a new state Department of Corrections contract, "set to begin in the second quarter of 2023, which Defendants anticipate will bring in 'in excess of $1 billion' in revenue." *Id.*

25. Valuations of businesses are typically based on profits, not revenue. YesCare's its bid for a contract with the Florida Department of Corrections, submitted on July 13, 2022, provides a useful benchmark for estimating the gross profit margin in its business. Florida's DOC requested bids on a "cost-plus" basis, as follows:

> The Department intends to reimburse the Vendor for actual direct costs associated with the provision of health care to its Inmates. In addition, the Department intends to pay the Vendor an administrative fee as a percentage of the actual direct costs the vendor incurs. The administrative fee must be inclusive of the Vendor's indirect costs (those costs not relating to the provision of healthcare to a particular Inmate) as well as any vendor profit.

26. YesCare's bid was 9.9%. (Ex. 4- Price Information Sheet). We know this was an aggressive bid, because the Debtor's (and YesCare's) CEO, Sara Tirschwell, sent an email to a group of other Debtor executives regarding the upcoming bid for the Florida DOC contract. She said, "Sounds like Perigrove

5 Like the Yescare Corp. and Subsidiaries Balance Sheet, this affidavit was filed under seal in the Missouri state case and was not included in the removal papers. The Committee has access to it, but the creditors do not.

wants Florida. Be aggressive in your business plan please." (Ex. 5- Tirschwell email to Mike Murphy, Dana Bell, and Steve Tomlin).

27. We also know that 9.9% may be an understatement of the profit margin that the principals of the Debtor/YesCare would have achieved had they won the Florida DOC contract. That is because many of the "actual direct costs" to be reimbursed by Florida taxpayers would consist of payments to affiliated subcontractors that are owned by the same principals that own YesCare. For example, in its Technical Proposal for the Florida contract, YesCare indicated that it would source pharmaceuticals for Florida's inmates from Pharmacorr, an affiliate. (Ex. 6- Florida Technical Proposal, PDF pg. 241 of 349). For hourly labor, which YesCare describes as "our most expensive and most valuable resource in any of our contracts[,]" (Ex. 6, PDF pg. 295 of 349), YesCare intended to use three temp staffing agencies also owned by insiders: United Staffing Solutions, Access Therapies, and CareerStaff Unlimited. (Ex. 6, PDF pg. 332-333 of 349).

28. What about YesCare's "indirect costs" that must be covered by the 9.9% administrative fee, such as management, back-office, and administrative support services? We actually know how much these services cost, because YesCare contracted them out to Geneva Consulting, yet another entity under common ownership. (Ex. 6, pg. 23 of 349). We have a copy of the YesCare-Geneva management services contract and we can see how much Geneva is charging. (Docket 911-20, pg. 81 of 91). The fee[6] is $15 per-prisoner, per-month, with a monthly minimum of $500,000. *Id*. In a press release issued on May 16, 2022, eleven days after the divisional merger, YesCare represented that the number of prisoners in its contracted facilities was approximately 50,000.[7] This means that the contracted

6 This management fee is likely inflated, given the many other terms in the MSA contract that are almost comically favorable to Geneva. *See*, *e.g.* Docket 911-20, pp. 32-33 of 91, ¶¶ 6.5, 6.5.3, 6.5.6, 6.5.12; pp. 25-26 of 91, ¶¶ 2.4, 2.6, 2.7, 2.7.1, 2.7.2.

7 "Leading Healthcare Group Forms Yescare, Debuting New Vision and Leadership." Businesswire, May 16, 2022. https://www.businesswire.com/news/home/20220516005378/en/Leading-Healthcare-Group-Forms-YesCare-Debuting-New-Vision-and-Leadership

management fee at the time of the transaction was approximately $750,000 per month, or $9 million per year.

29. With reasonable estimates for annual revenue ($302,568,792.82), gross profit margin (9.9%), and annual management, back-office, and administrative-support overhead ($9 million), it is possible to reach a reasonable estimate of the EBITDA of the operating business at the time of the divisional merger:

> $302,568,792.82 (revenue) x 0.099 (gross margin) - $9,000,000 (management, back-office, and administrative-support overhead) = $20.95 million.

30. According to an M&A trade publication, middle-market privately-owned companies in the healthcare sector traded at an average multiple of around 11.7 times EBITDA in 2022, while the average multiple across all industries was 10.4. (Ex. 7). At a multiple of 11.7, the Debtor's operating business would be worth approximately $245 million. At a 10.4 multiple, the equity value would be $218 million. The book value cited by the Committee at Docket 360 ($173 million) implies a multiple of approximately 8.25; significantly lower than the 2022 average for similar-sized companies, but within the realm of reasonable valuations.

31. The Committee and the Debtor may have different estimates of the value of the Debtor's operating business on the divisional merger date. Whatever their valuation is, they need to disclose it to creditors and explain how it was computed. As currently proposed, the disclosure statement provides no information at all about the value of the assets that Yescare/CHS TX took from the Debtor in the divisional merger transaction.

II. The Disclosure Statement provides misleading and contradictory information about the Debtor's potential avoidance actions arising from transfers unrelated to the divisional-merger transaction

32. In its Second Amended SOFA, (Docket 811, pg. 220) the Debtor reported making cash transfers to the following affiliates in the following total amounts in the two years prior to the petition date:

Affiliate	Total Two-Year Payments
M2 LoanCo	$34,538,155.19
Perigrove	$6,000,000.00
DG Realty	$7,500,000.00
Pharmacorr	$300,000.00

The Disclosure Statement also reveals an additional $5.5 million in two-year payments to yet another insider, Geneva Consulting LLC, that were never disclosed in the Debtor's SOFA. (Docket 984, pg. 15 of 150). There is probably a viable fraudulent-transfer claim arising from the Geneva payments, given the apparent control of Geneva by insiders, Geneva's admission that the Debtor was insolvent at the time of the payments, and the vague nature of the services Geneva supposedly provided.[8] The Perigrove payments ($6 million), the Pharmacorr payment ($300,000), and approximately $11.6 million of the M2 LoanCo payments were made within one year of the petition date. The disclosure statement provides the following explanation regarding the cash transfers to some of these affiliates:

> Between December 2021 and November 2022, the Debtor transferred approximately $24.5 million from the Signature Accounts to LoanCo. LoanCo has disputed this amount. During the same period, the Debtor made additional transfers to Perigrove, DG Realty Management LLC and PharmaCorr LLC, entities also affiliated with Perigrove. However, the Debtor received subsequent transfers in the same amounts of the outgoing transfers that were made to these entities.
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> Docket 984, page 16.

The Disclosure Statement thus "contain[s] unexplained inconsistencies," *In re Applegate Prop., Ltd.*, 133 B.R. 827, 829 (Bankr. W.D. Tex. 1991), and should not be approved. First, the Disclosure Statement mentions only $24.5 million in transfers to M2 LoanCo between December 2021 and

8 See Docket 911-19 (Consulting Agreement with the Debtor, describing services only as "Corporate Restructuring"); Docket 911-8, Dep. pp. 52:18-60:12. (Testimony of Lefkowitz as Geneva 12(b)(6) designee regarding nature of services).

November of 2022, while the Second Amended SOFA reports slightly over $34.5 million in transfers to M2 LoanCo during the same time period. The $10-million difference is unexplained. Second, the representations in the Disclosure Statement regarding the transfers to the other affiliates contradict the Debtor's testimony about these transfers during the third meeting of creditors on July 21, 2023. (Docket 854-2, pp. 38-40).

33. Both the Disclosure Statement and the Debtor's testimony at the July 21st meeting of creditors describe payments from certain insider entities (Perigrove, DG Realty, and Pharmacorr) to the Debtor, and corresponding payments from the Debtor to these insiders. The key difference is in the order of payments. The Disclosure Statement describes the payments from the affiliates to the Debtor as "***subsequent*** transfers in the same amounts of the outgoing transfers," (Docket 984, pg, 16) (emphasis added), while the Debtor's meeting-of-creditors testimony describes the payments to affiliates as ***repayments of prior loans***, i.e., payments on account of antecedent debts owed to the affiliates before the transfers were made. For example, in its meeting-of-creditors testimony, the Debtor described the payments to Perigrove as follows:

> ANDREW JIMENEZ, TRUSTEE: In the -- in the -- in this list, you also, the debtor also disclosed ah, transfers to Perigrove. What is Perigrove?
>
> **ISAAC LEFKOWITZ: Perigrove is the same – same case, the principals of Perigrove have an equity interest in entities that ultimately own the debtor. And this too, was a loan to the debtor; this is a payment back.**
>
> ANDREW JIMENEZ, TRUSTEE: What was -- what was that loan used for?
>
> **ISAAC LEFKOWITZ: Ah, cash operations. To float their cash.**
>
> ANDREW JIMENEZ, TRUSTEE: Can you please repeat that?
>
> **ISAAC LEFKOWITZ: The debtor needed cash to float their cash flow. The Perigrove loaned them money and the Per -- and the debtor paid it back. Twice, once for 5 million and once for 1 million.**
>
> (Docket 854-2, Dep. pp. 39:24-40:20)

The order in which the payments were made is important, because "[a] debt is 'antecedent' for purposes of § 547(b) if it was incurred before the alleged preferential transfer." *Baker Hughes Oilfield Operations, Inc. v. Cage (In re Ramba, Inc.)*, 416 F.3d 394, 398 (5th Cir. 2005). If the $6 million paid to Perigrove in April and June of 2022 consists of repayments of loans from Perigrove to the Debtor, then the Debtor has a potential avoidance action against Perigrove under § 547(b)(4)(B) worth approximately $6 million. Yet the Disclosure Statement appears to conflict with the Debtor's sworn testimony about these payments. Instead of describing these payments as repayments of antecedent debts, the Disclosure Statement suggests that the payments from Perigrove to the Debtor occurred *after* the payments from the Debtor to Perigrove. This misleading description of these payments creates the impression that Perigrove has no § 547(b) liability.

34. The plan proponents have failed to adequately explain this discrepancy and have not informed creditors whether there is a viable $6-million preferential-transfer action against Perigrove. Indeed, the proponents have failed to include any information about the value of any of the Debtor's avoidance actions, whether against insiders or not, in either the Disclosure Statement or in their liquidation analysis. And the Debtor does have viable avoidance actions.

35. For example, the Debtor transferred of over $1.5 million to Henry Ford Allegiance Health (HFAH) on December 19, 2022, less than ninety days prior to the petition date. (Docket 811, pg. 205). The Debtor made this payment to settle a lawsuit that HFAH filed against the Debtor in August of 2022 to collect a trade debt. (Ex. 8- Complaint; Ex. 9- Voluntary Dismissal). "A payment that a debtor makes pursuant to the terms of a pre-petition settlement agreement is made 'for or on account of an antecedent debt' as provided in § 547(b)(2)." *Williams v. McKesson Corp. (In re Quality Infusion Care, Inc.)*, 2013 Bankr. LEXIS 5044 at *17 (Bankr. S.D. Tex. 2013). Additionally, settlement payments "do not fall within the 'ordinary course of business' defense of section 547(c)(2)." *Am. Honda Fin. Corp. v. A.*

Angelle, Inc. (In re A. Angelle, Inc.), 230 B.R. 287, 299 (Bankr. W.D. La. 1998). It thus appears that the Debtor holds a viable avoidance action against HFAH worth approximately $1.5 million.

36. The Debtor's 90-day payments total over $6 million. The Debtor's one-year payments to insiders (excluding the transfers of $19.9 million in cash and a business worth approximately $173-$245 million via the divisional merger) total at least $17.9 million. There may be numerous other viable preference actions that both the Disclosure Statement and the liquidation analysis completely fail to account for. The need to inform creditors of "the actual or projected realizable value from recovery of preferential or otherwise voidable transfers," *In re Divine Ripe, L.L.C.*, 554 B.R. 395, 407-08 (Bankr. S.D. Tex. 2016), is particularly acute here, where avoidance actions are the only significant assets of the estate. Creditors should not be asked to approve releases of potential claims against insiders like Yescare, Geneva, Perigrove, and M2 LoanCo without being informed of the total value of the cash and/or assets that each of these entities received from the Debtor.

III. The abusive nature of the gatekeeping provisions renders the plan unconfirmable

36. There are many reasons why this plan is unconfirmable. But of particular importance to the instant Objectors is the Plan's purported application of the injunction and gatekeeping provisions of Article IX.F to the "Released Parties," a category that includes non-debtor insiders who received assets from the Debtor in the divisional merger. The Estate obtains absolutely no benefit from the application of the Article IX.F injunction and gatekeeping provisions to these insiders. None of these insiders is a "bankruptcy trustee, or a court-approved professional" to whom the *Barton* doctrine would apply. *See Foster v. Aurzada (In re Foster)*, 2023 U.S. App. LEXIS 52 at *12 (5th Cir. 2023). None of them will serve as "post-Effective-Date management," in need of protection from vexatious litigation "as they consummate the Plan, wind down the assets, and administer the Claimant Trust and the Litigation Sub-Trust." *In re Highland Cap. Mgmt., L.P.*, 2023 Bankr. LEXIS 527 at *28 (Bankr. N.D. Tex. Feb. 27,

2023). Rather, they are simply third-party non-debtor insiders, receiving what are effectively non-consensual, non-debtor releases in disguise.

37. The Fifth Circuit has repeatedly held that a Chapter 11 case cannot be used[9] to limit the liability of third parties that do not themselves enter bankruptcy. *See, e.g. In re Pacific Lumber Co.*, 584 F.3d 229, 252-53 (5th Cir. 2009). A liability shield is what the insiders want, of course; it is the reason they created the Tehum entity, the reason they placed it into bankruptcy, and the reason they directed their counsel to file the Stay Motion (Docket 7) and the adversary proceeding (Adv. No. 23-03049). Since binding Fifth Circuit precedent categorically prohibits the insiders from obtaining non-consensual third-party releases in a Chapter 11 plan, they have instead bargained to become beneficiaries of onerous gatekeeping provisions that provide no benefit to the Estate and whose sole purpose is to make prosecution of claims against these insiders as difficult as possible.

38. The Plan technically allows individual creditors to opt-out of third-party releases for entities such as YesCare. But before an opt-out creditor can proceed with any claim against an insider that has any relationship to the divisional merger, the opt-out creditor is required to first file a motion in bankruptcy court requesting permission to pursue their claim. Such a motion shall include:

> "a proposed attorney fee reserve . . . that will be deposited into the Bankruptcy Court's registry to indemnify . . . the Released Parties named in the complaint or petition . . . against costs associated with the successful defense of any claim that is allowed to proceed."

(Docket 985, pg. 34 of 41).

In other words, the Plan not only purports to impose fee-shifting in favor of the insiders, it requires opt-out creditors to post a bond to pre-pay the insiders' defense costs in the event their suit is unsuccessful.

39. The inclusion of this fee-shifting provision in the plan is contrary to public policy. The instant objectors, like nearly all of the personal injury claimants who are creditors in this case, are seeking to

9 The Bankruptcy Code provides a limited statutory exception to this rule for asbestos cases. *See* 11 U.S.C. § 524(g). None of the liabilities at issue in this case involve asbestos.

recover not merely for state-law negligence but for violations of their Eighth Amendment rights to be free of cruel and unusual punishment under 42 U.S.C. § 1983. Congress has prescribed a regime of limited fee-shifting in favor of plaintiffs in prisoner civil-rights litigation. *See, e.g. Murphy v. Smith*, 138 S. Ct. 784 (2018) (discussing computation of prevailing-party attorneys' fees under the Prison Litigation Reform Act). Federal courts may not require a plaintiff who brings an unsuccessful civil rights claim to pay the defendants' attorneys fees, "unless a court finds that his claim was frivolous, unreasonable, or groundless, or that the plaintiff continued to litigate after it clearly became so." *Hughes v. Rowe*, 449 U.S. 5, 15 (1980). As the *Hughes* Court explained:

> To take the further step of assessing attorney's fees against plaintiffs simply because they do not finally prevail would substantially add to the risks inhering in most litigation and would undercut the efforts of Congress to promote the vigorous enforcement of [civil rights laws] . . .
>
> These limitations apply with special force in actions initiated by uncounseled prisoners. Faithful adherence to the principles of *Haines v. Kerner* dictates that attorney's fees should rarely be awarded against such plaintiffs. The fact that a prisoner's complaint, even when liberally construed, cannot survive a motion to dismiss does not, without more, entitle the defendant to attorney's fees. An unrepresented litigant should not be punished for his failure to recognize subtle factual or legal deficiencies in his claims.

Hughes, 449 U.S. at 14-15.

40. The civil rights claims brought by the instant Objectors are not "frivolous, unreasonable, or groundless." Mr. Jackson's underlying claims, for example, have already survived both a motion to dismiss, *see Jackson v. Corizon Health, Inc.*, 2020 U.S. Dist. LEXIS 113536 (E.D. Mich. 2020), and a motion for summary judgment. *see Jackson v. Corizon Health Inc.*, 596 F. Supp. 3d 834 (E.D. Mich. 2022). When the Debtor transferred its business to CHS TX, Inc. d/b/a "YesCare" via the divisional-merger transaction, Mr. Jackson also successfully established CHS TX, Inc.'s liability on his claims as a successor to the Debtor under Fed. R. Civ. P. 25(c) and Michigan's successor-liability doctrine. *See Jackson v. Corizon Health Inc.*, 2022 U.S. Dist. LEXIS 198717 (E.D. Mich. Nov. 1, 2022).

41. Mr. Jackson's position that his pending claim against CHS TX, Inc. is his property, and not the property of the Tehum bankruptcy estate, is also far from frivolous. "Whether a particular cause of action is available to the debtor, and thus constitutes "property of the estate," is determined by state law." *Spartan Tube & Steel v. Himmelspach (In re RCS Engineered Prods. Co.),* 102 F.3d 223, 225 (6th Cir. 1996) (citing *Butner v. United States*, 440 U.S. 48, 59 (1979)). Following an extensive choice-of-law analysis, the court determined that Mr. Jackson's Rule 25(c) motion, brought in a case pending in federal court under federal-question jurisdiction, should be analyzed under state law, and specifically Michigan law, notwithstanding the Debtor's and Yescare's incorporation in Texas. *See Jackson v. Corizon Health Inc.*, 2022 U.S. Dist. LEXIS 198717 at *9-*23. Unlike under the law of Texas, "[u]nder Michigan law, an alter ego claim is not considered property of the bankruptcy estate." *Nieto v. Unitron, LP,* 2006 U.S. Dist. LEXIS 54443 at *16 (E.D. Mich. 2006) (citing *In re RCS Engineered Prods. Co.*, 102 F.3d 223, 226-227 (6th Cir. 1996)).

42. *Nieto v. Unitron, LP* is almost perfectly on point with respect to this issue. That case involved a Texas corporation, Unitron, Inc., that did business in Michigan and became liable to Michigan plaintiffs. *Id.* at *4-*5. Unitron, Inc.'s owner then formed Unitron, LP, a new Texas entity. The owner transferred all of Unitron, Inc.'s business operations, its management team, and its employees to Unitron, LP. *Id.* at *6. This transaction rendered Unitron, Inc. deeply-insolvent; it had no business operations, no assets other than $12,000 in a bank account, and massive liabilities to its Michigan creditors. *Id.* at *5-*7. Once all of Unitron, Inc.'s assets had been transferred to Unitron, LP, the owner of both entities changed the name of Unitron, Inc. to "Norino Company," and filed a voluntary bankruptcy petition for Norino in a Texas bankruptcy court the next day. *Id.* at *6-*7.

43. While the Norino bankruptcy case was pending, the Michigan creditors sued Unitron, LP in federal district court in Michigan. They alleged that Unitron, LP was liable to them as an alter-ego of the bankrupt shell. Unitron, LP moved to dismiss, arguing that, "because Norino filed for Chapter 7

bankruptcy, the Bankruptcy Trustee is the only party that can assert alter ego claims against Unitron LP for the benefit of Norino's creditors and the Bankruptcy Court is the only court that may consider such claims." *Id.* at *9. Unitron, LP further argued that Texas law must govern the property-of-the-bankruptcy-estate analysis for the Michigan plaintiffs' alter-ego claims, given Norino's and Unitron, LP's status as Texas corporations headquartered in Texas. *Id.* at *15.

44. The court recognized that both entities were incorporated in Texas, the Norino bankruptcy proceeding was pending in Texas, and that "[u]nder Texas law, an alter ego claim is considered property of the bankruptcy estate." *Id.* at *15. Yet the court held that Michigan law, rather than Texas law, governed the property-of-the-estate analysis for the Michigan plaintiffs' alter-ego claims:

> when the rights of third parties external to the corporation are at issue, the state directly affected by the alleged corporate wrongdoing must be allowed to determine the extent to which the corporate veil may be pierced. [citing *Chrysler Corp. v. Ford Motor Co.*, 972 F. Supp. 1097, 1103 (E.D. Mich. 1997)]. Stated otherwise, the law that governs the alter ego issue will be that of the state with the "most significant relationship" to the lawsuit. *Id.*
>
> Applying that choice-of-law rule here, Michigan is the state with the most significant relationship to the lawsuit. Plaintiffs' claims for lifetime health benefits arise out of their employment at a Michigan plant, pursuant to a CBA negotiated in Michigan, with a union headquartered in Michigan. All of the Plaintiffs are Michigan residents, as is their health insurance provider. **Accordingly, Michigan law governs whether Plaintiffs' ERISA and LMRA claims, alleged under an an alter ego theory, are property of the bankruptcy estate. They are not.** *See In re RCS Engineered Products Co.*, 102 F.3d at 227.

Nieto v. Unitron, LP, 2006 U.S. Dist. LEXIS 54443 at *21 (E.D. Mich. 2006) (emphasis added).

45. Objectors William Kelly and Kohchise Jackson have colorable civil-rights claims pending against a non-debtor, CHS TX, Inc., in a federal district court in Michigan. The Sixth Circuit has held that claims against an alleged corporate reincarnation of a bankruptcy debtor are not property of the estate when the claims are premised on Michigan's common-law of veil-piercing. *See Spartan Tube & Steel v. Himmelspach (In re RCS Engineered Prods. Co.)*, 102 F.3d 223, 226-27 (6th Cir. 1996). In both

Mr. Kelly's and Mr. Jackson's cases, the court has already held that Michigan law governs the successor-liability question notwithstanding CHS TX, Inc's incorporation in Texas. *See Kelly v. Corizon Health Inc.*, 2022 U.S. Dist. LEXIS 198725 (E.D. Mich. 2022); *Jackson v. Corizon Health Inc.*, 2022 U.S. Dist. LEXIS 198717 (E.D. Mich. 2022). Mr. Kelly's and Mr. Jackson's continued prosecution of their claims against CHS TX, Inc. will also have no conceivable effect on the bankruptcy estate; CHS TX, Inc. did not even file a claim for indemnification in the Tehum bankruptcy. Where a non-debtor's claims against another non-debtor "are not property of the estate and they have no effect on the estate[,]" the bankruptcy court lacks jurisdiction over the controversy. *Feld v. Zale Corp. (in Re Zale Corp.)*, 62 F.3d 746, 755 (5th Cir. 1995).

46. Yet Mr. Kelly and Mr. Jackson will not be able to prosecute their claims against CHS TX, Inc. if they are required to first post a bond with the bankruptcy court to cover CHS TX, Inc.'s defense costs in the event they are unsuccessful at trial. The plan's gratuitous application of onerous injunction and gatekeeping provisions to CHS TX, Inc., a party that will have no role at all in the administration of the estate, in order to shield CHS TX, Inc. from litigation that cannot have any effect on the estate, is the functional equivalent of a non-consensual non-debtor release.

47. Bankruptcy courts lack the power to issue a § 105 injunction "if it effectively discharges a nondebtor." *Zale Corp*, 62 F.3d at 760. That is what the plan's application of the injunction and gatekeeping provisions of Article IX.F to parties other than the Debtor, the Committee, and estate professionals is designed to do. The plan is thus unconfirmable as written, and the Disclosure Statement should not be approved.

Respectfully submitted,

CROSS LAW PLLC

/s/ *Ian T. Cross*
Ian T. Cross (P83367)
Attorney for Kohchise Jackson, William Kelly, and Derico Thompson
402 W. Liberty St.
Ann Arbor, MI 48103
(734) 994-9590
ian@lawinannarbor.com

BANKRUPTCY

Bankruptcy Judge Jones Named in a Lawsuit Over Romantic Relationship With Local Lawyer

A Houston judge confirms relationship with a lawyer whose former firm, Jackson Walker, brought major corporate reorganizations to his court

By Alexander Gladstone and Andrew Scurria

Updated Oct. 7, 2023 7:57 pm ET | WSJ PRO



The bankruptcy court in Houston has been a top venue in recent years for companies to restructure their balance sheets. PHOTO: CALLAGHAN O'HARE/BLOOMBERG NEWS

A Texas bankruptcy judge has been in a romantic relationship with a lawyer whose former firm brought major chapter 11 cases to his court, a premier landing spot for corporate reorganizations.

Judge David R. Jones, who has overseen some of the nation's largest chapter 11 cases in the U.S. Bankruptcy Court in Houston, told The Wall Street Journal he is in a relationship and has shared a home for years with bankruptcy lawyer Elizabeth Freeman.

Freeman worked at Texas law firm Jackson Walker's bankruptcy practice group until December 2022, when she left to start her own law firm. Jackson Walker, a leading Texas bankruptcy firm, filed chapter 11 cases that were assigned to Judge Jones while she was still a partner there.

The relationship between the judge and the lawyer surfaced publicly earlier this week when an individual plaintiff sued Judge Jones over rulings that he made while presiding over the 2020 bankruptcy case of offshore-drilling company McDermott International. The law firm Kirkland & Ellis represented McDermott with Jackson Walker as local counsel.

The plaintiff, Michael Van Deelen, was a shareholder in McDermott and has unsuccessfully pursued a variety of claims against the company, its advisers and the judge in bankruptcy court. In his lawsuit, Van Deelen alleged that Jones and Freeman's romantic relationship amounted to a conflict of interest and tainted his rulings in the McDermott case.

The judge confirmed the relationship in an interview with the Journal and said that he and Freeman agreed years ago that she herself would never appear in his courtroom.

Jones said he believes the relationship didn't need to be disclosed because he and Freeman aren't married and there was no economic benefit to him from her legal work.

"I came to the conclusion that I had no duty to disclose," said the judge, who joined the Houston court in 2011. He added that he didn't want to fuel a perception that "if you were going to be appearing, you should go out and hire Jackson Walker."

Jackson Walker files bankruptcy cases on its own, but is better known as local counsel working alongside large bankruptcy firms that have made the Houston bankruptcy court a top venue in recent years. Jackson Walker, on its website, said it has been local counsel for more sizable companies in chapter 11 than any other firm since 2022 and often serves as co-counsel alongside Kirkland & Ellis, which is among the nation's most prolific filers of large corporate bankruptcies.

Jackson Walker declined to comment. Representatives for Kirkland & Ellis didn't

respond to a request for comment.

A representative with the Judicial Council of the Fifth Circuit, which is responsible for reviewing complaints of judicial misconduct in Texas courts, didn't respond to a request for comment.

Jones hasn't formally responded to Van Deelen's claims in court and declined to comment on the merits of the lawsuit. He also said he was under no obligation to recuse himself from cases involving Jackson Walker or Freeman's new solo firm, the Law Office of Liz Freeman.

"If for any reason I thought that I should have done something more, I would have done it," the judge said. "I'm certainly not afraid of my relationship, I just simply think I'm entitled to a certain degree of privacy. I and I alone made the call that so long as she never appeared in front of me, that was sufficient."

Jones said that he would have had a recusal obligation for cases involving Freeman's firm only if they had been married and had communal property. Judge Jones owns the home in Houston which he and Freeman reside in, and pays utilities and other expenses on the home.

Adam Levitin, a professor at Georgetown University Law Center who focuses on bankruptcy and commercial law, said that if Judge Jones was in a romantic relationship with a lawyer from Jackson Walker, he shouldn't have heard any bankruptcy cases in which Jackson Walker represented the company.

"It creates an appearance of impropriety and partiality," Levitin said. "A lawyer's conflicts are imputed to all other attorneys at the firm. She was a partner of the firm. It creates the possibility that a litigant feels that they lost not because of the merits of a case, but because of the relationships the judge has."

Write to Alexander Gladstone at alexander.gladstone@wsj.com and Andrew Scurria at Andrew.Scurria@wsj.com

RP-2017-284445
06/27/2017 ER $20.00

Page 1 of 3 Friday, October 13, 2023 County Clerk Harris County, Texas

RP-2017-284445

General Warranty Deed

Date: June 26, 2017

Grantor: **Quintessa Homes and Properties, L.P.**, a Texas limited partnership
Attn: Fullerton Holdings Corporation, General Partner
Gautam V. Gopinath, President
2020 North Loop West, Suite 220
Houston, Harris County, Texas 77018-8103

Grantee: **Elizabeth Carol Freeman**, a single woman, and **David R. Jones**, a single man, **as joint tenants with rights of survivorship as set forth in a Survivorship Agreement executed and recorded at the same time as this deed**
6530 Rolla
Houston, Harris County, Texas 77055

Consideration: Good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged

Property (including any improvements):

Lot Forty (40), in Block Fourteen (14), of WESTVIEW TERRACE, an addition in Harris County, Texas, according to the map or plat thereof recorded in Volume 27, Page 17, of the Map Records of Harris County, Texas

Reservations from Conveyance: None

Exceptions to Conveyance and Warranty:

Easements, rights-of-way, restrictions, conditions, covenants, prescriptive rights and all other encumbrances, other than liens and conveyances, that affect the property and are of record in Harris County, Texas, and ad valorem taxes for 2017.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

Page 2 of 3 Friday, October 13, 2023 County Clerk Harris County, Texas

RP-2017-284445

When the context requires, singular nouns and pronouns include the plural.

Quintessa Homes and Properties, L.P.,
a Texas limited partnership

By its General Partner:

Fullerton Holdings Corporation,
a Texas corporation

By: _____
Gautam V. Gopinath, President

STATE OF TEXAS §
§
COUNTY OF HARRIS §

This instrument was acknowledged before me on the 26th day of June, 2017, by **Gautam V. Gopinath**, President of Fullerton Holdings Corporation, a Texas business corporation, as general partner of and on behalf of **Quintessa Homes and Properties, L.P.**, a Texas limited partnership.

_____
Notary Public, State of Texas

JOHN CLAY REEVES
NOTARY PUBLIC
STATE OF TEXAS
ID 130643936
EXP. 05-04-2020

AFTER RECORDING RETURN TO:

Veritas Title Company
2339 University Blvd., 3rd Floor
Houston TX 77005

Page 3 of 3 Friday, October 13, 2023 County Clerk Harris County, Texas

RP-2017-284445

RP-2017-284445
Pages 3
06/27/2017 08:31 AM
e-Filed & e-Recorded in the
Official Public Records of
HARRIS COUNTY
STAN STANART
COUNTY CLERK
Fees $20.00

RECORDERS MEMORANDUM
This instrument was received and recorded electronically and any blackouts, additions or changes were present at the time the instrument was filed and recorded.

Any provision herein which restricts the sale, rental, or use of the described real property because of color or race is invalid and unenforceable under federal law.
THE STATE OF TEXAS
COUNTY OF HARRIS
I hereby certify that this instrument was FILED in File Number Sequence on the date and at the time stamped hereon by me; and was duly RECORDED in the Official Public Records of Real Property of Harris County, Texas.

COUNTY CLERK
HARRIS COUNTY, TEXAS

I, Teneshia Hudspeth, County Clerk of Harris County, Texas certify that these pages are a true and correct copy of the original record filed and recorded in my office, electronically or hard copy, as it appears on this date.

Witness my official hand and seal of office
This October 13, 2023

Teneshia Hudspeth, County Clerk
Harris County, Texas

Any provision herein which restrict the sale, rental or use of the described Real Property because of color or race is invalid and unenforceable under the Federal Law. Confidential information may have been redacted from the document in compliance with the Public Information Act.

RP-2017-284446
06/27/2017 ER $20.00

Page 1 of 3 Friday, October 13, 2023 County Clerk Harris County, Texas

RP-2017-284446

Survivorship Agreement

Date: June 26, 2017

Owners: **Elizabeth Carol Freeman**, a single woman
6530 Rolla
Houston, Harris County, Texas 77055

David R. Jones, a single man
6530 Rolla
Houston, Harris County, Texas 77055

Property (including any improvements):
Lot Forty (40), in Block Fourteen (14), of WESTVIEW TERRACE, an addition in Harris County, Texas, according to the map or plat thereof recorded in Volume 27, Page 17, of the Map Records of Harris County, Texas

Owners own the Property jointly and for valuable consideration agree with each other as follows:

1. If no severance occurs before the death of either Owner, then on the death of either Owner, the interest of the joint Owner who dies will survive to the surviving joint Owner.

2. Owners will after this date own the Property in the same manner as joint tenants with right of survivorship.

3. This agreement may be revoked, and the joint tenancy of Owners in the Property may be severed, only by a written instrument signed by all Owners.

4. This agreement is binding on Owners and Owners' respective heirs and successors.

Elizabeth Carol Freeman

David R. Jones

Page 2 of 3 Friday, October 13, 2023 County Clerk Harris County, Texas

RP-2017-284446

STATE OF TEXAS §
§
COUNTY OF HARRIS §

This instrument was acknowledged before me on the 26th day of June, 2017, by **Elizabeth Carol Freeman** and **David R. Jones**.

Notary Public, State of Texas

JOHN CLAY REEVES
NOTARY PUBLIC
STATE OF TEXAS
ID # 13064393-6
EXP 05-04-2020

AFTER RECORDING RETURN TO:

Veritas Title Company
2339 University Blvd., 3rd Floor
Houston TX 77005

Page 3 of 3 Friday, October 13, 2023 County Clerk Harris County, Texas

RP-2017-284446

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Fees $20.00

RECORDERS MEMORANDUM
This instrument was received and recorded electronically and any blackouts, additions or changes were present at the time the instrument was filed and recorded.

Any provision herein which restricts the sale, rental, or use of the described real property because of color or race is invalid and unenforceable under federal law.
THE STATE OF TEXAS
COUNTY OF HARRIS
I hereby certify that this instrument was FILED in File Number Sequence on the date and at the time stamped hereon by me; and was duly RECORDED in the Official Public Records of Real Property of Harris County, Texas.

Stan Stanart
COUNTY CLERK
HARRIS COUNTY, TEXAS

I, Teneshia Hudspeth, County Clerk of Harris County, Texas certify that these pages are a true and correct copy of the original record filed and recorded in my office, electronically or hard copy, as it appears on this date.

Witness my official hand and seal of office
This October 13, 2023

Teneshia Hudspeth, County Clerk
Harris County, Texas

Any provision herein which restrict the sale, rental or use of the described Real Property because of color or race is invalid and unenforceable under the Federal Law. Confidential information may have been redacted from the document in compliance with the Public Information Act.

ATTACHMENT I – PRICE INFORMATION SHEET
FDC ITN-22-042

The Department intends to reimburse the Vendor for actual direct costs associated with the provision of health care to its Inmates. In addition, the Department intends to pay the Vendor an administrative fee as a percentage of the actual direct costs the Vendor incurs. This administrative fee must be inclusive of the Vendor's indirect costs (those costs incurred by the Vendor not relating to the provision of health care to a particular Inmate), as well as any Vendor profit. To submit a Cost Reply, Vendors must complete the following table.

	Administrative Fee (%)
Initial Term	9.9%
Renewal Term	9.9%

CHS FL LLC
VENDOR NAME

88-1375547
FEIN

Sara Tirschwell
PRINTED NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

July 13, 2022
DATE

From: "Tirschwell, Sara" <Sara.Tirschwell@corizonhealth.com>
To: "Murphy, Michael (BWD)" <Mike.Murphy@corizonhealth.com>, "Bell, Dana" <Dana.Bell@corizonhealth.com>, "Tomlin, Steve" <Steve.Tomlin@corizonhealth.com>
Subject: Florida
Date: Mon, 31 Jan 2022 20:21:10 +0000
Importance: Normal

Sounds like Perigrove wants Florida. Be aggressive in your business plan please.

Sara Tirschwell
Chief Executive Officer
Cell: **615-905-1000**

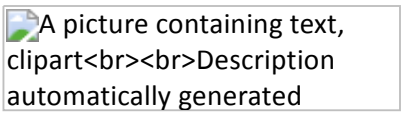


Exhibit #
Lefkowitz 3
08/14/23 - MC
exhibitsticker.com

ELECTRONIC

TECHNICAL REPLY | ITN 22-042 | JULY 15, 2022 | 2:00 PM (EST)

FLORIDA DEPARTMENT OF CORRECTIONS

COMPREHENSIVE HEALTH CARE SERVICES







YesCare
Say Yes To Exceptional Care

205 Powell Place
Brentwood, TN 37027

YesCare
Say Yes To Exceptional Care

July 15, 2022

Eunice Arnold, Procurement Officer
Florida Department of Corrections
501 S. Calhoun Street
Tallahassee, FL 32399

Re: ITN 22-042, Comprehensive Health Care Services

Dear Ms. Arnold and Members of ITN Evaluation Team,

On behalf of CHS FL, LLC (CHS) dba YesCare, a wholly owned subsidiary of YesCare, Corp. (YesCare), we are pleased to present this proposal in response to the Florida Department of Corrections (FDC) Invitation to Negotiate (ITN) to provide Comprehensive Inmate Healthcare Services. YesCare acquired the employees and correctional health contracts in multiple states from Corizon Health, pursuant to a divisional merger. YesCare is managed and financially supported by Geneva Consulting, LLC, a wholly-owned subsidiary of the Genesis Healthcare group of companies, with skilled nursing and assisted living facilities across the United States, including 157 in Florida. Together, with our client partners, we are building a better solution for healthcare in corrections.

YesCare offers our client partners transparency, open lines of communication with decision makers, and unparalleled healthcare, delivered by caring and dedicated professionals. As we move toward becoming a 100% employee-owned company, each one of us will have a personal stake in the success of YesCare. This provides our client partners more stability and accountability, thereby increasing the standard of patient care and decreasing risks and liabilities.

We agree to provide the services as described in ITN 22-042. If selected, YesCare will collaborate with you to implement a program that meets your vision. We have highlighted a few key differentiators that set our healthcare program apart from our competitors: optimized, cost-efficient healthcare services for the FDC; an expanded network of resources resulting from YesCare's affiliations, management, and ownership; expanded programming; enhanced recruiting resources to address staffing shortages; and data-driven technology solutions.

Optimized Care for the FDC

As the FDC knows, recidivism is not only a significant cost to society in terms of the loss of productive lives but is also a financial burden to the State. At YesCare, we believe we have the opportunity to influence productivity and rehabilitation by offering an exceptional model of mental and physical healthcare to the Florida Inmate population. Our goal is to optimize long-run cost savings for the FDC by making the right judgment calls in the short run – starting at intake.

Expanded Network of Resources

YesCare has expanded the company's network of resources. While we always assume the best—that providers will perform as contracted—we prepare for the worst. Because of the provider reach of our management group, YesCare is ready with a back-up plan. Through our new structure, we have

YesCare
Say Yes To Exceptional Care

enhanced clinical, media, and staffing resources that will become accessible to the FDC, from day one of the new contract.

Expanded Programming

YesCare has addressed growing challenges in corrections by purchasing and outfitting a fleet of mobile response clinics – to bring off-site services onsite and to clear up backlogs in more remote areas. We have started a crisis hotline to combat violence toward others, as well as self-harm, and, we have dedicated significantly more resources toward telehealth and mental health, to devote more curated attention to our trauma-inflicted patients in a staffing-challenged environment. By doing so, we protect all stakeholders, while achieving an elevated level of overall health.

Enhanced Recruiting and Retention

YesCare has implemented region-specific recruiters company-wide, revamped its compensation analysis techniques to incorporate significantly more localized market intelligence, and reduced internal red tape to facilitate a more responsive and proactive process. We will hire Florida-based recruiters and assign HR generalists to provide additional support to attract candidates for open positions. Combined with access to our three affiliated staffing companies, United Staffing, CareerStaff Unlimited, and Access Therapies, we believe we can remedy staffing issues.

Further, believing that corporate's function is to serve the field, we have instituted a multidisciplinary operations process (mimicking our multidisciplinary approach to healthcare) that readily delivers resources to the field, fostering a more inclusive and collaborative culture. Together with our employee ownership program, we are setting the stage for long-term retention of employees. The ownership that employees will hold in our future incentivizes accountability in the field – the kind of ownership in outcomes that our client partners deserve.

As Chief Executive Officer, I have the legal authority and am authorized to commit YesCare to provide the services for this contract. Dana Bell, Chief of Staff, is our contact for this proposal and can be reached at (318) 426-8264 or Dana.Bell@YesCareCorp.com.

At YesCare, we believe that relationships matter—whether it is the clinical-custodial bond that balances safety with healthcare, the bringing together of company-wide disciplines to find better answers to health and operational issues, or the active involvement of leadership in everyday functions, especially client relations—this is our path forward. Thank you for the opportunity to move forward with you.

Sincerely,

Sara Tirschwell
Chief Executive Officer

TAB A – EXECUTIVE SUMMARY



Like the FDC, YesCare has new leadership. And, like the FDC's leadership, our **CEO Sara Tirschwell** is leading YesCare to set higher standards for correctional healthcare. The FDC wants a flexible, collaborative, transparent, and cost conscientious partner who can capably coordinate transition. We are that partner. YesCare is made up of the former employees of Corizon Health, bringing 43 years of experience and institutional expertise together with the perspective of fresh leadership, a deep bench of healthcare companies owned by management, and a commitment to adjusting care to meet the practical needs of those in the custody of the FDC.

We are already dedicated to the state of Florida, where we currently operate comprehensive healthcare contracts for six county jails, including Leon County. Our affiliated companies have 157 nursing homes and assisted living facilities in the state, an addiction treatment company based in Delray Beach, a lab company based in Miami, and a managed care company based in Palm Beach Gardens, among others.

YesCare's Team

YesCare's regional and corporate team of professionals bring a level of experience and resources that no other correctional healthcare company can offer. YesCare's team makes us a leader in developing innovative healthcare programs for corrections. Members of our clinical and operational teams regularly present findings at national conferences and receive accolades for original programming. The expertise of our healthcare support team members empowers the success of our state, county, and city partners.

Correctional healthcare excellence begins with outstanding clinical and operational leadership, with the assistance of our executive team and the many members of our healthcare support team. Of note, YesCare's Chief Medical Officer, Dr. Greg Ladele, brings hands-on experience and familiarity with the FDC's program.

"As custodians and the first line of care for inmates, it's critical that we have a quality team of professionals in our jail ready to handle a variety of daily health needs. After an extensive search for a new medical provider, we are confident YesCare will not only provide first class medical care, but also be equipped to deal with the increasing mental health needs of our inmate population."

Sheriff Rick Wells, Manatee County, Florida

Dr. Ladele has served in several key leadership positions within FDC (February 2014 – September 2017) including Site Medical Director, Medical Executive Director for RMC Hospital, Chief Health Officer for RMC Hospital, Associate Regional Medical Director for RMC Hospital, and Regional Medical Director for RMC Hospital. He also has extensive experience presenting at the quarterly Governor's Board Meetings with the senior leadership from RMC, including the provision of data analytics of the services rendered at RMC.

William "Bill" Carr, JD will serve as the Corporate Officer. He will be responsible for overall contract management and serve as YesCare's liaison with the Department's Health Services Director and Chief of Health Services Administration. He will also skillfully oversee the transition and ongoing operations of YesCare's contract with the FDC, working alongside the Statewide Vice President of Operations and Statewide Medical Director. Mr. Carr brings over 30 years of corrections leadership and management

experience, **including serving as the Assistant Secretary of Re-Entry for the Florida Department of Corrections from 2011-2013.**

Ralf Salke, BSN, RN, CCHP-A, Vice President of Operations, is our proposed Statewide Vice President of Operations (VPO) to oversee this contract. Mr. Salke is a former Senior Vice President of YesCare with past responsibilities and oversight within the States of Kansas, Idaho, Michigan, Maryland, Alabama, Wyoming, Indiana, and Missouri. Mr. Salke served as VPO to the Missouri Department of Corrections (MDOC) for over 20 years. During his tenure within the MDOC, he was awarded the Visionary Leadership Award by the Missouri Hospital Association.

Technical Program

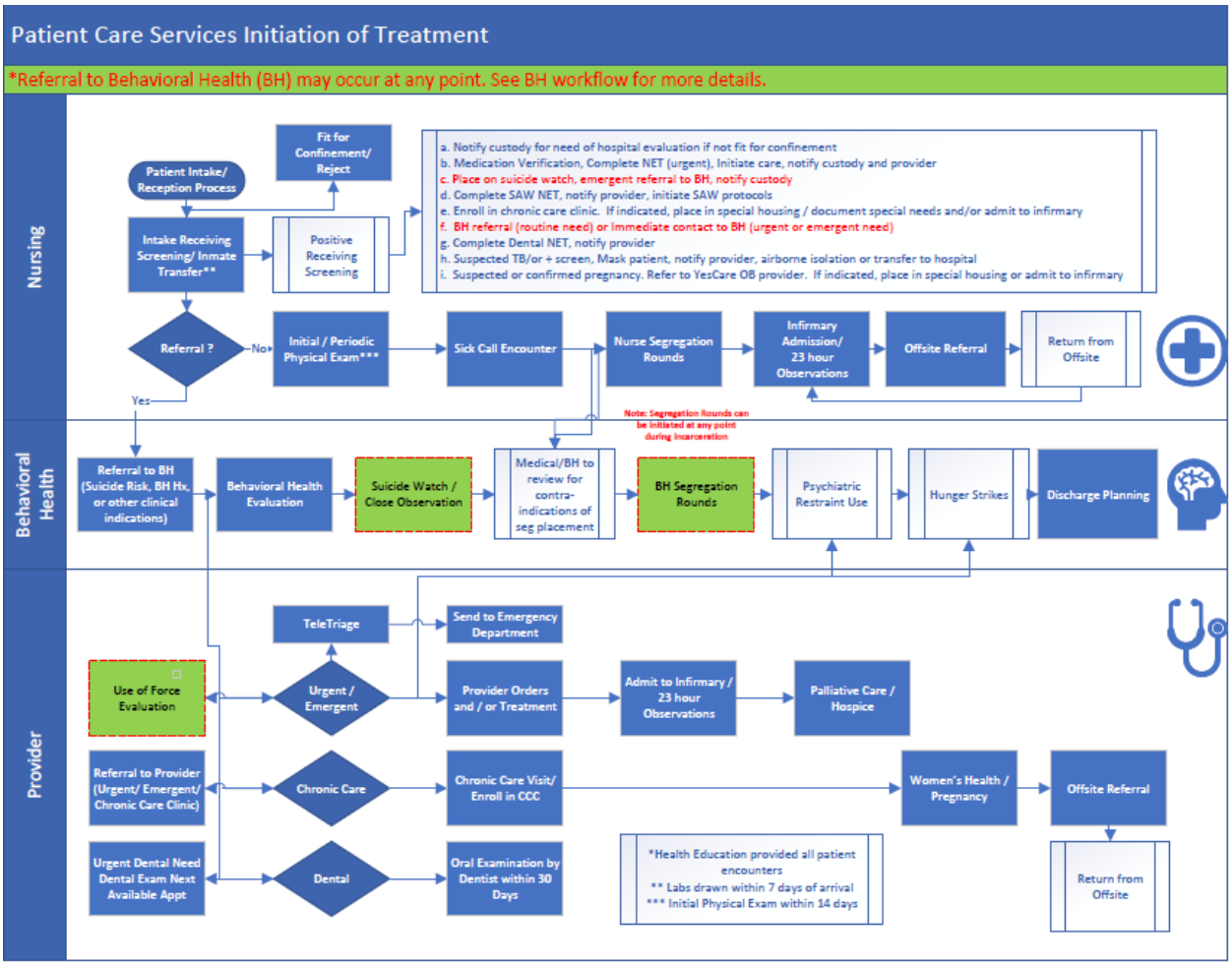
Below, YesCare summarizes our proposed technical program. This summary describes our operational model, data-driven technology solutions, recruitment and retention techniques, and how YesCare meets and exceeds the FDC goals.

Operational Model

YesCare's mission is to change the paradigm of correctional care to one that favors investing early to optimize the long-term cost savings of proactive care. Believing in the power of partnership with our clients, we have tackled long-standing challenges in corrections by raising historical expectations of responsiveness, transparency, and accountability. Current foci of the YesCare healthcare delivery model includes:

- Prioritizing patient safety
- Devotion of resources to state-of-the-art mental health programming
- Interventional care to reduce avoidable death, grievances, and litigation
- Violence and suicide reduction
- Advanced treatment for substance use disorder
- Leveraging data and technology for streamlined care
- Leveraging on-site resources and secured off-site units
- Create a web of influence within the community to support client goals
- Accountability, adaptability, transparency, and engaged leadership
- Investing in our people through education and mentorship
- Delivering quality health care from intake to reentry.

Our YesCare clinicians and nurses utilize the patient care services workflow that begins in our intake reception area and guides the patient through critical touchpoints including coordinated care plans for return to the community. The chart below describes our multidisciplinary workflow for initiating patient care services and treatment that aligns with the FDC's process.



Technology Innovation

YesCare's clinical team was among the first to introduce telehealth and electronic health records to corrections and launch a corrections-focused reentry website for recently released individuals, their families, and healthcare staff. YesCare continues innovation with a recently developed smartphone app as a mobile version of our reentry website. We have also expanded the company's network of resources to include expanded wellness, telehealth, and mental health offerings to better prepare Inmates for success during incarceration and upon return to their home communities.

We believe that by fostering a more humane environment that encourages self-care, learning, and curated attention to disorders suffered by a disproportionately trauma-inflicted population, we protect all stakeholders while achieving an elevated level of overall health. YesCare's innovative use of technology and access to care resources will include:

- **Tele-triage:** YesCare's telehealth strategy will provide upgraded on-call capabilities, peer-to-peer collaboration, and sub-acute pre-hospitalization triage.

- **Mobile Response Clinics (MRCs):** expands the scope and volume of on-site services. Can be fitted for radiology, optometry, disaster response, preventative services and a host of additional services.

- **Objective Structured Clinical Examination (OSCE):** clinical learning and competency training for nursing and providers to improve/expand skills sets.

- **Health Risk Stratification:** population health management capabilities to identify patients at high, moderate or low risk based on selected criteria.

YesCare has broadened its mental health and technology offerings to ensure access to state-of-the-art treatment options that reflect what is essential to a recovery model of care. We have a deep bench of related healthcare companies whose resources are available to our clients (please see https://www.yescarecorp.com/services).

Recruitment and Retention

First and foremost, our goal is to retain the qualified staff already providing daily care throughout the FDC. The combination of our competitive compensation package, benefits program, educational training and onboarding programs that offer advancement opportunities will result in retaining a high percentage of the existing healthcare staff; that, plus our three affiliated staffing companies will ease our ability to fill open positions. We intend to honor the time and service of existing staff, as well as offering bonuses for them to stay for a minimum of 12 months. Due to your large Spanish-speaking population, we will also be offering linguistic bonuses for Spanish-speaking staff. Care requires effective communication.

YesCare is preparing to convert to an Employee Stock Ownership Plan (ESOP) structure later this year and will be 100% owned by its employees. The ESOP structure helps to align the incentives of our team members with our clients. A 2000 Rutgers University study found that ESOP companies grew 2.35% faster. According to the National Center for Employee Ownership and Washington State University, participants (employees) earned 5% to 12% more annually and had three times the retirement assets of their peers. Historically, ESOP companies have stronger employee loyalty, better employee retention, and increased productivity. We believe adopting an ESOP, in this competitive skilled labor market, will significantly impact recruitment and retention, translating to more highly motivated employees, lower turnover rates, and a meaningful impact on the quality of care. An ESOP will be a game-changer for FDC and YesCare.

Exceeding Expectations – We Heard You

We recognize that the nation's third-largest prison system's day-to-day operations take incredible energy, effort, and laser focus. As your health care provider, we are committed to bringing innovation, solutions, and leadership so that your custody staff can focus on safety, security, and operational issues. YesCare is committed to the continuous enhancement of our program, including the programs and resources highlighted below that we are offering to the Florida Department of Corrections (FDC) to help you meet your goals for the Inmate Health Care Services Program.

FDC Goal: Reducing Inmate mortality where early detection and appropriate, timely treatment could have avoided preventable mortality.

YesCare's comprehensive approach to improving patient outcomes and reducing preventable mortalities includes early detection, medically necessary intervention, evidence-based treatment, thorough monitoring, secondary prevention, patient engagement, and detailed documentation.

Our proven Clinical Pathways guide the provider in evaluating, diagnosing, treating, and monitoring chronic diseases. In conjunction with the FDC's HSB 15.03.05 Chronic Care Clinics, the Clinical Pathways focus on early detection and evidence-based treatment by looking at the patient.

YesCare supports the FDC goal through:

- Nursing Encounter Tools
- Emergency Response Tools
- Patient Information Fact Sheets
- Quality Improvement and Patient Safety audits

FDC Goal: Ensuring that Inmates in Special Housing have full access to and receive the same level of care as Inmates in General Population.

YesCare medical staff will make daily rounds to patients in special housing to screen for medical or behavioral health needs through communication with the Inmate and visual observation. Behavioral health staff will make weekly rounds using communication with the Inmate and visual observation to screen for mental health concerns. Unless medical attention is needed more frequently, each Inmate in segregation receives a daily visit from health staff. Medical staff will coordinate with custody to arrange for specialty care that needs to occur outside the restrictive housing unit.

Medication pass, sick call clinics, chronic care clinics, and mental health encounters will be available within the special housing units. YesCare will ensure that mental health staff are available in special housing units during med pass so that if a patient expresses the desire to refuse medication, the staff can immediately intervene and provide necessary encouragement and/or psychoeducation.

YesCare has developed two tools to assist with the management of risk: The Risk Assessment and the Safety/Risk Management Plan. We understand that suicide prevention is an ongoing process, and our Behavioral Health staff will use our Risk Assessment tool to evaluate patient risk comprehensively, following nurse referral after screening positive at intake (as well as at any point after that). It will also be used with patients repeatedly to track a patient's status over time.

The Safety/Risk Management Plan builds off the Risk Assessment Plan by guiding behavioral health professionals through assessing a patient's triggers and motivators for engaging in high-risk behaviors, existing coping strategies, and the patient's confidence in using them. It also guides the development of interventions to reduce triggers, address motivators, and reinforce/build coping skills. Additionally, it prompts the professional to develop a crisis response plan. Risk Management Plans are an effective tool when managing patients in Restrictive Housing. They allow for careful planning among MDST and the Inmate to develop expectations, goals, and interventions to assist with keeping the patient safe.

FDC Goal: Improving the provision of assessment, development, and implementation of mental health treatment at all levels and settings of care.

Our Behavioral Health program is based on early and thorough screening, assessment, referral, and treatment planning consistent with community, NCCHC and ACA standards. We deliver our behavioral health care services considering the unique needs presented by gender, cultural influences, diagnostic category, substance use, and cognitive functioning. Behavioral health components are woven into our

clinical programs, ensuring all staff are vigilant and ready to act on behavioral health concerns. Our behavioral health programs include:

- Transitional services
- Crisis management and stabilization
- Substance use and withdrawal
- Outpatient behavioral health services
- Reentry services
- Specialty behavioral health programs

YesCare has policies and procedures to assist our healthcare and behavioral health staff with each step of the care continuum, from intake through release. We have over 40 plus years of experience in the industry developing initiatives to assist us with ensuring that our mental health programming exceeds national benchmarks for safety and efficacy. For example:

- **Suicide Reduction Task Force:** YesCare has taken on the mission to develop innovative strategies to minimize the risk of suicide events by employing our **Suicide Reduction Task Force**. This Task Force allows for enhanced surveillance for any triggers related to suicide events for all patients entering the correctional system.

- **Creation of Crisis Hotline:** **YesCare is pioneering the development of a crisis hotline**. The crisis hotline is made available to anyone interacting with an incarcerated individual to inform YesCare's dedicated team of crisis interveners, who will triage incoming calls and alert our site-level care providers to patients' need for immediate intervention.

- **Solution-Driven Problem Solving:** **YesCare's unique adaptation of the Design Sprint model to healthcare is proactive and allows our teams to identify and respond to any challenges our teams encounter rapidly.** We are well-equipped to analyze processes and implement upgraded protocols to resolve concerns and have the capacity to intervene rapidly.

FDC Goal: Reducing the volume of Inmate grievances and litigation related to health care services; Improving waiting times for consultations, diagnostic testing, and treatment.

YesCare is committed to early and proactive action to prevent the escalation of explicit healthcare costs by using nationally recognized evidence-based information such as **InterQual®**, **HEDIS**, **UpToDate®**, and **National Comprehensive Cancer Network (NCCN)** protocols which guide the referral process. This strategy has proven effective in Florida. YesCare's Florida jail contracts have not had a legal settlement or judgment in the last five years**.** We will use:

- **Proactive Planning:** Population-based planning uses our Risk Stratification Tools to identify trends and develop interventions for achieving better health and preventing disease. We are advocates for investing early for long-term cost-effectiveness in preventing disease and trying to diminish the multitude of risk factors that perpetuate the cycle of incarceration.

- **CQI and Lean Six Sigma Improvement Programs:** A robust quality improvement program and Lean Six Sigma Improvement Program will contribute to positive patient health outcomes and, in turn, lower healthcare costs for our clients.

- **Patient Safety Organizations:** YesCare participates in the Center for Public Safety, which protects the review of errors and omission in care. The ability to honestly drill down and learn from our mistakes leads to greater efficiencies, reduces risk, and moderates the total cost of healthcare by leading to more positive outcomes.

- **Clinical Pathways Program:** ***Early intervention saves money later.*** Our Clinical Pathways Program has abbreviated Utilization Management/Fast-Track Lists that expedite the initiation or follow-up with offsite specialty care

- **Mobile Response Clinics:** **YesCare's Mobile Response Clinics (MRCs)** are used behind the fence. The MRCs are designed based on needs such as mobile radiology, or optometry to name a few. These units significantly decrease the demand for correctional officer staffing for offsite transport and decrease backlogs in primary and chronic care.

- **Patient Advocates:** YesCare's staffing plan includes two (2) **Patient Advocates** who will coordinate and maintain the log and files related to health care inquiries, requests, complaints, or informal grievances. The Patient Advocates will coordinate with the Impaired Inmate Nurse and/or ADA Coordinator to respond to complaints, Inmate requests for reasonable medication or accommodation, and informal grievances related to impairments and /or disabilities.

FDC Goal: Reducing the use of unsecured community hospital units and increasing the use of secured community hospital units to alleviate the need for additional security staff resources and overtime.

YesCare will subcontract with US Acute Care Solutions (USACS) to help the FDC achieve strategic improvements in Inmate care at RMCH. **YesCare with USACS offers a new and evolving care - Freestanding Emergency Department (FSED) and a robust telemedicine solution.** With an FSED, YesCare and USACS will provide 24/7 emergency medical care in a clean, comfortable, healing environment — with minimal wait times. The FDC will benefit from an FSED with an emergency physician onsite at all times and fewer patients who require admission to the hospital.

FDC Goal: Ensuring Inmates are prepared for continued medical care and supportive services, where appropriate, upon their release back into the community.

YesCare's initiatives are driven by our Reentry Committee, comprised of our clinical team members and our IT and corporate support teams. YesCare has developed several tools to assist our reentry efforts, including:

- Corrections to Community Handbook
- Reentry Tools
- Reentry Website and App
- Skilled Nursing for Medically Fragile Patients

YesCare has also developed a database of Reentry services that was gathered across state and county resource manuals. This extensive undertaking led to over 350 reentry points-of-contact, providing treatment, housing, educational, vocational, employment, housing, and food, to name a few.

In addition, YesCare has standing Letters of Intent with six (6) treatment providers encompassing 54 sites. YesCare has developed a letter of intent and preliminary Memorandums of Understanding with **New Seasons,** a leading provider of care for Opioid Use Disorder (OUD) since 1986, with more than 80 addiction treatment centers in 20 states nationwide. In addition to providing customized therapeutic programs and Medication-Assisted Treatment (MAT) programs to patients, they also work to support the education and understanding of opioid addiction as a disease that can be addressed with treatment services.

We are aware of the new DOJ guidelines for offering Mediation Assisted Treatment (MAT) in correctional settings. YesCare has worked to establish referral relationships with multi-site, multi-county Florida-based providers familiar with justice involved clients; **Operation PAR, Cove Behavioral Health, The Transition House, Central Florida Treatment Centers, Centerstone, First Step of Sarasota, Guardian Recovery Network, and Perspective integrated Treatment and Sober Living.** YesCare is also working with two national telehealth MAT providers and a national certified Peer Recovery Support Specialists group to ease transition back to the community without the encumbrance of travel.

Our extensive provider network will be embedded into our online and mobile accessible website, along with our YesCare app (available in Android and Apple). The app will serve as a geographically based Yelp-type tool for reentry services, even highlighting preferred providers.

Finally, through our affiliation with Genesis, YesCare is developing release options for medically fragile individuals that can be served in secure nursing facilities. In the Florida prison system, which accounts for one of every four inmates serving a life sentence in the United States, the average age of Florida prisoners has climbed from 32 in 1996 to 42 today, according to Florida Department of Corrections records. Now, Florida is currently incarcerating inmates as old as 97. Florida's current sentencing structure doesn't allow for the type of sentencing discretion or nuance that is critical in any sensible criminal justice system, according to Senator Jeff Brandes.

"By incarcerating people who don't pose a threat, especially after they reach a certain age, we're denying the science of sentencing that is supposed to provide some sort of public safety value," he added. "It's not logical and it's incredibly costly to Florida's taxpayers and residents who get trapped in this system alike."

A 2019 audit of healthcare in the Department of Corrections found the state's **elderly inmate population grew by 77 percent over the last 10 years**. Older prisoners cost the state about three times as much, largely due to healthcare costs. YesCare has a model and resources to transfer those costs out of the department in a humane, secure setting that continues to place public safety at the forefront of compassionate care.

FDC Goal: Maximizing technology and efficiencies to provide enhanced services at reduced costs, including the establishment and expansion of academic partnerships.

YesCare has currently established **partnerships with 21 in-state institutions as prospective partners for clinical rotations at FDC facilities**. Our commitment to training provides an additional layer of safety and quality within patient care delivery.

YesCare University modules (e-learning), Objective Structured Clinical Examination (OSCE simulation), and hands-on experience combined with innovative assessment and feedback, give YesCare providers the tools and support they need to provide efficient, quality care throughout the healthcare spectrum.

Our new ownership structure provides a deep bench of other related healthcare companies, enabling us to broaden further our medical, mental health, and technology programs to deliver proactive solutions. These solutions will help our patients and, through them, to our clients and the communities we collectively serve.

YesCare's **Business Intelligence** employs a data-driven decision-making process to guide our operations. Data is available via dashboard key performance indicator (KPI) reports in real time to our operations and clinical leaders to actively monitor, analyze trends, and appropriately allocate resources.

YesCare will subcontract with **US Acute Care Solutions (USACS)** to help the FDC achieve strategic improvements in Inmate care at RMCH **YesCare with USACS offers a freestanding emergency department (FSED) and a robust telemedicine solution.**

YesCare is committed to expanding telehealth, particularly for behavioral health therapy, which is comparable to in-person care. We organized a Telehealth Task Force earlier this year to determine the effectiveness of different offerings and its impact on reducing the need and expense for security transport/escort and clinical personnel. Our telehealth solution includes a partnership with **USACS** and **AmplifyMD**.

YesCare and USACS successfully utilize telemedicine technology to facilitate access to patient care by allowing a remote connection through video between a clinician and a patient or a clinician and other clinicians in the state of Maryland. The proven strengths of this telemedicine partnership are accessibility, timeliness, quality improvement, addressing surge/staffing needs, and risk mitigation through access to consultation.

AmplifyMD will provide telemedicine specialty care and will be a resource for providing clinical support and advisement for healthcare delivery. Not only will they provide specialty care, but it will simultaneously eradicate and enhance curbside consults, which Rubicon (an e-consulting platform) is presently managing for the FDC's current healthcare vendor.

YesCare will subcontract with **Eccolab Group** for laboratory diagnostic services. Eccolab Group is a full-service clinical laboratory that provides clinical tests and services. Headquartered in Miami, Eccolab laboratory testing facilities currently extend throughout the State of Florida (as well as other parts of the United States). Within the RMCH, Eccolab will be able to serve as the STAT lab for the RMCH and Region 2 institutions close to RMCH. Of note, Eccolab has relationships with local hospitals throughout the State of Florida and can provide STAT labs with turnaround times between 2-4 hours from when the specimen is received.

YesCare has established a venture with Tate, Inc. to provide five **Maximum Secured Visitation Booths** to the FDC to assist with Restrictive Housing and correctional staffing difficulties. We intend to place the booths, at the FDC's direction, within designated Restrictive Housing units. The booths minimize the need for officer escorts out of Restrictive Housing, thus improving safety and security, limiting disease transmission, and reducing costs for the Department. They are also ideal for legal consultation, judicial hearings, telehealth, mental health evaluations, and family visitation.

Cost Methodology and Assumptions

YesCare's cost methodology builds from our direct operational knowledge of the FDC facilities. We then incorporated the ITN's specifications and information disclosed during the procurement. Input came from key stakeholders across our organization - Operations, Clinical Services, Physician leadership, Human Resources and Finance. The process includes the following analysis:

- Staffing evaluation by institution, including regional and statewide oversight
- Human Resources wage market analysis
- Current YesCare FL employee data analysis for base compensation and incentives
- Provision of robust wages and benefit packages to attract and retain staff
- Outreach to key hospitals and provider groups
- Historical statewide DOC utilization experience
- ITN Performance Measures risk
- Technology service and infrastructure requirements
- Other direct contract expense estimates
- Administrative expenses not reimbursable under the contract

Key stakeholders review recommended results for final executive approval and incorporation into the proposal submission. Understanding FDC's cost containment responsibility, YesCare's financial proposal reflects the quality healthcare program presented in our technical response, aligning services with costs, covering direct program costs and the associated administrative fee.

YesCare includes the following assumptions for the development of this technical response and quoted administrative fees:

- If awarded a contract under this negotiation, YesCare will have at least one-hundred twenty (120) days from contract execution to start date.
- Institutional operational conditions at contract commencement are consistent with information provided within the ITN process.
- Medical equipment within the institutions is the property of the FDC and will remain on hand for the new medical contractor.
- The proposed staffing was aggregated at the major institution level, consistent with data provided during the ITN process. Efforts to provide detailed staffing at the Annex, Release Center and Work Camp level would be arbitrary and without clinical foundation. Personnel allocations would be completed once schedules are obtained, reviewed, and discussed with on-site leadership.
- The Statewide leadership team will reside in Tallahassee with the Region One leadership.
- The FDC supports the initiatives of updating RMCH urgent care services to a full Emergency Department and opening the on-site laboratory.
- The current secure ward at HCS Florida Memorial Hospital will remain open for the duration of the new contract.
- Current medical vendor staff are not bound by non-compete agreements with the current vendor and will be able to transition to the new vendor, if desired.

Berkley Surety
a Berkley Company

July 6, 2022

Eunice Arnold
Procurement Officer
Florida Department of Corrections
501 S. Calhoun Street
Tallahassee, FL 32399

Re: YESCARE
Project: Comprehensive Health Care Services ITN-22-042

Dear Eunice Arnold:

Berkley Insurance Company, a corporation under the laws of the State of Delaware, authorized to do business in the State of Florida, with an office and place of business at 475 Steamboat Road, Greenwich, CT 06830, represents YESCARE for surety bonding needs.

At the present time, YESCARE is in a position to consider single projects up to $60,000,000. The statement of these values is neither a commitment nor a limitation of the bonding capacity of YESCARE. At the request of YESCARE, Berkley Insurance Company will give favorable consideration to providing the required performance and payment bonds.

Please note that he decision to issue performance and payment bonds is a matter between YESCARE and Berkley Insurance Company, and will be subject to our standard underwriting at the time of the final bond request, which will include but not limited to the acceptability of the contract documents, bond forms and financing. We assume no liability YESCARE, third parties or to you if for any reason we do not execute said bonds.

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

Elizabeth A. Hartzberg
Attorney-in-Fact
Berkley Insurance Company
Rating A+ by A.M. Best Financial Size Category XV

TWO RAVINIA DR, STE 1050, ATLANTA, GA 30346
PHONE: 678.624.1818
FAX: 678.624.0389

No. BI-340d

POWER OF ATTORNEY
BERKLEY INSURANCE COMPANY
WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: ***Elizabeth A. Hartzberg or Jimmy M. Evans, Jr. of Marsh USA, Inc. of Nashville, TN*** its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed **One Hundred Million and 00/100 U.S. Dollars (U.S.$100,000,000.00),** to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

RESOLVED, that, with respect to the Surety business written by Berkley Surety, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 5th day of July, 2022.

Attest: Berkley Insurance Company

(Seal)

By _____ By _____

Ira S. Lederman
Executive Vice President & Secretary

Jeffrey M. Hafter
Senior Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.

STATE OF CONNECTICUT)
) ss:
COUNTY OF FAIRFIELD)

Sworn to before me, a Notary Public in the State of Connecticut, this 5th day of July, 2022 by Ira S. Lederman and Jeffrey M. Hafter who are sworn to me to be the Executive Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

MARIA C RUNDBAKEN
NOTARY PUBLIC
CONNECTICUT
MY COMMISSION EXPIRES
APRIL 30, 2024

_____
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 6th day of July, 2022.

(Seal)

_____
Vincent P. Forte

ATTACHMENT III – VENDOR'S CONTACT INFORMATION AND CERTIFICATION
FDC ITN-22-042

The Vendor shall identify the contact information for the ITN and Contract terms in the table below.

	Vendor Contact Person for this ITN	Vendor Contact Person for the Contract Term (should the Vendor be awarded)
Name:	Dana Bell	Michael Murphy
Title:	Chief of Staff	Senior Vice President Operations - State
Address: (Line 1)	205 Powell Place	205 Powell Place
Address: (Line 2)		
City, State, Zip Code	Brentwood, TN 37027	Brentwood, TN 37027
Telephone: (Office)	615-373-3100	615-376-0689
Telephone: (Mobile)	318-426-8264	801-725-6103
Email:	dana.bell@yescarecorp.com	mike.murphy@yescarecorp.com
Principal Place of Business (location of headquarters or state of incorporation):		Brentwood, TN

Per Section 4.26, a Vendor submitting a Bid must certify that their company is not participating in a boycott of Israel. By signing below, the Vendor so certifies.

Authorized Vendor Signature

July 13, 2022
Date

ATTACHMENT V – PASS/FAIL REQUIREMENT CERTIFICATION AND NON-COLLUSION CERTIFICATION FDC ITN-22-042

1. **Business/Corporate Experience**
   The Vendor certifies it has at least three (3) years' experience within the last five (5) years, in the provision of comprehensive health care services for an aggregate patient population of at least, 20,000 patients at any one time in prison, jail or other comparable managed health care setting as the services outlined in this ITN, and any subsequent revision thereof.

2. **Prime Vendor**
   The Vendor certifies it will act as the prime Vendor to the Department for all services provided under the Contract.

3. **Performance Guarantee/Bond**
   The Vendor certifies that it has the ability to meet the performance guarantee and within 10 Business Days of Contract execution. The Vendor will deliver to the Department a performance bond or irrevocable letter of credit in the amount of $60 million. The bond or letter of credit will be used to guarantee at least satisfactory performance by Vendor throughout the term of the Contract (including renewal years).

4. **Reply Bond**
   The Vendor certifies it has included in its Reply a bond or check in the amount of $10 million. The bond insures against the Vendor's withdrawal from the competitive solicitation process subsequent to its submission of a Reply.

5. **Meets Legal Requirements**
   The Vendor certifies that its proposed offering/solution, and all services to be provided under the Contract will be compliant with all laws, rules and other authority applicable to providing the services including, but not limited to, Florida's Open Government laws (Article I, Section 24, Florida Constitution, Chapter 119, F.S.).

6. **Financial Stability**
   The Vendor attests to its positive financial standing and that its current Dun & Bradstreet (D&B) Financial Stress Score has a Financial Stress Class of 1, 2, 3 or 4.

7. **Statement of No Inducement**
   The Vendor certifies that it has made no attempt and will make to attempt to induce any other person or firm to submit or not to submit a Reply. Further, the Vendor certifies its Reply contained herein is submitted in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other non-competitive Reply.

8. **Statement of Non-Disclosure**
   The Vendor certifies that neither the price(s) contained in this Reply, nor the approximate amount of this Reply have been disclosed prior to award, directly or indirectly, to any other Vendor or to any competitor.

9. **Statement of Non-Collusion**
   The Vendor certifies that the prices and amounts in its Reply have been arrived at independently, without consultation, communications, or agreement with any other Vendor or with any entity for the purpose of restricting competition.

10. **Statement of Data Security**
The Vendor attests that all data generated, used, or stored by the Vendor pursuant to the Contract will reside and remain in the United States and will not be transferred outside of the United States.

11. **Scrutinized Company Certification**
The Vendor certifies they are not listed on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S., and they are not currently engaged in a boycott of Israel. If the Contract exceeds $1,000,000.00 in total, not including renewal years, the Vendor certifies that they are not listed on either 1) the Scrutinized Companies with Activities in Sudan List, or 2) the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List created under Sections 215.473, F.S., and 215.4725, F.S., and further certifies they are not engaged in business operations in Cuba or Syria, as stated in Section 287.135(2)(b)2, F.S. Pursuant to Sections 287.135(5), F.S., and 287.135(3), F.S., the Vendor agrees the Department may immediately terminate the Contract for cause if the Vendor is found to have submitted a false certification or if the Bidder is placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or has engaged in business operations in Cuba or Syria during the term of the Contract. Any company that submits a Bid, Proposal, or Reply for a contract, or intends to enter into or renew a contract with an agency or local governmental entity for commodities or services, of any amount, must certify that the company is not participating in a boycott of Israel.

Vendor Name: CHS FL LLC

Authorized Signature: J Scott King

Printed Name of Authorized Signor: J. Scott King

NOTARY AFFIRMATION: STATE OF Tennessee, COUNTY OF Williamson

Pursuant to Section 117.05(13)(a), F.S., the signor, subscribed before me by means of physical presence or online notarization, this 12th (Day) of July (month), 2021, affirms the contents of this Attachment.

(Place Notary Seal Below) | Signature of Notary Public: Lawanda McKinnon

| Name of Notary Typed, Printed, or Stamped: Lawanda McKinnon

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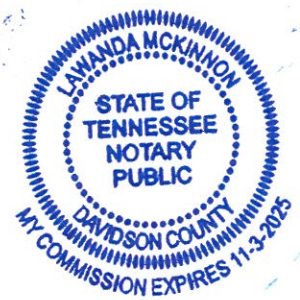

ATTACHMENT VII – CERTIFICATION OF DRUG FREE WORKPLACE PROGRAM
FDC ITN-22-042

Section 287.087, Florida Statutes (F.S.) provides that, where identical tie bids are received, preference shall be given to a bid received from a Vendor that certifies it has implemented a drug-free workforce program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the commodities or contractual services that are under response a copy of the statement specified in Subsection (1).

4. In the statement specified in Subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under response, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 894, F.S., or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) Days after such conviction.

5. Impose a sanction on any employee who is so convicted or require the satisfactory participation in a drug abuse assistance or rehabilitation program as such is available in the employee's community.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of applicable laws, rules and regulations.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Company Name: CHS FL LLC

_____

VENDOR'S SIGNATURE

(Form revised 11/10/15)

ATTACHMENT VIII – NOTICE OF CONFLICT OF INTEREST
FDC ITN-22-042

Organization Responding to Solicitation: CHS FL LLC

Solicitation Number: FDC ITN-22-042

For the purpose of participating in this solicitation process and complying with the provisions of Chapter 112, Florida Statutes, the undersigned corporate officer hereby discloses the following information to the Florida Department of Corrections:

1. Identify all corporate officers, directors or agents of the Vendor who are currently employees of the State of Florida or one of its agencies, were employees of the State of Florida or one of its agencies in within the last two (2) years, or are currently a spouse, parent, or sibling such of an employee of the State of Florida or one of its agencies:

   N/A

Note: This does not include positions located at individual FDC Institutions that were filled by previous employees of the Department and were impacted by privatization of health services functions.

2. For all persons identified in section 1 above, please identify if they own an interest of ten percent (10%) or more in the company/entity named above:

N/A

Signature: _____ Date: July 13, 2022

Name: Sara Tirschwell

Title: Chief Executive Officer

Vendor Name: CHS FL LLC

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State of Florida
Department of State

I certify from the records of this office that CHS FL, LLC is a limited liability company organized under the laws of the State of Florida, filed on February 21, 2022.

The document number of this limited liability company is L22000095088.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022 and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-second day of April, 2022

Secretary of State

Tracking Number: 6434220873CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Report as of: 06-07-2022

GENESIS HEALTHCARE CORPORATION

ACTIVE | BRANCH

Address: 700 Marvel Rd, Milford, DE, 19963, UNITED STATES

Alerts:

SCORES AND RATINGS

Max. Credit Recommendation	PAYDEX® Score	Delinquency Predictor Percentile	Financial Stress Percentile	Supplier Evaluation Risk Rating
US$ 40,000,000	70	87	81	2
	LOW RISK	LOW RISK	LOW RISK	LOW RISK

dun & bradstreet

Quick Reference Guide

Dun & Bradstreet's U.S. Predictive Analytics

D&B VIABILITY RATING™

The U.S. D&B Viability Rating delivers a highly reliable assessment of the probability that a company will no longer be in business within the next 12 months. Viability Rating is made up of the following four components:

4 — Viability Score (9 | 5 | 4 | 1; High Risk – Low Risk)

VIABILITY SCORE assesses the probability that a company will no longer be in business within the next 12 months, compared to all U.S. businesses within the D&B database. The Viability Score is best used when ranking all businesses within your portfolio especially for identifying the most valuable prospects for Sales and Marketing.

6 — Portfolio Comparison (9 | 6 | 5 | 1; High Risk – Low Risk)

PORTFOLIO COMPARISON compares a company to businesses assigned a similar D&B "model segment" classification, which is determined by the amount and type of data available. The 4 model segment types include: *Available Financial Data, Established Trade Payments, Limited Trade Payments,* and *Firmographics & Business Activity.* Use this score to analyze the risk level of a business for credit risk management purposes.

C — Data Depth Indicator (G | C | A; Descriptive – Predictive)

DATA DEPTH INDICATOR represents the level of predictive data available for a company. This indicator is based on a scale from A – G, where A indicates the greatest level of predictive data, such as financial statements, and G reflects a minimal level of data, such as firmographics only.

J — Company Profile

Financial Data	Trade Payments	Company Size	Years in Business
Not Available	Available (3+ Trade)	Medium	Established

COMPANY PROFILE describes a company based on a combination of four categories: Financial Data Available, Number of Trade Payments, Company Size, and Years in Business.

D&B DELINQUENCY PREDICTOR™

(new Commercial Credit Score)

The D&B Delinquency Predictor predicts the likelihood that a company will pay in a severely delinquent manner (91+ days past due) during the next 12 months.

DELINQUENCY PREDICTOR AT-A-GLANCE

Commercial Credit Score	Credit Score Percentile	Credit Risk Class	Incidence of Delinquency
580–670	91–100	1	1.1%
530–579	71–90	2	2.5%
481–529	31–70	3	5.8%
453–480	11–30	4	9.4%
101–452	1–10	5	53.1%

(1 Low – 5 High)

"0" denotes open bankruptcy, out of business at the location or higher risk situations.

D&B FINANCIAL STRESS SCORE®

(version 7.1)

The D&B Financial Stress Score predicts the likelihood that a business will experience financial stress in the next 12 months.

D&B FINANCIAL STRESS SCORE® AT-A-GLANCE

Financial Stress Score	Financial Stress Score Percentile	Financial Stress Risk Class	Incidence of Financial Stress
1570–1875	95–100	1	0.03%
1510–1569	69–94	2	0.09%
1450–1509	34–68	3	0.24%
1340–1449	2–33	4	0.84%
1001–1339	1	5	4.70%

(1 Low – 5 High)

"0" denotes open bankruptcy, out of business at the location, or higher risk situations.

D&B PAYDEX® SCORE

The D&B PAYDEX Score is a unique, dollar-weighted indicator of past payment performance as reported to D&B.

PAYDEX SCORE AT-A-GLANCE

100	30 Days Before Terms (Anticipate)
90	20 Days Before Terms (Discount)
80	0 Days, On Terms (Prompt)
70	15 Days Beyond Terms
60	22 Days Beyond Terms
50	30 Days Beyond Terms
40	60 Days Beyond Terms
30	90 Days Beyond Terms
20	120 Days Beyond Terms
UN	Unavailable

80–100 **LOW** risk of late payment

50–79 **MEDIUM** risk of late payment

0–49 **HIGH** risk of late payment

Call 1.800.234.3867 or visit our Web site at www.dnb.com/our-data-insights for more details

CHS FL, LLC (CHS) dba YesCare, a YesCare Company, is a Florida limited liability company. CHS is a YesCare subsidiary company established for the sole purpose of bidding and providing correctional healthcare to inmates within the state of Florida.

YesCare is a Texas-domiciled corporation that acquired all of the employees and active contracts of Corizon Health pursuant to a divisional merger. YesCare and its subsidiary, CHS FL, LLC have entered into a Management Service Agreement (the "MSA") with Geneva Consulting LLC ("Geneva") under which Geneva receives compensation in return for providing general back-office and administrative support services, as well as capital financing and bonding requirements in connection with CHS's provision of inmate correctional health care services to the FDC.

Geneva is a wholly-owned subsidiary of Genesis Healthcare, Inc. (Genesis), a Delaware corporation that is publicly traded under the symbol GENN, an owner and operator of skilled nursing and assisted living facilities across the country – including 166 facilities in the State of Florida – as well as a diverse group of over two dozen health care companies.

Because both CHS and YesCare are newly formed companies and therefore do not have Dun & Bradstreet (D&B) ratings, we have provided the financial stress score for Genesis based on the information provided in the report excerpts shown above. Genesis's Financial Stress Percentile is 81 (low risk) which equates to a **Financial Stress Score of 2** as of June 2022.

ATTACHMENT IV – REPLY BOND FORM
FDC ITN-22-042

REPLY BOND

KNOW ALL PERSONS BY THESE PRESENTS, that we, the undersigned YESCARE as Principal and Berkley Insurance Company, as Surety, are hereby held and firmly bound unto Florida Department of Corrections, 501 South Calhoun Street, Tallahassee, FL 32399-2500 as Obligee in the penal sum of Ten Million and 00/100----($10,000,000.00) provided for in the Comprehensive Health Care Services ITN-22-042, to which the Principal has submitted a Reply to the Obligee on July 15,2022.

For the payment of the penal sum well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns.

Signed this 15th Day of July, 2022.

YESCARE

By: J Scott King

J. Scott King, Executive Vice President & Secretary

Berkley Insurance Company

By: Elizabeth A. Hartzberg

Elizabeth A. Hartzberg, Attorney-in-Fact

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas the above-named Principal has submitted a Reply for Comprehensive Health Care Services ITN-2-042.

Now, therefore, if the Reply submitted by the Principal is withdrawn by the Principal within five, (5), Days of the Obligee's receipt of the Reply then this obligation shall be null and void, otherwise to remain in full force and effect; if the Obligee accepts the bid of the Principal and the Principal within ten, (10), Days after the awarding of the Contract enters into a proper Contract in accordance with the Principal's Reply, plans, details, specifications, and bills of material, which said Contract is made a part of this bond the same as though set forth herein; then this obligation shall be void; otherwise the same shall remain in full force and effect; it being expressly understood and agreed that the liability of the surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated.

The said surety hereby stipulates and agrees that no modifications, omissions, or additions, in or to the terms of the said Contract or in or to the plans or specifications therefor shall in any wise affect the obligations of said surety on its bond.

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No. BI-340d

POWER OF ATTORNEY
BERKLEY INSURANCE COMPANY
WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: ***Elizabeth A. Hartzberg or Jimmy M. Evans, Jr. of Marsh USA, Inc. of Nashville, TN*** its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed **One Hundred Million and 00/100 U.S. Dollars (U.S.$100,000,000.00),** to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

RESOLVED, that, with respect to the Surety business written by Berkley Surety, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 5th day of July, 2022.

Attest: Berkley Insurance Company

(Seal)

By _____ By _____

Ira S. Lederman
Executive Vice President & Secretary

Jeffrey M. Hafter
Senior Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.

STATE OF CONNECTICUT)
) ss:
COUNTY OF FAIRFIELD)

Sworn to before me, a Notary Public in the State of Connecticut, this 5th day of July, 2022 by Ira S. Lederman and Jeffrey M. Hafter who are sworn to me to be the Executive Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

MARIA C RUNDBAKEN
NOTARY PUBLIC
CONNECTICUT
MY COMMISSION EXPIRES
APRIL 30, 2024

_____
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 15th day of July, 2022.

(Seal)

_____
Vincent P. Forte

TAB B – EXPERIENCE AND ABILITY TO PROVIDE SERVICES

a. References

Please see **Attachment VI – Vendor's Reference Form** at the end of this Tab (4 pages).

b. Prior Work Experience

1) Narrative/Record of Past Experience

CHS FL, LLC (CHS) dba YesCare, is a Florida limited liability company. CHS is a wholly owned subsidiary of YesCare Corp. (YesCare) and has been established for the sole purpose of bidding and providing correctional healthcare to Inmates within the state of Florida.

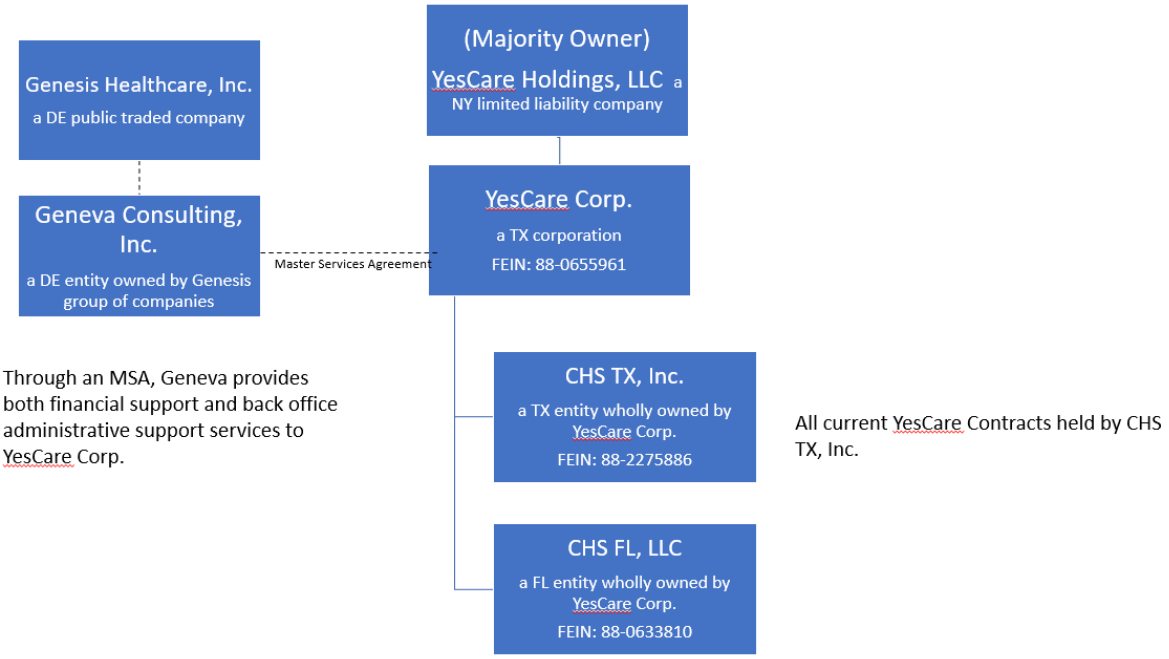
YesCare is a Texas corporation that acquired all of the employees and active contracts of Corizon Health pursuant to a divisional merger. Accordingly, we have responded as YesCare to most of the FDC's questions unless they pertain to a specific organizational entity or require a response from the proposed contractual counterparty. YesCare is preparing to convert to an Employee Stock Ownership Plan (ESOP) structure later this year and will be 100% owned by its employees. The ESOP structure helps to align incentives of our team members with our clients. Further, we are in a competitive labor market for skilled labor. Historically, ESOP companies have relatively stronger employee loyalty, better employee retention, and increased productivity.

YesCare and its subsidiary, CHS FL, LLC have entered into a Management Service Agreement (the "MSA") with Geneva Consulting LLC ("Geneva") under which Geneva receives compensation in return for providing general back-office and administrative support services, as well as capital financing and bonding requirements in connection with CHS's provision of Inmate correctional health care services to the FDC.

Geneva is a wholly-owned subsidiary of Genesis Healthcare, Inc. ("Genesis"), a Delaware corporation that is publicly traded under the symbol GENN, an owner and operator of skilled nursing and assisted living facilities across the country. Geneva is a direct owner of a diverse group of over two dozen health care companies as shown below. Geneva brings a unique combination of critical healthcare services and resources that include RN/LPN and behavioral health staffing, primary care, behavioral health care, substance use disorder treatment (including MAT), wound care, emergency transportation, utilization management, clinical lab services, and kidney care. Genesis and its subsidiaries employ approximately 40,000 healthcare professionals nationwide.

YesCare Corp.'s organizational structure is summarized in the chart below.

YesCare Corp. Organizational Structure



The graphic below illustrates the breadth and depth of YesCare's related companies.



YesCare has provided correctional healthcare longer than any private company (over 40 years) through its assumption of employees and active Corizon Health contracts. Our team has operated thousands of corrections facilities across 35 states, managing millions of patient encounters. Most of our contracted clients have been partners with YesCare for over a decade. Currently, we provide comprehensive health care services for 90% of our corrections clients, representing over 50 facilities nationwide, including:

- Correctional facility sizes range from multi-site prison systems to facilities with less than 100 juvenile detainees
- Prisons and jails of all security classifications
- Men, women, and adolescent populations
- Special populations include the elderly, chronically ill, gender dysphoric, and LBGTQI+.

The following list includes the company's contracts executed in the last five (5) years that are similar in size and scope to the services sought in the FDC's ITN. **Currently YesCare is beginning to transition the entire State of Alabama from Wexford Health Sources for an effective date of October 1, 2022.**

Client	Dates of Service	Population Served	Scope of Services
Maryland Department of Public Safety and Correctional Services 6776 Reisterstown Road, Suite 315 Baltimore, MD 21215 Robert Green, MD P/410-371-6761 E/Robert.green@maryland.gov	January 2019 – Present	17,000	Comprehensive onsite and offsite medical, utilization management, provider network development, quality management, reentry, opioid treatment program, telehealth, claims processing, EHR management, staffing and staff training, and support services
Wyoming Department of Corrections 1934 Wyott Drive, #100 Cheyenne, WY 82002 Daniel Shannon, Director P/307-777-8720 E/dan.shannon@wyo.gov	July 2005 – Present	1,800	Comprehensive onsite and offsite medical, behavioral health, psychiatry, dental, pharmacy, utilization management, quality management, provider network development, reentry, telehealth, claims processing, HER management, staffing and staff training, and support services
Missouri Division of Offender Rehabilitation Services Department of Corrections 2729 Plaza Drive Jefferson City, MO 65102 Matt Sturm, Deputy Director, Missouri Department of Corrections P/573-526-6501 E/Matt.Sturm@doc.mo.gov	December 1992 – November 2021	23,000	Comprehensive onsite and offsite medical, behavioral health, psychiatry, dental, pharmacy, utilization management, provider network development, quality management, reentry, telehealth, claims processing, EHR management, staffing and staff training, and support services
Alabama Department of Corrections Debra Crook, Deputy Commissioner	July 2004 – April 2018	22,280	Comprehensive onsite and offsite medical, dental, pharmacy, utilization

Client	Dates of Service	Population Served	Scope of Services
Office of Health Services 301 South Ripley Montgomery, AL 36104 P/334-353-3887 E/ Deborah.Crook@doc.alabama.gov			management, quality management, provider network development, telehealth, claims processing, HER management, staffing and staff training, and support services
Arizona Department of Corrections Health Services Contract Monitoring Bureau 1601 W. Jefferson Phoenix, AZ 85007 Larry Gann, Assistant Director P/602-225-2491 E/ lgann@azadc.gov.	March 2013 – June 2019	33,500	Comprehensive onsite and offsite medical, behavioral health, psychiatry, dental, pharmacy, utilization management, quality management, provider network development, reentry, MAT, telehealth, claims processing, EHR management, staffing and staff training, and support services
Idaho Department of Correction 1299 North Orchard Street, Suite 110 Boise, ID 83720 Josh Tewalt, Director P/208-658-2014 E/jtewalt@idoc.idaho.gov	July 2005 – September 2021	7,760	Comprehensive onsite and offsite medical, behavioral health, psychiatry, gender dysphoria care, dental, pharmacy, utilization management, quality management, provider network development, reentry, telehealth, claims processing, EHR management, staffing and staff training, and support services
Kansas Department of Corrections 714 SW Jackson Jayhawk Towers, Suite 300 Topeka, KS 66603 Gerald Jorgenson Director of Contract Compliance P/785-296-0045 E/Gerald.Jorgenson@ks.gov	January 2014 – June 2020	10,000	Comprehensive onsite and offsite medical, behavioral health, psychiatry, dental, pharmacy, utilization management, quality management, provider network development, reentry, substance use treatment, telehealth, claims processing, EHR management, juvenile care, staffing and staff training, and support services
Michigan Department of Corrections 206 E. Michigan Avenue Grandview Plaza Lansing, MI 48909 Marti Kay Sherry Health Services Administrator P/517-241-9902 E/ SHERRYM@michigan.gov	May 2009 – September 2021	32,500	Comprehensive onsite and offsite medical, psychiatry, pharmacy, gender dysphoria care, utilization management, quality management, provider network development, reentry, substance use treatment, telehealth, claims processing, EHR management, staffing and staff training, and support services
Tennessee Department of Corrections 4th Floor, Rachel Jackson Building 320 Sixth Avenue North Nashville, TN 37243-0465	July 2012 – November 2020	12,400	Behavioral health, psychiatry, utilization management, quality management, reentry, substance use treatment, staffing and staff training, and support services

Client	Dates of Service	Population Served	Scope of Services
Dr. Jim Casey, Director of Behavioral Health Services P/615-253-8163 E/ jim.casey@tn.gov			

2) Disputes

YesCare has not had any contract disputes with any customer in the last five (5) years. However, in accordance with the terms of our agreement with the Maryland Department of Public Safety and Correctional Services, our services are audited periodically and, in some cases, liquidated damages are assessed. However, none of the liquidated damages imposed are material or would hinder YesCare's ability to provide services to the FDC.

3) Subcontracting Information

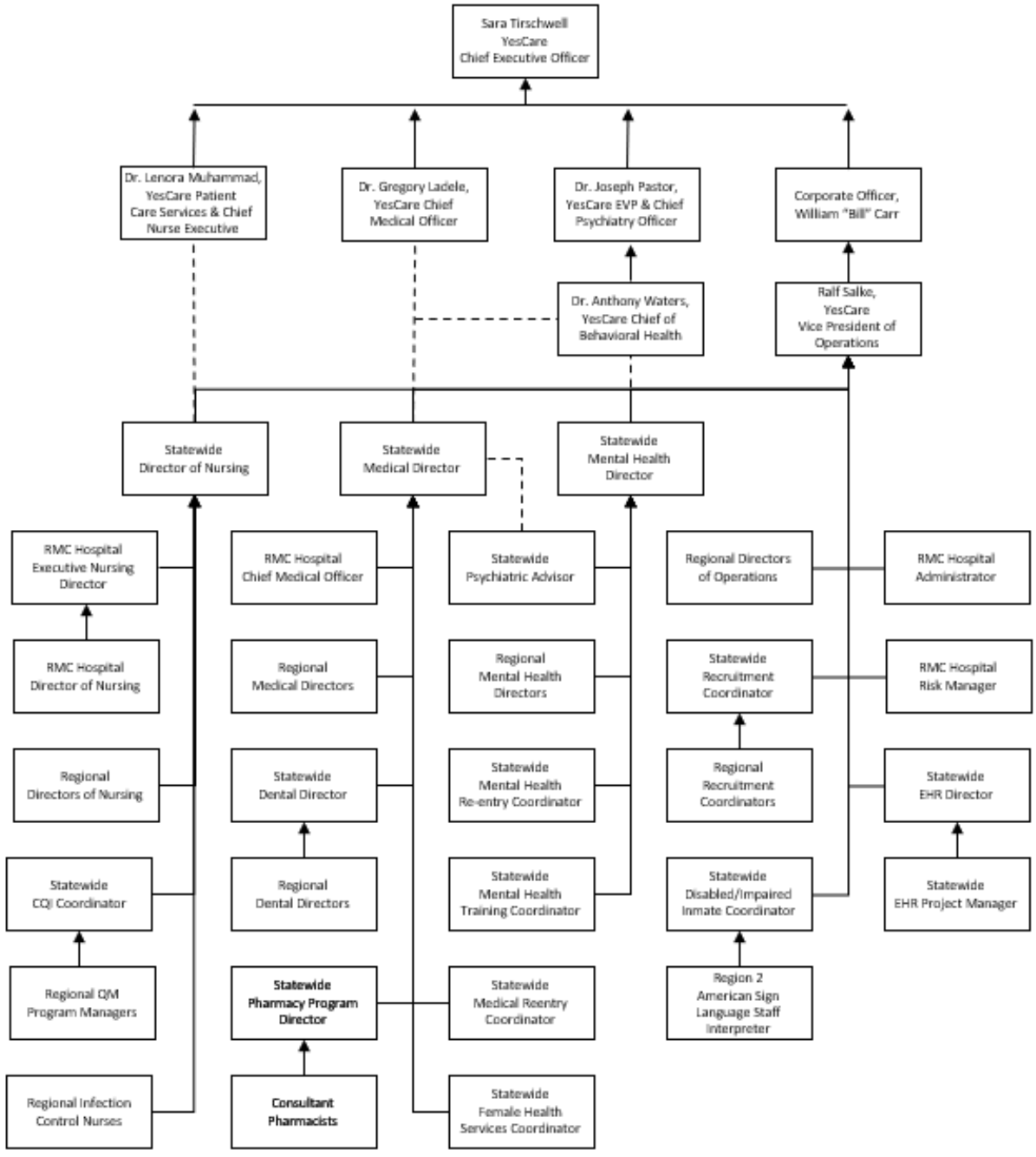
YesCare has provided **Attachment VI – Vendor's Reference Form** for each of our proposed subcontractors at the end of this Tab (11 pages).

Subcontractor	Years Providing Service	Similar YesCare Projects	Estimated Project Fee*
Amplify MD *Telehealth*	3	All Active Contracts	$100K
AMN Language *Interpretation*	30	All Active Contracts	$100K
Anuco Rx *Clinical Pharmacy Audit and Consulting*	6	YesCare's Florida Jail Contracts	$550K
Audicus *Audiology*	10	All Active Contracts	$200K
Chardonnay Dialysis *Dialysis Services*	20	All Active Contracts	$5M
CompuMed *EKG/ECG*	26	All Active Contracts	$250K
Eccolab *Laboratory Services, Laboratory Build-Out*	21	All Active Contracts	$4M
Institutional Eye Care *Optometry/Ophthalmology Clinics*	35	All Active Contracts	$4.5M
Trident Care *Radiology/Ultrasounds/Mammograms CT/MRI/Nuclear Medicine*	14	All Active Contracts	$1.5M
US Acute Care Solutions *Urgent/Emergency Care Services (RMC) and Telehealth (RMC)*	30	Maryland DPSCS	$4.5M
US Medical Group *Onsite Ambulatory Surgery (RMC)*	7	Florida DOC	$3.0M

*We have included estimates on annual spending with proposed subcontractors. The amounts presented are not commitments or guarantees to subcontractors.

4) Organizational Chart

YesCare dedicates resources in our program administration to ensure that our site and regional leaders routinely audit and monitor our clinical practices. For the FDC, the ultimate responsibility for program oversight is jointly managed between the Vice President Operations and the Statewide Medical Director. Under their leadership, regional support staff are included in the development, monitoring and planning for implementation of all clinical programs. It is important to note that the YesCare corporate teams, including our CEO, also support the State directors, offering additional guidance or assistance, as needed.

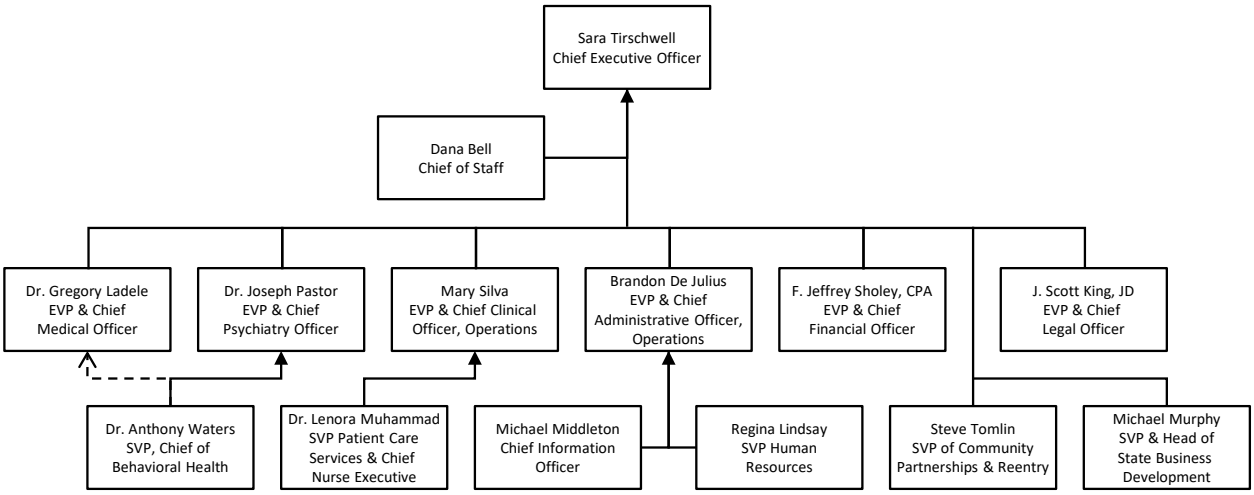


YesCare's Leadership Support

Each of our state contracts is a "division" of YesCare, with weekly Teams calls that bring together state operational and clinical leadership with corporate operational and clinical leadership, along with IT, legal, finance, HR and our CEO, to problem solve, explore opportunities and discuss trends. Our regional teams then work directly with site leaders to facilitate programming, and audits of all our clinical and mental health programs occur as a part of our Continuous Quality Improvement (CQI) program.

Upon contract award, we will supply the FDC with the personal cell phone numbers of our CEO, CFO, General Counsel, media liaison and contract leadership, including Corporate Officer, Bill Carr and Vice

President of Operations, Ralf Salke. We will also institute a bi-weekly call between our CEO, Sara Tirschwell, Secretary Ricky D. Dixon, and Deputy Secretary Richard Comerford to facilitate communication.



5) Personnel

Staffing Plans: YesCare's proposed staffing plans are on the pages that follow. We have included the table below to assist the Evaluation Team in matching the ITN position titles to YesCare's position titles on the staffing plans that follow.

Location	ITN Title	ITN Response Title
Regional	CQI Program Managers - Regional	Regional QM Manager
Regional	RMCH Risk Manager	Regional QM Manager
Regional	RMC EMR Specialist	EMR Project Manager Support - Regional
Institutions	Chief Health Office	Medical Director, Staff Physician
Institutions	Medical Director	Staff Physician
Institutions	Director of Nursing	Director of Nursing, RN Manager
Institutions	Assistant Director of Nursing	Registered Nurse (RN)
Institutions	Infection Control Nurse	Registered Nurse (RN)
Institutions	Mental Health Director	Psychologist
Institutions	Health Information Specialists	Medical Records Supervisor
RMC	RMC Hospital Chief Medical Officer	Medical Director
RMC	RMC Hospital Executive Nursing Director	Director of Nursing
RMC	RMC Pharmacy Consultant	**included in subcontracted consulting pharmacists - not on detailed staffing plan*

REGION ONE STAFFING PLAN

Job Title	Region One Total	Apalachee East Unit	Calhoun CI	Century CI	Franklin CI	Gadsden Reentry	Gulf CI	Holmes CI
Administrative Assistant	41.00	4.00	2.00	2.00	2.00	1.00	2.00	1.00
Administrative Assistant - MH	33.00	2.00	1.00	1.00	1.00	-	1.00	1.00
Activity Tech	34.80	1.00	-	-	-	-	-	-
Dental Assistant	39.00	4.00	2.00	2.00	2.00	-	2.00	2.00
Dental Hygienist	11.60	1.00	1.00	0.50	1.00	-	1.00	0.50
Dentist	19.50	2.00	1.00	1.00	1.00	-	1.00	1.00
Director of Nursing	22.80	2.00	1.00	1.00	1.00	-	1.00	1.00
Health Services Administrator	17.00	1.00	1.00	1.00	1.00	-	1.00	1.00
Licensed Practical Nurse	175.00	15.60	7.20	7.20	7.20	3.00	8.00	7.00
Licensed Practical Nurse - MH	24.80	-	-	-	-	-	-	-
Staff Physician	2.00	-	-	-	-	-	-	-
Medical Director	6.80	1.00	0.20	0.20	0.20	-	0.20	0.20
Medical Records Clerk	33.00	3.00	2.00	2.00	2.00	-	2.00	2.00
Medical Records Supervisor	6.00	1.00	-	-	-	-	1.00	-
Mental Health Director	3.00	-	-	-	-	-	-	-
Mental Health Professional	88.10	8.00	1.00	1.00	1.00	1.00	1.00	1.00
RN Nurse Manager	1.00	-	-	-	-	1.00	-	-
Nursing Assistant	28.80	3.00	1.00	1.00	-	-	2.00	1.00
Nursing Assistant - MH	15.60	-	-	-	-	-	-	-
Midlevel (NP /PA)	27.20	2.00	1.00	1.00	1.00	0.40	1.00	1.00
Midlevel (NP /PA) - MH	12.10	1.00	-	-	-	-	-	-
Psychiatrist	4.00	-	-	-	-	-	-	-
Psychologist	20.00	1.00	-	-	-	-	-	-
Registered Nurse	101.40	10.40	5.20	5.20	5.20	2.80	5.20	5.20
Registered Nurse - MH	31.10	1.00	-	-	-	-	-	-
Total Region One	798.60	64.00	26.60	26.10	25.60	9.20	29.40	24.90

Job Title	Jackson CI	Jefferson CI	Liberty CI	NWFRC	Okaloosa CI	Santa Rosa CI	Wakulla CI	Walton CI
Administrative Assistant	3.00	1.00	1.00	9.00	2.00	7.00	3.00	1.00
Administrative Assistant - MH	1.00	1.00	1.00	3.00	1.00	8.00	9.00	2.00
Activity Tech	-	1.80	-	2.00	-	10.00	19.00	1.00
Dental Assistant	2.00	2.00	3.00	5.00	1.00	4.00	6.00	2.00
Dental Hygienist	0.50	0.50	1.00	1.00	0.60	1.00	1.00	1.00
Dentist	1.00	1.00	1.50	2.50	1.00	2.00	2.50	1.00
Director of Nursing	1.00	1.00	1.00	2.00	1.00	3.00	5.80	1.00
Health Services Administrator	1.00	1.00	1.00	2.00	1.00	2.00	2.00	1.00
Licensed Practical Nurse	10.40	9.40	9.20	22.60	7.00	29.60	19.20	12.40
Licensed Practical Nurse - MH	-	-	-	-	-	10.20	14.60	-
Staff Physician	-	-	-	1.00	-	1.00	-	-
Medical Director	0.40	0.60	0.20	1.00	0.20	1.00	1.00	0.40
Medical Records Clerk	2.00	2.00	2.00	3.00	1.00	4.00	4.00	2.00
Medical Records Supervisor	-	-	-	1.00	-	1.00	2.00	-
Mental Health Director	-	-	-	1.00	-	1.00	1.00	-
Mental Health Professional	3.00	4.00	1.10	11.00	1.00	22.00	26.00	6.00
RN Nurse Manager	-	-	-	-	-	-	-	-
Nursing Assistant	3.00	1.00	1.00	5.80	1.00	3.00	4.00	2.00
Nursing Assistant - MH	-	-	-	-	-	8.40	7.20	-
Midlevel (NP /PA)	1.00	0.60	1.20	3.00	1.00	7.00	5.00	1.00
Midlevel (NP /PA) - MH	0.50	0.80	-	2.00	-	3.00	3.80	1.00
Psychiatrist	-	-	-	1.00	-	2.00	1.00	-
Psychologist	1.00	1.00	-	1.00	-	6.00	9.00	1.00
Registered Nurse	5.20	5.20	6.20	12.40	5.20	12.40	10.40	5.20
Registered Nurse - MH	1.00	1.00	-	2.00	-	13.10	12.00	1.00
Total Region One	37.00	34.90	30.40	94.30	24.00	161.70	168.50	42.00

REGION TWO STAFFING PLAN

Job Title	Region Two Total	Baker CI	Columbia CI	Cross City CI	Florida State Prison	Florida State West Unit	Hamilton CI	Lancaster CI	Lawtey CI
Administrative Assistant	40.00	2.00	4.00	1.00	3.00	2.00	4.00	1.00	2.00
Administrative Assistant - MH	26.00	1.00	2.00	1.00	3.00	1.00	3.00	1.00	-
Activity Tech	13.00	-	1.00	-	1.00	-	1.00	-	-
Dental Assistant	37.50	3.00	4.00	2.00	4.00	-	4.00	1.00	2.00
Dental Hygienist	11.10	1.00	1.00	1.00	0.50	-	1.00	-	-
Dentist	20.10	1.60	2.00	1.00	2.00	-	2.00	0.60	1.00
Director of Nursing	18.00	1.00	2.00	1.00	1.00	1.00	2.00	-	1.00
Health Services Administrator	15.00	1.00	2.00	1.00	1.00	-	1.00	-	1.00
Licensed Practical Nurse	178.70	9.80	22.00	7.30	17.00	7.00	17.00	6.00	7.00
Licensed Practical Nurse - MH	8.40	-	-	-	-	-	-	-	-
Staff Physician	1.00	-	-	-	-	-	-	-	-
Medical Director	8.30	0.60	1.00	0.40	0.80	0.20	1.00	0.20	0.20
Medical Records Clerk	31.00	2.00	3.00	2.00	2.00	1.00	3.00	2.00	1.00
Medical Records Supervisor	6.00	-	1.00	-	1.00	-	1.00	-	-
Mental Health Director	4.00	-	1.00	-	1.00	-	-	-	-
Mental Health Professional	81.00	2.00	10.00	1.00	15.00	1.00	9.00	2.00	0.60
RN Nurse Manager	3.00	1.00	-	-	-	-	-	1.00	-
Nursing Assistant	28.00	1.00	4.00	1.00	2.00	1.00	3.00	-	1.00
Nursing Assistant - MH	4.20	-	-	-	-	-	-	-	-
Midlevel (NP /PA)	25.00	1.00	2.00	1.00	0.60	1.00	4.00	1.00	1.00
Midlevel (NP /PA) - MH	6.90	-	1.00	-	1.00	-	1.50	-	-
Psychiatrist	5.40	-	1.00	-	1.00	-	-	0.40	-
Psychologist	12.40	-	1.00	-	2.00	-	1.00	0.40	-
Registered Nurse	104.90	8.00	12.40	5.20	7.30	5.20	9.40	5.00	4.20
Registered Nurse - MH	17.40	-	2.00	-	1.00	-	1.00	0.40	-
Total Region One	706.30	36.00	79.40	25.90	67.20	20.40	68.90	22.00	22.00

Job Title	Madison CI	Mayo CI Annex	New River /Union CI	Putnam CI	Suwannee CI	Taylor CI	Tomoka CI	Union CI
Administrative Assistant	3.00	2.00	1.00	1.00	5.00	2.00	3.00	4.00
Administrative Assistant - MH	1.00	1.00	1.00	-	6.00	1.00	2.00	2.00
Activity Tech	-	-	-	-	8.00	-	1.00	1.00
Dental Assistant	2.00	2.00	2.00	0.50	4.00	2.00	2.00	3.00
Dental Hygienist	0.60	1.00	-	-	2.00	1.00	1.00	1.00
Dentist	1.00	1.00	1.00	0.40	2.00	1.00	1.50	2.00
Director of Nursing	1.00	1.00	1.00	-	3.00	1.00	1.00	1.00
Health Services Administrator	1.00	1.00	1.00	-	2.00	1.00	1.00	1.00
Licensed Practical Nurse	7.20	8.40	8.40	2.80	22.60	8.00	10.20	18.00
Licensed Practical Nurse - MH	-	-	-	-	8.40	-	-	-
Staff Physician	-	-	-	-	1.00	-	-	-
Medical Director	0.20	0.30	0.20	0.40	1.00	0.20	0.60	1.00
Medical Records Clerk	1.00	2.00	2.00	-	5.00	2.00	1.00	2.00
Medical Records Supervisor	-	-	-	-	1.00	1.00	-	1.00
Mental Health Director	-	-	-	-	1.00	-	-	1.00
Mental Health Professional	1.00	1.00	3.00	0.40	20.00	1.00	6.00	8.00
RN Nurse Manager	-	-	-	1.00	-	-	-	-
Nursing Assistant	1.00	1.00	1.00	-	3.00	2.00	2.00	5.00
Nursing Assistant - MH	-	-	-	-	4.20	-	-	-
Midlevel (NP /PA)	1.40	1.00	1.00	-	2.00	3.00	3.00	2.00
Midlevel (NP /PA) - MH	-	-	0.40	-	2.00	-	1.00	-
Psychiatrist	-	-	-	-	2.00	-	-	1.00
Psychologist	-	-	1.00	-	5.00	-	1.00	1.00
Registered Nurse	5.20	5.20	4.20	2.80	12.40	5.20	5.20	8.00
Registered Nurse - MH	-	-	1.00	-	10.00	-	1.00	1.00
Total Region One	26.60	27.90	29.20	9.30	132.60	31.40	43.50	64.00

REGIONAL MEDICAL CENTER STAFFING PLAN

Job Title	RMC Total	RMC Hospital	RMC Main	RMC West
Administrative Assistant	25.00	15.00	10.00	-
Administrative Assistant - MH	5.00	-	4.00	1.00
Activity Tech	2.40	-	2.40	-
Case Manager	5.00	2.00	3.00	-
Dental Assistant	9.00	-	9.00	-
Dental Hygienist	0.50	-	0.50	-
Dentist	5.00	1.00	4.00	-
Director of Nursing	6.00	3.00	3.00	-
Health Services Administrator	2.00	-	2.00	-
Hospital Administration	1.00	1.00	-	-
Laboratory Technician	1.00	1.00	-	-
Licensed Practical Nurse	72.10	36.50	25.60	10.00
Licensed Practical Nurse - MH	1.00	-	1.00	-
Staff Physician	13.20	6.00	7.20	-
Medical Director	2.40	1.00	1.40	-
Medical Records Clerk	11.00	2.00	5.00	4.00
Medical Records Supervisor	2.00	1.00	1.00	-
Medical Director - Specialty	2.00	2.00	-	-
Medical Technician	1.00	-	1.00	-
Mental Health Director	1.00	-	1.00	-
Mental Health Professional	10.00	-	8.60	1.40
RN Nurse Manager	1.00	-	-	1.00
Registered Nurse - Specialty	1.00	-	1.00	-
Nursing Assistant	38.80	25.20	12.60	1.00
Phlebotomist	4.00	4.00	-	-
Midlevel (NP /PA)	9.00	6.00	2.00	1.00
Midlevel (NP /PA) - MH	3.00	-	2.60	0.40
Psychiatrist	1.50	-	1.50	-
Psychologist	3.00	-	3.00	-
Registered Nurse	39.60	24.00	11.40	4.20
Registered Nurse - MH	5.20	-	5.20	-
Respiratory Therapist	5.20	5.20	-	-
Total Region One	288.90	135.90	129.00	24.00

REGION THREE STAFFING PLAN

Job Title	Region Three Total	Avon Park CI	CFRC Main	DeSoto Annex	FWRC	Hardee CI	Hernando CI
Administrative Assistant	40.00	2.00	7.00	3.00	7.00	2.00	2.00
Administrative Assistant - MH	29.00	1.00	3.00	1.00	5.00	2.00	-
Activity Tech	20.00	-	2.00	-	5.00	-	-
Dental Assistant	29.00	2.00	5.00	2.00	3.00	3.00	1.00
Dental Hygienist	5.10	-	1.00	0.60	0.50	1.00	-
Dentist	17.00	1.00	3.00	1.00	2.50	1.50	1.00
Director of Nursing	16.00	1.00	2.00	1.00	2.00	1.00	-
Health Services Administrator	13.00	1.00	2.00	1.00	1.00	1.00	-
Licensed Practical Nurse	147.80	8.00	25.40	8.00	15.80	12.80	3.80
Licensed Practical Nurse - MH	22.00	-	-	-	4.20	-	-
Staff Physician	5.00	-	2.00	-	1.00	-	-
Medical Director	7.80	1.00	1.00	0.50	0.50	0.50	0.20
Medical Records Clerk	33.00	1.00	7.00	2.00	3.00	3.00	1.00
Medical Records Supervisor	9.00	1.00	1.00	1.00	1.00	1.00	-
Mental Health Director	5.00	-	1.00	-	1.00	-	-
Mental Health Professional	81.50	1.00	12.00	2.00	13.00	6.00	2.00
RN Nurse Manager	6.60	-	2.80	-	-	-	1.00
Nursing Assistant	42.80	1.00	9.40	2.00	4.00	2.00	1.00
Nursing Assistant - MH	17.80	-	-	-	2.80	-	-
Midlevel (NP /PA)	29.30	-	7.00	2.40	2.80	3.00	1.00
Midlevel (NP /PA) - MH	10.10	-	1.50	-	1.60	-	0.40
Psychiatrist	9.00	-	2.00	-	2.00	-	-
Psychologist	18.60	-	1.00	-	4.00	1.00	0.40
Psychology Program	8.00	-	-	-	-	-	-
Registered Nurse	88.80	5.20	17.00	5.20	7.20	7.00	4.20
Registered Nurse - MH	33.60	-	1.00	-	6.60	-	0.40
Total Region One	744.80	26.20	116.10	32.70	96.50	47.80	19.40

Job Title	Lake CI	Lowell CI	Marion CI	Polk CI	Sumter CI	Zephyrhills CI
Administrative Assistant	1.00	7.00	3.00	2.00	2.00	2.00
Administrative Assistant - MH	6.00	4.00	1.00	1.00	1.00	4.00
Activity Tech	7.00	1.00	1.00	-	-	4.00
Dental Assistant	2.00	4.00	2.00	2.00	2.00	1.00
Dental Hygienist	-	1.00	0.50	-	0.50	-
Dentist	1.00	2.00	1.00	1.00	1.00	1.00
Director of Nursing	2.00	2.00	1.00	1.00	1.00	2.00
Health Services Administrator	1.00	2.00	1.00	1.00	1.00	1.00
Licensed Practical Nurse	7.90	30.90	10.00	8.40	8.40	8.40
Licensed Practical Nurse - MH	11.80	-	-	-	-	6.00
Staff Physician	1.00	1.00	-	-	-	-
Medical Director	1.00	0.50	0.40	1.00	0.20	1.00
Medical Records Clerk	2.00	6.00	2.00	2.00	2.00	2.00
Medical Records Supervisor	1.00	1.00	-	-	1.00	1.00
Mental Health Director	1.00	1.00	-	-	-	1.00
Mental Health Professional	17.00	15.00	3.00	1.00	1.50	8.00
RN Nurse Manager	2.80	-	-	-	-	-
Nursing Assistant	2.00	12.20	2.00	1.00	1.00	5.20
Nursing Assistant - MH	12.00	-	-	-	-	3.00
Midlevel (NP /PA)	-	5.00	3.00	0.50	3.00	1.60
Midlevel (NP /PA) - MH	3.00	2.00	0.60	-	-	1.00
Psychiatrist	2.00	2.00	-	-	-	1.00
Psychologist	5.00	3.00	1.00	-	0.20	3.00
Psychology Program	-	-	-	-	-	8.00
Registered Nurse	5.20	15.60	5.20	5.20	5.20	6.60
Registered Nurse - MH	15.00	2.00	1.00	-	-	7.60
Total Region One	109.70	120.20	38.70	27.10	31.00	79.40

REGION FOUR STAFFING PLAN

Job Title	Region Four Total	Charlotte CI	Dade CI	Everglade CI	Homestead CI	Martin CI	Okeechobee CI	SFRC
Administrative Assistant	26.00	3.00	3.00	3.00	2.00	3.00	3.00	9.00
Administrative Assistant - MH	16.60	3.00	7.00	1.60	1.00	1.00	1.00	2.00
Activity Tech	15.00	1.00	9.00	1.00	1.00	1.00	-	2.00
Dental Assistant	18.25	2.00	2.00	3.00	1.00	3.00	3.00	4.25
Dental Hygienist	5.00	1.00	0.50	1.00	0.50	1.00	1.00	-
Dentist	12.25	1.00	1.50	2.00	1.00	1.50	2.00	3.25
Director of Nursing	8.00	1.00	2.00	1.00	1.00	1.00	1.00	1.00
Health Services Administrator	7.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Licensed Practical Nurse	112.70	20.90	12.00	14.40	8.00	13.00	11.20	33.20
Licensed Practical Nurse - MH	11.20	-	11.20	-	-	-	-	-
Staff Physician	2.00	-	-	-	-	-	-	2.00
Medical Director	7.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Medical Records Clerk	17.00	3.00	2.00	2.00	1.00	2.00	2.00	5.00
Medical Records Supervisor	7.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Mental Health Director	4.00	1.00	1.00	1.00	-	-	-	1.00
Mental Health Professional	57.00	16.00	17.00	5.00	4.00	5.00	2.00	8.00
RN Nurse Manager	3.00	-	-	1.00	-	-	-	2.00
Nursing Assistant	29.20	3.00	2.00	2.00	1.00	3.00	2.00	16.20
Nursing Assistant - MH	6.00	-	6.00	-	-	-	-	-
Midlevel (NP /PA)	17.60	1.00	5.00	2.00	0.60	1.40	1.60	6.00
Midlevel (NP /PA) - MH	7.60	0.60	3.00	1.00	1.00	1.00	-	1.00
Psychiatrist	4.00	1.00	2.00	-	-	-	-	1.00
Psychologist	9.00	1.00	5.00	-	1.00	1.00	-	1.00
Registered Nurse	66.60	7.00	8.40	9.00	5.20	8.00	7.60	21.40
Registered Nurse - MH	19.00	1.00	14.00	1.00	1.00	1.00	-	1.00
Total Region One	488.00	70.50	116.60	54.00	33.30	49.90	40.40	123.30

STATEWIDE STAFFING PLAN

Job Title	Statewide Total	Statewide/ Regional Offices	Region One	Region Two (w/o RMC)	RMC	Region Three	Region Four
Administrative Assistant	172.00		41.00	40.00	25.00	40.00	26.00
Administrative Assistant - MH	109.60		33.00	26.00	5.00	29.00	16.60
Activity Tech	85.20		34.80	13.00	2.40	20.00	15.00
Case Manager	5.00		-	-	5.00	-	-
Dental Assistant	132.75		39.00	37.50	9.00	29.00	18.25
Dental Hygienist	33.30		11.60	11.10	0.50	5.10	5.00
Dentist	73.85		19.50	20.10	5.00	17.00	12.25
Director of Nursing	70.80		22.80	18.00	6.00	16.00	8.00
Health Services Administrator	54.00		17.00	15.00	2.00	13.00	7.00
Hospital Administration	1.00		-	-	1.00	-	-
Laboratory Technician	1.00		-	-	1.00	-	-
Licensed Practical Nurse	686.30		175.00	178.70	72.10	147.80	112.70
Licensed Practical Nurse - MH	67.40		24.80	8.40	1.00	22.00	11.20
Staff Physician	23.20		2.00	1.00	13.20	5.00	2.00
Medical Director	32.30		6.80	8.30	2.40	7.80	7.00
Medical Records Clerk	125.00		33.00	31.00	11.00	33.00	17.00
Medical Records Supervisor	30.00		6.00	6.00	2.00	9.00	7.00
Medical Director - Specialty	2.00		-	-	2.00	-	-
Medical Technician	1.00		-	-	1.00	-	-
Mental Health Director	17.00		3.00	4.00	1.00	5.00	4.00
Mental Health Professional	317.60		88.10	81.00	10.00	81.50	57.00
RN Nurse Manager	14.60		1.00	3.00	1.00	6.60	3.00
Registered Nurse - Specialty	1.00		-	-	1.00	-	-
Nursing Assistant	167.60		28.80	28.00	38.80	42.80	29.20
Nursing Assistant - MH	43.60		15.60	4.20	-	17.80	6.00
Phlebotomist	4.00		-	-	4.00	-	-
Midlevel (NP /PA)	108.10		27.20	25.00	9.00	29.30	17.60
Midlevel (NP /PA) - MH	39.70		12.10	6.90	3.00	10.10	7.60
Psychiatrist	23.90		4.00	5.40	1.50	9.00	4.00
Psychologist	63.00		20.00	12.40	3.00	18.60	9.00
Psychology Program	8.00		-	-	-	8.00	-
Registered Nurse	401.30		101.40	104.90	39.60	88.80	66.60
Registered Nurse - MH	106.30		31.10	17.40	5.20	33.60	19.00
Respiratory Therapist	5.20		-	-	5.20	-	-

STATEWIDE STAFFING PLAN CONTINUED

Job Title	Statewide Total	Statewide/ Regional Offices
Vice President Operations - Statewide	1.00	1.00
Medical Director - Statewide	1.00	1.00
Mental Health Director - Statewide	1.00	1.00
Director of Nursing - Statewide	1.00	1.00
Dental Director - Statewide	1.00	1.00
Psychiatric Advisor - Statewide	1.00	1.00
Mental Health Re-entry Coordinator - Statewide (RMC)	1.00	1.00
Mental Health Training Coordinator - Statewide	1.00	1.00
Recruitment Coordinator - Statewide	1.00	1.00
Disabled/Impaired Inmate Coordinator - Statewide	1.00	1.00
EMR Director - Statewide	1.00	1.00
EMR Project Manager - Statewide	1.00	1.00
CQI Director - Statewide	1.00	1.00
Pharmacy Director - Statewide	1.00	1.00
Medical Re-entry Coordinator - Statewide	1.00	1.00
Female Health Services Coordinator - Statewide	1.00	1.00
Medical Director - Regional	5.00	5.00
Director of Nursing - Regional	8.00	8.00
Dental Director - Regional	5.00	5.00
Mental Health Director - Regional	5.00	5.00
Vice President Operations - Regional	4.00	4.00
Director of Operations - Regional	11.00	11.00
Recruitment Coordinators - Regional	10.00	10.00
CQI Program Managers - Regional	5.00	5.00
Infection Control RN - Regional	5.00	5.00
Region 2 ASL Staff Interpreter	1.00	1.00
EMR Project Manager Support - Regional	15.00	15.00
Training Coordinator - Regional	5.00	5.00
Telehealth Coordinator - Statewide	1.00	1.00
Administrative Assistant - Regional	6.00	6.00
Case Manager - Regional	10.00	10.00
Regional Re-entry Coordinators	4.00	4.00
Finance Director - Regional	6.00	6.00
Patient Advocacy Representative	2.00	2.00
Oral Surgeon - Statewide	1.00	1.00
Total Statewide	3,151.60	125.00

Job Descriptions: Job descriptions, with specific job functions and minimum qualifications, for each of the positions listed on the staffing plan are on the pages that follow. Due to the number of positions and the ITN page limitations, these descriptions are abbreviated from YesCare's standard job descriptions. At the Department's request, YesCare can provide full job descriptions for each position.

STATEWIDE LEADERSHIP POSITIONS

Corporate Officer

Qualifications: Minimum of 5 years leadership experience within the corrections environment. Healthcare, business or finance degree required.

Specific Job Functions: Responsible for overall contract management and serve as YesCare's liaison with the Department's Health Services Director and Chief of Health Services Administration.

Vice-President of Operations (VPO)

Key Qualifications: Bachelor's degree in Healthcare Administration, Business or related field required. MHA, MBA, or comparable postgraduate degree preferred. Minimum of seven (7) years of management experience in a healthcare setting if Master's prepared. Minimum of eight (8) years of management experience in a healthcare setting if Bachelor's prepared. Multi-site healthcare management experience required. Strong analytical and financial acumen required. Excellent leadership and communication skills; ability to prioritize and align others to vision. High client service orientation. Correctional healthcare experience a plus but not required. Willingness to "roll up sleeves" and evaluate operations first-hand, applies thoughtful judgment and problem solving skills.

Specific Job Tasks: The Vice President Operations (VPO) is ultimately accountable for the delivery of YesCare's healthcare services within an assigned region and contract(s). The VPO works collaboratively with YesCare's operational and corporate leadership to determine, implement, and manage the strategic direction and plan for their region. In conjunction with executive medical leadership, the VPO is responsible for establishing and maintaining effective clinical quality oversight for their assigned region. The VPO negotiates contract terms, amendments, and extensions and is the proactive leader with development of new bids- proactively identifying potential business opportunities and participating in the pursuit of new contracts and clients. Travels within the regions and to corporate office as required based upon business need.

Statewide Medical Director (Clinician)

Qualifications: M.D. or D.O. Degree required. Completion of residency in primary care specialty (Family Practice, Internal Medicine, Emergency Medicine, Public Health, or Occupational Medicine) preferred. Must be board certified, board eligible or qualified by the state laws/regulations to practice medicine. Must possess or be eligible for a license in the state in which supervisory services are rendered. Must satisfy all credentialing requirements of YesCare. Utilization Management experience. Must have minimum of 5 years clinical experience in Family Practice, Emergency Medicine, Internal Medicine, Public Health, or Occupational Medicine. Current hands-on BLS certification per YesCare Credentialing Policy. Experience in healthcare administration preferred. Current DEA registration.

Specific Job Tasks: Statewide Medical Director is primarily accountable for quality and of medical care provided to patients throughout the state with both clinical and administrative responsibilities. Our Statewide Medical Directors collaborate with the Regional Vice Presidents of Operations to develop long lasting client partnerships by delivering safe, efficacious, and cost-effective care.

Statewide Director of Nursing (DON) (Registered Nurse)

Qualifications: Graduate of an Accredited Nursing School required, and must be a master's level Registered Nurse. Current, unrestricted, non-probationary status license as a Registered Nurse. Current Basic Life Support/CPR Certification at the Medical Professional Level with AED Training. American Heart Association is the preferred source, but American Red Cross is acceptable. Specialty certification in correctional healthcare is desired (Certified Correctional Health Professional: CCHP, Certified Correctional Health Professional Nurse: CCHP-RN). 5 years clinical healthcare experience required with a minimum of 2 years in a correctional healthcare setting. At least 2 years of clinical operations management experience required preferably within a correctional health setting. Knowledge of accreditation standards (NCCHC, ACA & state-specific) as well as experience with quality improvement programs and clinical auditing preferred. Knowledge of Excel, Word, Outlook, SharePoint and PowerPoint required. Ability to travel up to eighty (80%) to correctional facilities, regional offices, client and/or other vendor sites and flexible work hours required.

Specific Job Tasks: The SDON serves as a valued member of the Corizon Health Regional leadership team participating in decisions related to contract management, health care delivery, patient and staff safety, and client interfacing activities. The SWDON is responsible for the overall management of nursing services, nursing education, nurse leader professional development, nursing research and nursing administration for the contract. The SDON serves as lead for all nursing practice matters including the Core Process Program implementation and on-going monitoring within his/her region. He/she is accountable for 24-hour delivery of patient care that promotes the safety and well-being of all patients. Along with the Statewide Medical Director, the SDON collaborates with YesCare senior clinicians, consulting physicians and other vendors on issues related to the delivery of clinical services. The SDON participates in the development and implementation of YesCare policies and procedures. The SDON participates in the selection, on-boarding, and on-going evaluation of the Regional Directors of Nursing (RDONs) that are directing nursing care within their region. Working closely with the SMD, the SDON ensures care is coordinated across all health care disciplines.

Statewide Dental Director (Dentist)

Qualifications: DDS or DMD degree. Current license in state of employment. Current DEA certification number. Three to Five (3-5) years required, preferably in a general practice residency and/or previous clinical dental experience.

Specific Job Tasks: Directs and provides dental health services to patient population. Interrelates and works effectively with patients, dental, medical and nursing staff, security, administrative and support staff.

Statewide Mental Health Director (Psychologist)

Qualifications: Doctoral degree in Psychology or related field from an accredited college or university. Current license as a psychologist in the state of employment. Minimum of 5 years' experience administering a mental health program. To include a thorough knowledge of principles and practices of mental health administration including strategic planning, evaluation of services, staffing, and resource management. Ability to travel up to 15% to correctional facilities, regional offices, client and/or vendor sites or related field is required. Experience specific to the field of corrections preferred.

Specific Job Tasks: Provides mental health program leadership and development. Responsible for the planning, directing, organizing, and coordinating statewide mental health services provided to the Department of Corrections. Primarily accountable for quality and cost of mental health care provided to inmates throughout the assigned area. This position will perform executive functions within the guidelines and expectations of the statewide healthcare contract and will be a member of the regional leadership team. Oversees the quality, standardization, and scope of mental health services. Collaborates with operations management to develop long lasting client partnerships by delivering cost effective care. Provides overall supervision for mental health services throughout assigned area.

Statewide Psychiatric Advisor (Psychiatrist)

Qualifications: Must possess a current license in the state of responsibility and a current DEA registration. Must be board certified, eligible, or qualified by the state laws/regulations to practice psychiatry. Must have current BLS certification. Experience in healthcare administration preferred.

Specific Job Tasks: Provide onsite psychiatric assessment, diagnosis, and treatment of those inmates referred by the medical or clinical services staff. Provide written summaries of history, diagnosis and treatment course. May also provide clinical services in a tele-psych capacity. Oversee the quality and effectiveness of behavioral healthcare delivery to the offender patient population. Conduct periodic audits of the quality of behavioral healthcare within the region and document same according to contract or YesCare requirements.

Statewide Mental Health Re-entry Coordinator

Qualifications: Bachelor's degree in Social Work or related field. Master's degree preferred. Experience in case management, discharge planning and providing services to a physically and mentally ill population preferred. Prior corrections or re-entry experience is also desirable. Current CPR/BLS certification. Subject to initial and ongoing security clearance requirement.

Specific Job Tasks: The position will develop, maintain, and track appropriate linkages through interaction and involvement with the Reentry Process and referral arrangements between the Department of Corrections (DOC) and community providers of medical and mental health services to insure a continuum of care at Department of Correction Centers and Release Centers.

Statewide Mental Health Training Coordinator

Qualifications: Current licensure in State of Florida as a Licensed Clinical Psychologist, or Licensed Professional Counselor. Minimum of two years' experience required in providing clinical education development and facilitation of clinical training. Comprehensive knowledge of Mental Health Diagnoses and Treatment. Current CPR certification. Must demonstrate effective skills with visual presentation platforms. Excellent verbal and written communication skills, including proficiency with Microsoft Office programs. Excellent organizational and time management skills. Excellent interpersonal skills and a

knowledge of group processes. Demonstrated ability to work as part of a team. Correctional experience beneficial.

Specific Job Tasks: Identify training needs/conduct focus groups to inform the FDC training system. Develop educational material on topics identified by system. Teach, facilitate, and provide supportive activities. Learn and utilize basic virtual training formats.

Statewide Pharmacy Program Director (Florida Consultant Pharmacist License)

Qualifications: Graduate of an accredited college of pharmacy program with a minimum B.S. degree. Four (4) to six (6) years of related experience. Thorough knowledge of all applicable state and federal laws, rules and regulations and institutional rules and regulations. Current certification/licensure in state of employment. Must receive a satisfactory background investigation report.

Specific Job Tasks: Serve as the pharmacy resource within the designated contract. Participate in all required aspects of client, regional, or site level P&T Committee Meetings. Provide reports and actionable analysis on cost0effective medication utilization. Identify trends and evaluate patterns of medication utilization within the facilities.

Statewide Medical Re-entry Coordinator (located at RMC)

Qualifications: Current licensure in State of Florida as a Licensed practical nurse, Registered Nurse or Licensed Clinical Social Worker. Minimum of two years' experience required in providing clinical coordination/reentry services for medically fragile population. General knowledge of Medical Diagnoses and Treatment. Current CPR certification. Must demonstrate effective communication and interpersonal skills. Correctional experience beneficial.

Specific Job Functions: Communicates effectively with the Medical Directors in the FDC to develop comprehensive reentry plans for inmates with complex medical issues. Schedule approved appointments with the appropriate outside specialty, coordinating any required inmate transport with Prison Operations staff. Prepares comprehensive reentry plan, records and/or consult documents, to accompany the inmate to their next location

Statewide Female Health Services Coordinator

Qualifications: Registered nurse (H.N.) with bachelor's degree in nursing, health education, or health. MSN preferred. Two years' professional experience in staff development. Recent nursing experience with clinical focus preferred.

Specific Job Tasks: Provides leadership for the assessment of learning/resource needs and the subsequent establishment of directional goals for hospital staff development that are compatible with service teaching and research objectives. Collaborates with department managers and resource personnel using indicators such as new policy development, new technology, patient case study, and quality assurance monitors, to prioritize staff development needs.

Continuous Quality Improvement (CQI) Coordinator

Qualifications: Graduate of an accredited School of Nursing with current licensure as a Registered Nurse in the state of employment. Three (3) years of experience as an RN; at least one year of supervisory experience and a thorough knowledge of Quality Improvement in the Mental Health area. Current RN license in the state of employment.

Specific Job Tasks: Coordinates the area Quality Improvement Program. Interrelates with mental health and nursing staff, security staff at all levels, administrative staff, support staff and facility QI committee. Is responsible for overall functions of the QI process.

Statewide EMR Director

Qualifications: Bachelor's Degree in Computer Science, Business Administrations, MIS, or HealthCare; 7+Years of proven successful management experience may be substituted in lieu of degree. Three (3) plus years of proven successful project management experience, Four (4+) years of experience with an EHR product, Clinical System Analysis experience, business process reengineering concepts and methods; General knowledge of software development methodologies, design, and

implementation. General understanding of entire software development process including specifications, documentation, and quality assurance. Exceptional verbal, written, and presentation communication skills.

Specific Job Tasks: The Statewide EMR Director is responsible for the day-to-day oversight of the Information Systems (IS) contract obligations to support the assigned DOC and/or jail contract(s) to ensure success including taking the lead on all clinical system projects. The Statewide EMR Director is the single IS point of contact as a liaison across multiple departments, business entities and IT, driving all IS initiatives working with the corporate IT/IS leadership team to make sure resources are assigned including team members, third-party contractors, consultants and clients in order to deliver assignments according to defined scope, quality, time, and budget along with ensuring timely communication occurs. Projects, programs, and initiatives may span multiple department boundaries. Ensures consistency with company strategy, commitments, and goals. Manage all changes through change control processes with complete understanding of impacts to schedule, personnel, and costs.

Statewide EMR Project Manager

Qualifications: Bachelor's Degree in IT, Business Administration, or Healthcare. 5+ years of proven successful project management experience may be substituted in lieu of degree. Five (5) years of PM experience with minimum of two (2) years EHR Implementation. Minimum of three (3) years of healthcare experience. Business Analysis experience a plus. Experience with MS Office, MS Project, MS Visio, SharePoint. General knowledge in software development methodologies, design, and implementation. General understanding of entire software development process including specification, documentation, and quality assurance. Project Management Professional (PMP) preferred. Some travel up to 40% to: correctional facilities, regional offices, and client and/or vendor sites. Subject to after-hours work to meet deadlines. Strong verbal and written and presentation communication skills. Effectively present information in one-on-one and group situations to customers, clients, and other employees of the organization.

Specific Job Tasks: Responsible for the overall direction, coordination, implementation, execution, control and completion of Electronic Health Record (EHR) projects and/or assist other PMs on assigned tasks to complete EHR projects ensuring consistency with company strategy, commitments and goals. Manage cross-functional business and IT resources and clients' resources to define initial project scope and to deliver solution within scope, on time and on budget. Manage or assist with the planning, and executing aspects of complex, multifaceted/interrelated projects according to Project Management Institute (PMI) guidelines that span single area or multiple department boundaries. Schedule, communicate, and coordinate with resources including team members, third-party contractors, consultants, and clients in order to ensure the delivery of projects according to defined scope, quality, time, and budget. Manage all changes through change control processes with complete understanding of impacts to schedule, personnel and costs.

Statewide Recruitment Coordinator

Qualifications: Bachelor's Degree or equivalent years' experience in Human Resources/Recruiting. 2 years concentrated experience Recruiting, healthcare and correctional experience strongly preferred. Microsoft Excel, Word, Access, and Outlook experience, PeopleSoft preferred. Strong verbal, written and presentation communication skills. Ability to effectively present information in one-on-one and group situations to candidates, managers, and other employees of the organization. Demonstrated ability to effectively utilize time management skills. Able to multi-task in a changing and deadline driven environment. Ability to work on complex problems and make objective employment decisions. Ability to travel up to 15% to correctional facilities, regional offices, client and/or vendor sites.

Specific Job Tasks: Prescreens, conducts group, and individual interviews for candidates. Refers qualified candidates to department leadership. Participate in new business startups. Administers tests, checks references, and may issue employment offer or rejection letters to potential candidates. Collaborate

with managers regarding the proper staffing needed to meet contract(s) guidelines. Ensure compliance with AAP and EEOC guidelines.

Statewide Disabled/Impaired Inmate Coordinator

Qualifications: Requires any combination of education and experience equivalent to a High School diploma and three (3) years related work experience.

Specific Job Tasks: Develop, implement and integrate appropriate inmate programming which enhances the rehabilitative nature of the inmates. Coordinate the inmate programs schedule that encompasses all programming conducted within the facility. Plan, organize and coordinate a program for recruiting and deploying volunteers in support of inmate programming. Develop and monitor statistical data related to the performance of inmate programming and its impact on recidivism. Perform duties of a test proctor for inmate certifications; and maintain the repository for certifications issued to inmates.

RECEPTION AND MEDICAL CENTER HOSPITAL (RMCH) LEADERSHIP

RMC Hospital Administrator

Qualifications: Bachelor's degree in healthcare administration/related field required, Master's degree in Health Administration, Nursing or related field preferred. Active Florida RN licensure required. Minimum of three (3) years of management experience in a healthcare setting. Correctional healthcare experience preferred.

Specific Job Tasks: The Health Services Administrator (HSA) is the chief administrative manager of the on-site health services department. The HSA is accountable for the delivery of contract services and ensuring that YesCare complies with all aspects of the client contract. In addition to managing the site budget, the HSA constructs and supervises an annual operational plan. The HSA is responsible for developing and maintaining positive, professional, collaborative relationships with clients (warden, supervisor, and/or equivalent client role) and ensuring customer satisfaction

RMC Hospital Chief Medical Officer (Florida-licensed Clinician)

Qualifications: Graduate of an accredited medical school. Fully licensed to practice medicine in the state of employment. Current DEA registration. Preferable board certified or board eligible in primary care specialty (Family Practice, Internal Medicine, Emergency Medicine, Public Health or Occupational Medicine) with administrative experience in corrections and/or managed healthcare delivery. Subject to initial and ongoing security clearance requirement.

Specific Job Tasks

Administrative: Serve as Chairman of the Medical Audit Committee. Consult with medical providers in the community to resolve issues in delivering services to patients. Supervise the clinical services provided by the professional and paraprofessional staff. Serve as a professional resource and leader for all staff physicians and applicable clinical staff at the facility(s).

Clinical: Provides typical community standard care based on evidenced based medicine for clinical services required including but not limited to sick call, chronic care, History and Physicals, and all emergency care needs. When applicable, visits the infirmary daily and documents encounters in patient's Medical Record as assigned. The goal is to provide the right care, at the right time, and at the right location.

RMC Hospital Executive Nursing Director (Registered Nurse)

Qualifications: Graduate of an Accredited Nursing School required, and must be a master's level Registered Nurse, registered in state of employment. Current, unrestricted, non-probationary status license as a Registered Nurse. Current Basic Life Support/CPR Certification at the Medical Professional Level with AED Training. American Heart Association is the preferred source, but American Red Cross is acceptable. Specialty certification in correctional healthcare is desired (Certified Correctional Health Professional: CCHP, Certified Correctional Health Professional Nurse: CCHP-RN). 5 years clinical healthcare experience required with a minimum of 2 years in a correctional healthcare setting. At least 2

years of clinical operations management experience required preferably within a correctional health setting. Knowledge of accreditation standards (NCCHC, ACA & state-specific) as well as experience with quality improvement programs and clinical auditing preferred.

Specific Job Tasks: The Executive Nursing Director (END) is responsible for decisions related to contract management, health care delivery, patient and staff safety, and client interfacing activities. The END is responsible for the overall management of nursing services, nursing education, nurse leader professional development, nursing research and nursing administration for the contract. The END serves as lead for all nursing practice. He/she is accountable for 24-hour delivery of patient care that promotes the safety and well-being of all patients. Along with the Hospital Administrator, the END collaborates with senior clinicians, consulting physicians and other vendors on issues related to the delivery of clinical services.

RMC Hospital Director of Nursing (Registered Nurse)

Qualifications: Bachelor's degree in healthcare preferred. Three (3) years of experience in healthcare administration setting. Active RN license in state where position is located with unrestricted/non probationary status. Specialty certification desired (i.e. CCHP, ACHE, etc.).

Specific Job Tasks: A Director of Nursing oversees the nursing staff and overall nursing operations of their healthcare facility. Their duties include evaluating and directing all nursing employees, establishing goals for the nursing department, and creating and enforcing compliant healthcare policies. This is a supervisory nursing position working in a correctional setting in which nursing services are required on a 24-hour basis. Supervises and coordinates activities of nursing personnel in one or more patient care units. Verifies that patients' needs are met and evaluates unit nursing care and performance. Participates in planning of work of assigned units and coordinates activities with other patient units/departments. Plans and organizes training for unit staff members. Participates in guidance and educational programs.

RMC Hospital Infection Control Nurse (Registered Nurse)

Qualifications: Baccalaureate Degree in Nursing, Infection Control or five (5) plus years commiserate experience. Current CPR Certification. Graduate from an accredited School of Nursing. Minimum of one (1) year of clinical experience preferred. Knowledge of microbiology, epidemiology, and antibiotic use, a plus. Strong technical experience (Microsoft word, excel, etc.). Correctional Experience, a plus. Strong interpersonal skills. Strong verbal and written communication skills. Possess cognitive skills necessary to understanding terminology, medical records, and instructions. Possess skills in establishing and maintaining effective working relationships with patients, staff, and custody. Possess ability to organize and carry out work assignments with minimal supervision and to prioritize work assignments and departmental responsibilities. Strong researcher in infection prevention and control. Demonstrated experience maintain multiple deadlines. Ability to competently manage multiple priorities simultaneously. Ability to work in a stressful environment. Respect and maintain confidentiality.

Specific Job Functions: The Hospital Control Nurse Coordinator plans, develops, directs, implements, and evaluates infection prevention within all correctional facilities in the state. The position serves to instruct staff in proper infection control procedure, identify infection trends, and investigates infection control problems. Serves as Lead Infection Control Coordinator for all Regions in the state. Supports Regional Director of Nursing in coordination of Statewide Infection Control initiatives. In addition, the ICC generates reports containing data used to analyze trends at the statewide level.

RMC Hospital Pharmacy Consultant (Florida Consultant Pharmacist License)

Qualifications: Graduate of an accredited college of pharmacy program with a minimum B.S. degree. Current certification/licensure in state of employment. Thorough knowledge of all applicable state and federal laws, rules and regulations and institutional rules and regulations. Must receive a satisfactory background investigation report.

Specific Job Tasks: Responsible to supervise, maintain and provide pharmaceutical consulting support to facilities for which pharmacy services are provided. Supervise, negotiate and review purchasing of pharmaceuticals. Maintain, review and report formulary management.

RMCH Health Information Specialists

Qualifications: Minimum high school diploma and at least (2) years in medical records or equivalent field.

Specific Job Functions: Assist in operational oversight responsibilities for all workers assigned to the Medical Records department. Assist in the shared management of the electronic processing of medical record, report generation, distribution, and database maintenance. Request, process and manage patient medical record information for external agencies according to legal and agency guidelines. Has working knowledge of ICD-9-CM / ICD-10-CM and CPT diagnostic codes and billing procedures.

RMCH Risk Manager (Florida-Licensed Risk Manager)

Qualifications: Bachelor's degree in a related field such as healthcare, finance, statistics, or risk management. Minimum two (2) years experience in healthcare risk management.

Specific Job Tasks: Proactively intervenes to prevent situations that can result in losses or liability. Identifies risks to the hospital, by reviewing past incidents and claims, hospital loss and liability reports, and local and national hospital-related incident or risk data and statistics. Monitors work environments to check for issues of compliance with existing policies and procedures, or coordinates with department managers to provide risk assessments about staff, patient or visitor safety.

RMCH EMR Specialist

Qualifications: Bachelor's degree in Business Administration, Computer Science, or related field preferred. 3-5 years of direct work experience in a business process analysis capacity, including all aspects of process analysis, mapping, and documentation. Healthcare experience preferred, Corrections experience a plus. Experience implementing and supporting Electronic Health Record (EHR) applications required. Demonstrated ability to analyze problems/issues, identify patterns and recommend creative solutions to complex problems. Demonstrates enthusiasm and commitment toward the job and the mission of the company; supports company goals and strategic priorities. Demonstrates a positive, can-do attitude. Able to partner and interact with all levels within the organization. Mature organizational, presentation and customer service skills. Excellent verbal and written communication skills. Able to multi-task and adapt to changes and shifting priorities with ease in a fast-paced environment.

Specific Job Tasks: Responsible for becoming the subject matter expert for all Electronic Health Record (EHR) functionality and understand the compliance requirements specifically for the RMC. Ensures that business needs are translated into comprehensive requirements and that new approved capabilities are successfully implemented across a wide range of systems and/or clinical applications. Plan, design, develop, and launch efficient business process flows and functional requirements for all Electronic Health Record (EHR) systems in support of core organizational functions and business processes. Responsible for the collection, evaluation, understanding, testing, and communication of requirements involved with building and implementation of systems and applications. Provide ongoing support including resolution of system issues, root cause analysis of problems, planning and testing of system upgrades and coordination of the development of enhancements with third party vendors. Apply communication, analytical, and problem-solving skills to help maximize the benefit of IS system investments and to assist in implementation of software solutions. Provide training as needed to site leaders and staff and work with corporate training team to ensure alignment in processes and procedures to meet standards. Work typically entails subject matter of moderately complex nature including the EHR. Position aids in supporting elements of a significantly complex IS infrastructure and workflow and will receive guidance from more senior IS team members or leadership.

REGIONAL LEADERSHIP POSITIONS

Regional Directors of Operations

Qualifications: Bachelor's degree in healthcare administration or related field required. MHA, MBA, or comparable postgraduate degree desirable. Minimum of four (4) years of management experience in a healthcare setting. Multi-site management experience highly desirable. Correctional healthcare experience preferred. Subject to initial and ongoing security clearance requirements.

Specific Job Tasks: The Regional Director of Operations (RDO) supervises multiple, regional administrative managers and is ultimately accountable for the delivery of contract services, including supervising personnel and budget, and liaison of services within the institutions of the region. The RDO is responsible for working collaboratively with the Healthcare Support Team to determine, implement and monitor the strategic direction and plan for assigned region. In addition to overseeing the management of the regional budget, the RDO develops and communicates an operational plan for the region. In conjunction with the Regional Medical Director (RMD), the RDO is responsible for establishing and maintaining effective clinical quality oversight. The RDO is ultimately responsible for the effective labor management of the region, ensuring contract staffing requirements are fulfilled. In addition to negotiating contract terms, amendments, extensions, and bids, the RDO is responsible for directing contract start-ups and closeouts. The RDO supervises the development and maintenance of a region-specific recruitment and selection strategy, focusing on identifying, developing, and promoting high performers. Ultimate accountability for collaborative, positive, productive relationships with the most senior client contacts is the responsibility of the RDO.

Regional Medical Directors (Clinicians)

Qualifications: M.D. or D.O. Degree required. Completion of residency in primary care specialty (Family Practice, Internal Medicine, Emergency Medicine, Public Health, or Occupational Medicine) preferred. Must be board certified, board eligible or qualified by the state laws/regulations to practice medicine. Must possess or be eligible for a license in the state in which supervisory services are rendered. Must satisfy all credentialing requirements of YesCare Health. Utilization Management experience. Must have minimum of 5 years clinical experience in Family Practice, Emergency Medicine, Internal Medicine, Public Health, or Occupational Medicine. Current hands-on BLS certification per YesCare Health Credentialing Policy.

Specific Job Tasks: Regional Medical Director (RMD) is primarily accountable for quality and of medical care provided to patients throughout their assigned region with both clinical and administrative responsibilities. Our RMDs collaborate with the Regional Vice Presidents of Operations to develop long lasting client partnerships by delivering safe, efficacious and cost-effective care.

Regional Mental Health Directors (Psychologists)

Qualifications: Doctoral degree in Psychology or related field from an accredited college or university. Current license as a psychologist in the state of employment. Minimum of 5 years' experience administering a mental health program. To include a thorough knowledge of principles and practices of mental health administration including strategic planning, evaluation of services, staffing and resource management. Ability to travel up to 15% to correctional facilities, regional offices, client and/or vendor sites. or related field is required. Experience specific to the field of corrections preferred.

Specific Job Tasks: Provides mental health program leadership and development. Responsible for the planning, directing, organizing, and coordinating statewide mental health services provided to the Department of Corrections. Primarily accountable for quality and cost of mental health care provided to inmates throughout the assigned area. This position will perform executive functions within the guidelines and expectations of the statewide healthcare contract and will be a member of the regional leadership team. Oversees the quality, standardization, and scope of mental health services. Collaborates with operations management to develop long lasting client partnerships by delivering cost effective care. Provides overall supervision for mental health services throughout assigned area.

Regional Dental Director (Dentist)

Qualifications: DDS or DMD degree. Current license in state of employment. Current DEA certification number. Three to Five (3-5) years required, preferably in a general practice residency and/or previous clinical dental experience.

Specific Job Tasks: Directs and provides dental health services to patient population. Interrelates and works effectively with patients, dental, medical and nursing staff, security, administrative and support staff.

Regional Directors of Nursing (Registered Nurse)

Qualifications: Graduate of an Accredited Nursing School required, and must be a master's level Registered Nurse, registered in state of employment. Current, unrestricted, non-probationary status license as a Registered Nurse. Current Basic Life Support/CPR Certification at the Medical Professional Level with AED Training. American Heart Association is the preferred source, but American Red Cross is acceptable. Specialty certification in correctional healthcare is desired (Certified Correctional Health Professional: CCHP, Certified Correctional Health Professional Nurse: CCHP-RN). 5 years clinical healthcare experience required with a minimum of 2 years in a correctional healthcare setting. At least 2 years of clinical operations management experience required preferably within a correctional health setting. Knowledge of accreditation standards (NCCHC, ACA & state-specific) as well as experience with quality improvement programs and clinical auditing preferred.

Specific Job Tasks: The Regional Director of Nursing (RDON) serves as a valued member of the YesCare Regional leadership team participating in decisions related to contract management, health care delivery, patient and staff safety, and client interfacing activities. The RDON is responsible for the overall management of nursing services, nursing education, nurse leader professional development, nursing research and nursing administration for the contract. The RDON serves as lead for all nursing practice matters including the Core Process Program implementation and on-going monitoring within his/her region. He/she is accountable for 24-hour delivery of patient care that promotes the safety and well-being of all patients. Along with the Statewide Medical Director (SWMD), the RDON collaborates with senior clinicians, consulting physicians and other vendors on issues related to the delivery of clinical services. The RDON participates in the development and implementation of YesCare policies and procedures. The RDON participates in the selection, on-boarding, and on-going evaluation of the Directors of Nursing (DONs) that are directing nursing care within their region. Working closely with the SWMD, the RDON ensures care is coordinated across all health care disciplines. The RDON performs responsibilities consistent with YesCare's guiding values.

Regional Infection Control Nurse (Registered Nurses)

Qualifications: Baccalaureate Degree in Nursing, Infection Control or five (5) plus years commiserate experience. Current CPR Certification. Graduate from an accredited School of Nursing. Minimum of one (1) year of clinical experience preferred. Knowledge of microbiology, epidemiology, and antibiotic use, a plus. Strong technical experience (Microsoft word, excel, etc.). Correctional Experience, a plus. Strong interpersonal skills. Strong verbal and written communication skills. Possess cognitive skills necessary to understanding terminology, medical records, and instructions. Possess skills in establishing and maintaining effective working relationships with patients, staff, and custody. Possess ability to organize and carry out work assignments with minimal supervision and to prioritize work assignments and departmental responsibilities. Strong researcher in infection prevention and control. Demonstrated experience maintain multiple deadlines. Ability to competently manage multiple priorities simultaneously. Ability to work in a stressful environment. Respect and maintain confidentiality.

Specific Job Tasks: The Regional Infection Control Nurse Coordinator plans, develops, directs, implements, and evaluates infection prevention within all correctional facilities in the state. The position serves to instruct staff in proper infection control procedure, identify infection trends, and investigates infection control problems. Serves as Lead Infection Control Coordinator for all Regions in the state.

Supports Regional Director of Nursing in coordination of Statewide Infection Control initiatives. In addition, the ICC generates reports containing data used to analyze trends at the statewide level.

Regional QM Program Coordinators

Qualifications: Professional degree/diploma in Nursing in current state. At least one (1) year healthcare industry experience. Two years of quality, compliance analysis experience preferred. Quality Improvement/Assurance certification preferred. Experience using Excel, Word, and Outlook. Effective time management skills. Strong process related analytical and data collection skills. Current CPR certification. Subject to initial and on-going security clearance requirements.

Specific Job Tasks: Supports the continuous improvement of services by collecting and analyzing data related to the quality and quantity of services provided and the effectiveness of those services in meeting clients' needs and facilitates implementation of improvement activities. Interfaces regularly with mental health and medical staff, security staff at all levels, administrative staff, support staff and facility QI committee. Responsible for overall functions of the QI process. This position works closely with the client on development of statewide program and process improvement issues often within the client's operational headquarters.

Regional Recruitment Coordinators

Qualifications: Bachelor's Degree in Marketing, Business, Human Resources, or equivalent years of experience.

Specific Job Tasks: Responsible for candidate lead generation, pre-screening and appropriate follow-up for providers in designated geographical area. Recruit quality providers through the development and implementation of a comprehensive and strategic recruitment plan in accordance with the needs and goals of the company. Fill assigned openings according to time-to-fill and other key metrics established for the department / company for assigned geographic area. Maintain talent management database of all candidate information to include curriculum vitae, contact information, internal referrals, follow-up information, correspondence, and candidate records.

American Sign Language Staff Interpreter – Region 2

Qualifications: Fluency in multiple languages required; preferred languages will be specified. Bachelors degree preferred. At least three years of related experience required. Fluency in and thorough understanding of the primary language(s) being translated. Superior verbal and written communication skills in the applicable languages. Excellent listening skills and auditory recall to remember spoken words and to accurately reproduce them in the desired language. Proficient in Microsoft Office Suite or related software. Ability to appropriately understand and respond to culturally sensitive situations, perspectives, and phrases. Ability to work well under pressure and in intense situations.

Specific Job Tasks: Carefully listens to or reads content including jargon and acronyms in the original language. Understands and analyzes what is being said or written, and effectively and accurately translates the message, intent, and nuances being communicated. Reproduces statements or questions in the desired output language. Facilitates effective communication among individuals, companies, courts, schools, or other interested parties. Provides simultaneous interpretation (SI) or consecutive interpretation (CI) depending on the desired outcome.

Regional EMR Specialists

Qualifications: Bachelor's degree in Business Administration, Computer Science, or related field preferred. 3-5 years of direct work experience in a business process analysis capacity, including all aspects of process analysis, mapping, and documentation. Healthcare experience preferred, Corrections experience a plus. Experience implementing and supporting Electronic Health Record (EHR) applications required. Demonstrated ability to analyze problems/issues, identify patterns and recommend creative solutions to complex problems. Demonstrates enthusiasm and commitment toward the job and the mission of the company; supports company goals and strategic priorities. Demonstrates a positive, can-do attitude. Able to partner and interact with all levels within the organization. Mature organizational,

presentation and customer service skills. Excellent verbal and written communication skills. Able to multi-task and adapt to changes and shifting priorities with ease in a fast-paced environment.
Specific Job Tasks: Responsible for becoming the subject matter expert for all Electronic Health Record (EHR) functionality and understand the compliance requirements for this contract including the RMC. Ensures that business needs are translated into comprehensive requirements and that new approved capabilities are successfully implemented across a wide range of systems and/or clinical applications. Plan, design, develop, and launch efficient business process flows and functional requirements for all Electronic Health Record (EHR) systems in support of core organizational functions and business processes. Responsible for the collection, evaluation, understanding, testing, and communication of requirements involved with building and implementation of systems and applications. Provide ongoing support including resolution of system issues, root cause analysis of problems, planning and testing of system upgrades and coordination of the development of enhancements with third party vendors. Apply communication, analytical, and problem-solving skills to help maximize the benefit of IS system investments and to assist in implementation of software solutions. Provide training as needed to site leaders and staff and work with corporate training team to ensure alignment in processes and procedures to meet standards. Work typically entails subject matter of moderately complex nature including the EHR. Position aids in supporting elements of a significantly complex IS infrastructure and workflow and will receive guidance from more senior IS team members or leadership.

Regional IT Project Manager

Qualifications: Bachelor's Degree in healthcare administration, public health, statistics, sociology Relevant Master's Degree preferred. Four years' experience in Quality Improvement and EHR information management. Quality Improvement/Assurance Certification preferred. Experience in a correctional setting preferred. Current CPR Certification. Must receive satisfactory background investigations and maintain security clearances.
Specific Job Tasks: Responsible for the overall direction, coordination, implementation, execution, control and completion of IT) projects and/or assist other PMs on assigned tasks to complete IT projects ensuring consistency with company strategy, commitments and goals. Manage cross-functional business and IT resources and clients' resources to define initial project scope and to deliver solution within scope, on time and on budget. Manage or assist with the planning, and executing aspects of complex, multifaceted/interrelated projects according to Project Management Institute (PMI) guidelines that span single area or multiple department boundaries. Schedule, communicate, and coordinate with resources including team members, third-party contractors, consultants, and clients to ensure the delivery of projects according to defined scope, quality, time, and budget. Manage all changes through change control processes with complete understanding of impacts to schedule, personnel and costs.

Regional IT Technician

Qualifications: Current valid RN or LPN license. Strong knowledge of clinical processes skills. 1-3 years of clinical experience, Correctional setting preferred. Willingness to learn the details of specific applications related to the EMR. Working knowledge of the computer including Windows, Excel, Word, Visio, Outlook; ability to gather data, compile information and prepare reports; ability to communicate effectively, both orally and in writing; ability to maintain calendar. Ability to work under pressure. Ability to prioritize assignments and complete tasks within a designated time frame. Effective communication skills in a group setting including training and presentations. Effective listening skills. An understanding of the user requirements when developing an appropriate solution within the application.
Specific Job Tasks: Support and maintain in-house technology equipment and IT assets. Install, configure, diagnose, repair and upgrade all corporate hardware and equipment while ensuring its optimal performance. Troubleshoot problem areas in a timely and accurate fashion. Provide end user training and assistance where required. Work typically entails subject matter of moderately complex

nature. Incumbents may assist in supporting elements of a significantly complex process and may occasionally receive guidance from more senior team members or leadership.

Regional HRBP

Qualifications: 7+ Years of experience as Human Resources at a professional level with managerial responsibility. Experience in Healthcare Environment preferred. PHR/SPHR, SHRM-CP/SHRM-SCP certification preferred. Experience in managing in multiple states. Bachelor's degree required in Human Resources or related field. Master's degree/MBA preferred. Proficiency in MS Office. Ability to communicate effectively verbally and in writing. Knowledge of the legal environment at National, State, and Local levels.

Specific Job Tasks: The HR business partner (HRBP) position is responsible for aligning business objectives with employees and management in designated business units. The position serves as a consultant to management on human resource-related issues. The successful HRBP acts as an employee champion and change agent. The role assesses and anticipates HR-related needs. Communicating needs proactively with our HR department and business management, the HRBP seeks to develop integrated solutions. The position formulates partnerships across the HR function to deliver value-added service to management and employees that reflects the business objectives of the organization.

Regional RN Education Training Coordinator

Qualifications: Current, unrestricted license as a Registered Nurse in the state of employment required. Bachelor or Master's Degree in Nursing preferred. Basic Life Support Certified preferred. At least two (2) years of experience in a correctional health environment and staff development or training experience in a clinical/healthcare setting equivalent required. Knowledge of accreditation standards (NCCHC, ACA & state-specific) as well as experience with quality improvement programs and pervious clinical auditing experience preferred. Proficient with the MS Office Suite (Excel, Word, Outlook, and PowerPoint). Able to work and manage time effectively in a fast-paced, high pressure environment. Knowledge of Learning Management System, Adult Learning Theory and Instructional Design experience preferred.

Specific Job Tasks: The Nurse (RN) Senior Clinical Education & Training Specialist reports through Nursing Services or HR Training and supports training and development of the organization's employees by providing up to date, effective training materials. This position will research, plan, organize and conduct training programs and workshops as assigned. In addition, they will actively search, creatively design, and implement effective methods to educate and enhance performance.

Statewide Telehealth Coordinator

Qualifications: Bachelor's degree in Health care related field preferred. Equivalent combination of education and experience considered in lieu of degree. Experience in the delivery of virtual care. Working knowledge of medical theory, clinical practice, patient care, medical terminology. Working knowledge of the use of computers, associated software applications, office equipment, and medical equipment and peripherals (e.g., stethoscope.) Ability to develop efficient and effective workflows for consistent, high quality remote healthcare delivery. Experience using Excel, Word, and Outlook.

Specific Job Tasks: The Telemedicine Coordinator reports to the Vice President of Operations and works with off-site providers, specialists, and YesCare healthcare staff to coordinate Telehealth Services for the Department of Corrections. The Telehealth Coordinator, operating from a Regional Office, will provide education, technical support, and overall program guidance to ensure the telehealth component of the healthcare services program is fully utilized.

Regional Administrative Assistant

Qualifications: Bachelor's Degree in Business or related field required. 7+ years of Executive Administrative assistance support expertise. Intermediate Microsoft Office skills – Outlook, Word, Excel, Power Point Strong verbal and written and presentation communication skills. Ability to effectively present information in one-on-one and group situations to customers, clients and other employees of the organization.

Specific Job Tasks: Provides and supports general office and HR functions to the Regional Office.

Regional Re-entry Coordinators

Qualifications: Bachelor's degree in Social Work, Human Services or Healthcare required. Master's degree preferred. Five (5) years in correctional health care/public health, five (5) years in case management, discharge planning with corrections reentry experience preferred. Working knowledge of Microsoft Office, Word, Excel, and Internet Applications.

Specific Job Tasks: The position will develop, maintain, and track appropriate linkages through interaction and involvement with the Reentry Process and referral arrangements between the DOC and community providers of medical and mental health services to insure a continuum of care.

Finance Director

Qualifications: Bachelor's degree in Business, Finance, or Healthcare Administration. Master's degree preferred. Two (2) or more years of experience performing research and analysis in health care delivery system. Strong tactical planning, organizational, analytical and PC skills required.

Specific Job Tasks: Analyze, review, forecast, and trend facility data while incorporating considerations for processes impacting the entire contract. Determine operational objectives by studying business functions, gathering information, and formats. Present analysis and interpretation for operational and business review and planning. Design new programs by analyzing requirements, developing workflow charts, and diagrams, studying system capabilities, identifying gaps, and developing specifications.

Regional Vice President of Operations

Qualifications: Bachelor's degree in Healthcare Administration, Business or related field required. MHA, MBA, or comparable postgraduate degree preferred. Minimum of seven (7) years of management experience in a healthcare setting if Master's prepared. Minimum of eight (8) years of management experience in a healthcare setting if Bachelor's prepared. Multi-site healthcare management experience required. Strong analytical and financial acumen required. Excellent leadership and communication skills; ability to prioritize and align others to vision. High client service orientation. Correctional healthcare experience a plus but not required. Willingness to "roll up sleeves" and evaluate operations first-hand, applies thoughtful judgment and problem-solving skills. Demonstrates maturity, credibility and self-confidence to function effectively in demanding environment as a balance of both strategic and hands-on leader. Expert in operating Windows Office Suite applications and ability to learn computer applications. Subject to initial and ongoing security clearance requirements.

Specific Job Tasks: The Vice President Operations (VPO) is ultimately accountable for the delivery of YesCare's healthcare services within an assigned region and contract(s). The VPO works collaboratively with YesCare's operational and corporate leadership to determine, implement, and manage the strategic direction and plan for their region. In conjunction with executive medical leadership, the VPO is responsible for establishing and maintaining effective clinical quality oversight for their assigned region. The VPO negotiates contract terms, amendments, and extensions and is the proactive leader with development of new bids- proactively identifying potential business opportunities and participating in the pursuit of new contracts and clients. Travels within the regions and to corporate office as required based upon business need.

Patient Advocacy Representative

Qualifications: Preferred clinical experience as an LPN or RN

Specific Job Tasks: The duties and responsibilities of a Patient Advocate involve serving as a liaison between patients and health professionals. There are varied duties and responsibilities depending on the type of advocate and what the patient needs, including: Clarifying options to patients on their choice for hospitals, doctors, and treatments. Getting information for patients and asking specific questions. Writing down information and answers to questions for patients. Solving conflicts and crisis situations with health care professionals and family members.

INSTITUTIONAL LEADERSHIP POSITIONS

Health Services Administrator (HSA) (Administrator or Registered Nurse)

Qualifications: Bachelor's degree in healthcare administration/related field required. Licensed or Registered Nurse required in lieu of degree. Minimum of three (3) years of management experience in a healthcare setting. Correctional healthcare experience preferred. Subject to initial and ongoing security clearance requirements. Occasional travel required. Must maintain a current CPR certification.

Specific Job Tasks: The Health Services Administrator (HSA) is the chief administrative manager of the on-site health services department. The HSA is accountable for the delivery of contract services and ensuring that YesCare complies with all aspects of the client contract. In addition to managing the site budget, the HSA constructs and supervises an annual operational plan. The HSA is responsible for developing and maintaining positive, professional, collaborative relationships with clients (warden, supervisor, and/or equivalent client role) and ensuring customer satisfaction.

Chief Health Officer (CHO) (Clinician/Doctor/Site Medical Director) (SMD)

Qualifications: M.D. or D.O. Degree required. Completion of residency in primary care specialty (Family Practice, Internal Medicine, Emergency Medicine, Public Health, or Occupational Medicine) preferred. Must be board certified, board eligible or qualified by the state laws/regulations to practice medicine. Must possess or be eligible for a license in the state in which supervisory services are rendered. Must satisfy all credentialing requirements of YesCare Health. Utilization Management experience. Must have minimum of 5 years clinical experience in Family Practice, Emergency Medicine, Internal Medicine, Public Health, or Occupational Medicine. Current hands-on BLS certification per YesCare Health Credentialing Policy.

Specific Job Tasks: The CHO is primarily accountable for quality and of medical care provided to patients throughout the DOC with both clinical and administrative responsibilities. The CHO provides guidance and resources to RMDs and SMDs as needed.

Psychological Services Director (Psychologist)

Qualifications: Doctoral degree in Psychology or related field is required. Holds a current license as a Psychologist in the State of employment. Current HSPP endorsement or eligibility to deliver clinical mental health services under supervision until license and HSPP endorsement is gained is required. Subject to initial and ongoing security clearance requirements.

Specific Job Tasks: Responsible to provide direct clinical services, consultation services and supervisory services in accordance with policies and procedures of YesCare, policies and regulations of the client state statutes concerning the delivery and practice of clinical mental health services, and in accordance with ethics and standards of the staff member's discipline.

Director of Nursing (Registered Nurse)

Qualifications: Associate degree or RN Diploma required. Bachelor's degree in Nursing highly preferred. Three (3) to Five (5) years of progressively responsible professional experience in healthcare / nursing administration. Three (3) to Five (5) year of professional nursing experience. Active RN license in state where position is located with unrestricted/non probationary status. Specialty certification desired (i.e., CCHP, ACHE, etc.). Current Basic Life Support (BLS) Certification. Experience using Excel, Word, and Outlook. Requires critical thinking, organizational, decisive judgment, communication, good customer service skills. Must be able to handle multiple tasks, be able to work in a stressful environment and take appropriate actions as needed. Must always follow YesCare and departmental policies and procedures. Subject to initial and ongoing security clearance requirement.

Specific Job Tasks: A Director of Nursing oversees the nursing staff and overall nursing operations of their healthcare facility. Their duties include evaluating and directing all nursing employees, establishing goals for the nursing department, and creating and enforcing compliant healthcare policies. This is a supervisory nursing position working in a correctional setting in which nursing services are required on a 24-hour basis. Supervises and coordinates activities of nursing personnel in one or more patient care

units. Verifies that patients' needs are met and evaluates unit nursing care and performance. Participates in planning of work of assigned units and coordinates activities with other patient units/departments. Plans and organizes training for unit staff members. Participates in guidance and educational programs

Assistant Director of Nursing (Registered Nurse)

Qualifications: Graduate of an Accredited Nursing School required. Bachelor or master's degree in Nursing preferred. Current, unrestricted, non-probationary status license as a Registered Nurse in the state where the position is located. Current Basic Life Support/CPR Certification at the Medical Professional Level with AED Training. American Heart Association is the preferred source, but American Red Cross is acceptable. Specialty certification in correctional healthcare is desired (Certified Correctional Health Professional: CCHP, Certified Correctional Health Professional Nurse: CCHP-RN). Minimum of 3 years of clinical experience in a healthcare setting, with correctional healthcare experience is preferred. Previous clinical operations management experience is preferred; previous direct management experience within a correctional health setting is desired. Knowledge of accreditation standards (NCCHC, ACA & state-specific) as well as experience with quality improvement programs and clinical auditing preferred. Knowledge of Excel, Word, Outlook, SharePoint and PowerPoint required. Previous experience and knowledge in working with Electronic Medical Record systems is required. Satisfactory completion of initial and annual clinical competencies to demonstrate aptitude and fulfill essential job role duties. Maintain current licensure and certification(s) required to perform role/job.

Specific Job Tasks: This is an assistant supervisory nursing position working in a correctional setting in which nursing services are required on a 24-hour basis. Supervises and coordinates activities of nursing personnel in one or more patient care units. Verifies that patients' needs are met, evaluates nursing care and patient care unit performance. Participates in planning of work of assigned units and coordinates activities with other patient units/departments. Plans and organizes training for staff members. Works in partnership with the Director of Nursing (DON) if applicable, Health Services Administrator (HSA) and Regional Leadership to fulfill contractual requirements and achieve operational and clinical performance targets.

Nurse Manager (Registered Nurse)

Qualifications: Three (3) years of progressively responsible professional experience; or BS in Nursing with two years of professional experience, or a master's degree with one-year professional experience. Annual CPR training recertification. Experience using Excel, Word, and Outlook. Effective time management skills. Subject to initial and ongoing security clearance requirement.

Specific Job Tasks: Under the supervision of the Director of Nursing, administers the nursing program in the Health Care Unit.

Infection Control Nurse (Florida-licensed Registered Nurse)

Qualifications: Minimum of two (2) years' experience as an Infection Control Nurse. Graduate of an accredited school of nursing with current licensure as a Licensed Practical Nurse (LPN) or Registered Nurse (RN) in state of employment (RN preferred). Must receive a satisfactory background investigation report.

Specific Job Tasks: Develop, implement, monitor, and evaluate the Infection Control Program. Responsible for overall management and coordination of the program. Provide surveillance to identify, investigate and record data concerning infections and initiate infection control measures as directed by the Infection Control Committee.

Dentist (Florida-licensed or Board of Dentistry-approved)

Qualifications: Currently licensed in the state. Maintains current DEA number

Specific Job Tasks: Provides dental services and direct patient care to patients. Clinical examination of admissions and, as indicated, treatment of patient's needs.

Oral Surgeon

Qualifications: Graduate of an accredited medical school. Fully licensed to practice medicine in the state of employment. Current DEA registration. Preferable board certified or board eligible in primary care specialty (Family Practice, Internal Medicine, Emergency Medicine, Public Health or Occupational Medicine) with administrative experience in corrections and/or managed healthcare delivery.
Specific Job Tasks: Examines, diagnoses, and treats oral abnormalities through surgery. Diagnoses and treats conditions, defects, injuries, and esthetic aspects of the mouth, teeth, jaws, face, and related head and neck structure with surgery. Evaluates symptoms, upon examination of patient, to verify necessity of oral surgery, estimates possible risk to patient, and determines best operational procedure. Executes difficult and multiple extraction of teeth. Removes tumors and other abnormal growths.

Medical Records Clerk

Qualifications: High School graduate or equivalent. One (1) year medical records experience. Familiarity with the Problem Oriented Medical Record (SOAP) system essential. Must receive a satisfactory background report.
Specific Job Tasks: Responsible and accountable for the maintenance of health records. Organizes and maintains a system of files and records concerning diagnoses, treatments, admissions, and discharges.

FIELD POSITIONS

Activity Technician

Qualifications: High School Diploma or equivalent. Subject to initial and ongoing security clearance requirements.
Specific Job Tasks: Provides routine care for mentally impaired or emotionally disturbed patients under the direction of the nursing and medical staff.

Administrative Assistant – Medical/Mental Health

Qualifications: At least 2 years of administrative experience or the equivalent of education and experience. Must possess a good working knowledge of all Microsoft Office applications, including: Word, Excel, Outlook and PowerPoint. Ability to gather data, compile information and prepare reports. Ability to communicate effectively, both orally and in writing; ability to maintain calendars and schedule appointments. Ability to divide attention among several tasks and to prioritize tasks. Satisfactory background investigation report.
Specific Job Tasks
Perform general administrative office assignments, medical record keeping and functions as a communications link to and within the healthcare unit as appropriate

Case Manager

Qualifications: Graduate of an accredited School of Nursing. Licensure as a Registered Nurse in the state of employment. Certification in CPUR or CCM. Five (5) years of clinical experience. One (1) to Three (3) years of utilization experience. Experienced in chart and medical review. Experienced in working with physicians and other allied health professionals. Experienced with automated systems. Corrections experience preferred.
Specific Job Tasks: Follow-up and discharge planning with the attending physician and site Medical Director including but not limited to: Maintain a daily count of available infirmary beds within the system. Daily contact with the State Medical Directory/Infirmary Medical Directors relating to the pending discharges for proper placement. Arrange for special equipment required for patient discharge, and follow-up of delivery of equipment. Retrospective chart review of questionable hospitalizations in outlying hospitals when indicated. Chart audit of inpatient charges.

Dental Assistant

Qualifications: High school diploma or equivalent. Dental assistant experience preferred. Must have current CPR certification. Subject to initial and ongoing security clearance requirements.

Specific Job Tasks: Under direct supervision, performs nonprofessional work assisting the dentist with patient care, instruments, supplies and records.

Dental Hygienist

Qualifications: High school diploma or equivalent. A minimum of one (1) year of experience. Must have completed accredited training appropriate to the field. Must receive a satisfactory background investigation report.

Specific Job Tasks: Scale and polish teeth and roots. Remove sutures. Take study models. Polish amalgam restorations. Place and remove rubber dams. Assist dentist in administering fluoride treatments. Instruct inmates in proper dental hygiene. Develop oral hygiene education program for inmates. Assist dentist in completing diagnostic x-rays.

Laboratory Technician

Qualifications: Associate degree in medical laboratory technology or equivalent; with approved coursework for State of Florida requirements and licensure/certification. Minimum one (1) year of related experience.

Specific Job Functions: Performs test procedures with the degree of skill commensurate with individual education, training, experience and technical abilities. As directed by the State of Florida Board of Clinical Laboratory Personnel, he/she works under the direct supervision of a Medical Laboratory Supervisor or Director. Ensures that all laboratory testing is performed according to established protocols or procedures. Exercise professional judgment in evaluation and assessment of test performance, sample integrity, result accuracy and validity. He/she follows all safety practices and maintains ongoing competency to ensure high quality testing services.

Licensed Behavioral Health Professional (MHP)

Qualifications: Master's degree in Social Work, Counseling Psychology or Other Related Mental Health discipline. Unrestricted, current license in the state of practice - LCSW, LMFT, LPC, LMHC, or Psychologist. Must maintain all licensures, certifications, continuing educational requirements, etc. Counseling experience in a correctional setting preferred. BLS (Basic Life Support) Certification.

Specific Job Tasks: Provides evidence-based behavioral health services as a member of the multi-disciplinary clinical team.

Licensed Practical Nurse – Medical/Mental Health

Qualifications: Graduate from a Licensed Practical Nursing program. Currently licensed as a Practical Nurse in the state of employment. Possesses an active CPR certification. Remains knowledgeable about specific state laws and regulations governing practice. Satisfactory completion of initial and annual clinical competencies to demonstrate aptitude as assigned by role.

Specific Job Tasks: Delivers quality care that is consistent within the scope of practice as outlined by the local state nurse practice act for Licensed Practical/Vocational Nurses. Responsible for tasks, activities and functions as delegated and may make assignment of duties to others as defined in their state of practice act. Ensure that tasks, activities and functions assigned to others can safely be performed by the person receiving the assignment based on their educational preparation. Provides monitoring of tasks, activities and functions that are assigned to others to ensure proper understanding and completion. Monitors onsite and offsite scheduling, follow up on patient care from offsite appointments along with telemedicine.

Medical Director

Qualifications: Graduate of an accredited medical school. Fully licensed to practice medicine in the state. Current DEA registration. Preferable board certified or board eligible in primary care specialty (family practice, internal medicine, or surgery) with administrative experience in corrections and/or managed healthcare delivery.

Specific Job Tasks: Serves as the responsible physician and health authority required by national standards. Provides overall supervision for clinical services for the site to ensure appropriate delivery of on site and off site necessary medical care. This level supervises other on-site regular physicians.

Medical Records Supervisor

Qualifications: Responsible for implementing and maintaining a standardized medical records system.
Specific Job Tasks: Graduate of an approved Accredited Records Technician (ART) program. ICD-9 CM coding knowledge.
Must have a minimum of two years' experience in medical records and one year of supervisory experience.

Medical Technician

Qualifications: Healthcare BLS. Required successful completion of an Emergency Medical Technician, Paramedic course. Preferred correctional experience.
Specific Job Tasks: Provide patient care to inmates under the direction of the Medical Director or Administrator.
within scope of practice.

Mental Health Director

Qualifications: Doctoral degree in Psychology or related field is required. Holds a current license as a Psychologist in the State of employment. Current HSPP endorsement or eligibility to deliver clinical mental health services under supervision until license and HSPP endorsement is gained is required. Subject to initial and ongoing security clearance requirements.
Specific Job Tasks: Responsible to provide direct clinical services, consultation services and supervisory services in accordance with policies and procedures of YesCare, policies and regulations of the client, state statutes concerning the delivery and practice of clinical mental health services, and in accordance with ethics and standards of the staff member's discipline.

Midlevel (NP / PA) – Medical/Mental Health

Qualifications: Graduate of an accredited program. Holds a current license to practice in the state where facility is located. Certified or eligible for certification in the scope of practice. Competent to perform responsibilities as defined by state's practice act. Maintains current CPR certificate.
Specific Job Tasks: Provides direct care to inmates in the correctional institution and provides emergency care to staff while observing and maintaining the requirements of security

Nursing Assistant – Medical/Mental Health

Qualifications: High school graduate or equivalent. Certified by professional organization in the state. Subject to initial and ongoing security clearance requirements.
Specific Job Tasks: Assists physicians and nurses to meet health care needs of patients.

Phlebotomist

Qualifications: Completion of an accredited program in phlebotomy technology. Minimum of one year phlebotomy experience. Subject to initial and ongoing security clearance. Current CPR Certification.
Specific Job Tasks: Venipuncture and laboratory test as ordered by a physician within the capability of the facility.

Psychiatrist

Qualifications: Must be a graduate of medical school and have completed an appropriate psychiatric residency. Corrections experience preferred.
Specific Job Tasks: Provide diagnostic evaluation and treatment to patients on the Mental Health Inpatient Unit. Provide psychiatric consultation, diagnosis, and treatment to inmates. Provide clinical direction, general supervision, and training to the Mental Health Unit staff. Approve, sign, and monitor the implementation and efficiency of all treatment plans. Create discharge plans to insure appropriate follow-up and support after discharge from the institution's unit.

Psychologist (PhD)

Qualifications: Doctoral degree in Psychology or related field is required. Holds a current license as a Psychologist in the State of employment. Current HSPP endorsement or eligibility to deliver clinical mental health services under supervision until license and HSPP endorsement is gained is required. Subject to initial and ongoing security clearance requirements.

Specific Job Tasks: Responsible to provide direct clinical services, consultation services and supervisory services in accordance with policies and procedures of YesCare, policies and regulations of the Department of Correction, state statutes concerning the delivery and practice of clinical mental health services, and in accordance with ethics and standards of the staff member's discipline.

Registered Nurse (RN) – Medical/Mental Health

Qualifications: Graduate of an accredited School of Nursing. Current valid state license for Registered Nurse. Possesses an active CPR certification. Remains knowledgeable about specific state laws and regulations governing practice. Satisfactory completion of initial and annual clinical competencies to demonstrate aptitude as assigned by role.

Specific Job Tasks: Utilizes the nursing process to meet a variety of healthcare needs with ambulatory care as primary focus. Works with a variety of healthcare professionals and security officers in a correctional environment. Frequently functions guided by nursing protocols.

Respiratory Therapist

Qualifications: Florida RRT State License. BLS health care provider; ACLS preferred. Graduate of an accredited Respiratory Care program. Minimum of 2 year of respiratory therapy experience.

Specific Job Tasks: The Respiratory Therapist provides treatment, care and evaluation for patients with respiratory insufficiencies using multiple modalities.

Registered Nurse Manager

Qualifications: Three (3) years of progressively responsible professional experience; or BS in Nursing with two years of professional experience, or a master's degree with one-year professional experience. Annual CPR training recertification. Experience using Excel, Word, and Outlook. Effective time management skills. Subject to initial and ongoing security clearance requirement

Specific Job Tasks: Under the supervision of the Director of Nursing, administers the nursing program in the Health Care Unit.

Staff Physician

Qualifications: Licensed physician in state of employment. Current DEA registration. Board certified or eligible, or qualified by state laws/regulations to practice medicine.

Specific Job Tasks: Under supervision of the Site Medical Director with broad latitude for independent judgment and initiative, the Staff Physician is an integral part of the medical team at his/her facility. Expected to take a leading role in the delivery of health care services to our patients. In addition, he/she is responsible for the supervision of the Physician Assistants and Nurse Practitioners.

ATTACHMENT VI – VENDOR'S REFERENCE FORM
FDC ITN-22-042

In the spaces provided below, the Vendor shall list all names under which it has operated during the past five (5) years.

None

On the following pages, the Vendor shall provide the information indicated for three (3) separate and verifiable references. The references listed must be for businesses or government agencies for whom the Vendor has provided services of similar scope and size to the services identified in the ITN. The same reference may not be listed for more than one (1) organization and confidential references shall not be included. In the event the Vendor has had a name change since the time work was performed for a listed reference, the name under which the Vendor operated at that time must be provided in the space provided for Vendor's Name.

References that are listed as subcontractors in the response will not be accepted as references under this solicitation. Additionally, References shall pertain to current and ongoing services or those that were completed prior to January 1, 2021. References shall not be given by:

- Persons employed by the Department within the past three (3) years.
- Persons currently or formerly employed or supervised by the Vendor or its affiliates.
- Board members within the Vendor's organization.
- Relatives of any of the above.

The Department will attempt to contact the three (3) references provided by the Vendor to complete the Evaluation Questionnaire for references. The total number of references contacted to complete an Evaluation Questionnaire for Past Performance for any response will be three (3).

References should be available for contact during normal business hours, 9:00 a.m. – 5:00 p.m., Local Time. The Department will attempt to contact each reference by telephone up to three (3) times. The Department will not correct incorrectly supplied information.

Additionally, the Department reserves the right to contact references other than those identified by the Vendor to obtain additional information regarding past performance.

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Vendor's Reference Form

Reference #1

Vendor's Name: CHS FL LLC

Reference's Name: Idaho Department of Corrections

Address: 1299 North Orchard St., Suite 110, Boise, ID 83720

Josh Tewalt
Primary Contact Person:

Alternate Contact Person:

208-658-2014
Primary Phone Number:

Alternate Phone Number:

July 2005 - September 2021
Contract Performance Period:

State of Idaho
Location of Services:

Brief description of the services performed for this reference:

Medical, Dental, Behavioral Health, Pharmacy, and Ancillary/Support Services

Contract Highlights

- Partnered with St. Luke's Health Systems and the IDOC's South Boise Women's Correctional Center to create the St. Luke's and South Boise **Women's Birth & Parenting Classes** for incarcerated pregnant women.
- Partnered with the Central District Health Department to **provide birth control management options to women returning to the community**.
- Partnered with the IDOC to launch an **interactive reentry website specific to Idaho's communities**. The website features a variety of reentry services and resource listings and is available for incarcerated individuals, their families, or caregivers, and the IDOC staff.
- Recognizing an increase in sedentary lifestyles, falls, and deconditioning in the older resident population, physical therapists worked with custody at Idaho State Correctional Institution to **implement the Idaho Department of Welfare's *Fit and Fall Proof Program***. The program, which is voluntary and free of charge, is designed to improve balance, flexibility, strength, and endurance in older individuals.

Vendor's Reference Form

Reference #2

Vendor's Name: CHS FL LLC

Reference's Name: Maryland DPSCS

Address: 6776 Reisterstown Road, Suite 315 Baltimore, MD 21215

Robert Green, MD

Primary Contact Person:

Alternate Contact Person:

410-371-6761

Primary Phone Number:

Alternate Phone Number:

January 2019 - Present

Contract Performance Period:

State of Maryland

Location of Services:

Brief description of the services performed for this reference:

Medical, Utilization Management, Reentry Services

Contract Highlights

- **Opioid Treatment Program:** Begun as a pilot program in 2008, the Opioid Treatment Program currently supports three detention facilities: Baltimore Central Booking and Intake Center, Maryland Transitional Center, and Maryland Correctional Institution for Women. Patients are maintained on Methadone until sentenced, released, or sent to a non-Methadone Maintenance Treatment facility for administrative segregation. The program is licensed by the Behavioral Health Administration, certified by the Substance Abuse Mental Health Services and Administration, and accredited by NCCHC. The program significantly decreased ER rate and helped alleviate moder to severe withdrawal symptoms.
- **Women's Health Education Program:** The women's health education program begins at intake and includes comprehensive family planning services, including contraceptive options, preconception counseling to decrease the risk of unintended pregnancy, and education related to STIs, HIV, hepatitis A,B and C, normal and abnormal discharges, pap smear, mammograms, cervical and breast cancer, breast feeding, nutrition, exercise during pregnancy, pregnancy spotting and cramping, first trimester terminations of pregnancy, alcohol and drug abuse, and trauma. A voluntary program, participants choose areas of interest to them from a formal curriculum which also positions them for a successful discharge from custody.
- **Partnership with US Acute Care Solutions (USACS)** successfully utilized telemedicine technology to facilitate access to patient care by allowing a remote connection through video between a clinician and a patient or a clinician and other clinicians. The proven strengths of this telemedicine partnership are accessibility, timeliness, quality improvement, addressing surge/staffing needs, and risk mitigation through access to consultation. Another great benefit is that the relationships between USACS, the major academic hospital networks, and other state agencies (State Department of Health) in Maryland optimized triage of services in/out of the facility and minimized expected prolonged LOS during the pandemic. This relationship contributed substantially to reducing the COVID infection rate to single-digit percentages.

Vendor's Reference Form

Reference #3

Vendor's Name: CHS FL LLC

Reference's Name: Wyoming Department of Corrections

Address: 1934 Wyott Drive, #100

Dan Shannon	Heather Babbitt
Primary Contact Person:	**Alternate Contact Person:**
307-777-8770	307-777-5278
Primary Phone Number:	**Alternate Phone Number:**
July 2005 - Present	
Contract Performance Period:	
State of Wyoming	
Location of Services:	

Brief description of the services performed for this reference:

Medical, Dental, Behavioral Health, Pharmacy, Reentry Services, MAT Program, and Ancillary/Support Services

Contract Highlights

- Established the **Take Charge Weight Loss Program** at the Wyoming Honor Conservation Camp, which has served as a model for similar programs across YesCare's other sites. To date, participants have lost over 2,500 pounds, and some were able to discontinue their chronic care medications and even terminate their chronic care. The program was presented at the 2014 ACA Conference and won the NCCHC Program of the Year Award, as well as United State Senate's Office recognition.
- Partnered with the WDOC, WY Department of Health's Behavioral Health Division, and community-based treatment providers to **implement a medication assisted treatment program utilizing Vivitrol**.
- **Implemented an Orderly program** to help inmates unable to carry out all daily living activities. Trained orderlies perform certain tasks and are also able to quickly notify medical staff if the need arises. They can also provide companionship and emotional support.
- Partnered with the WDOC to **design and implement Restrictive Housing**.
- **Introduced an Inmate Peer Support Program** in the Wyoming Medium Correctional Institution's Chronic Mental Health Wing to provide support and leadership to inmates.

ATTACHMENT IX – SUBCONTRACTING FORM
FDC ITN-22-042

The Vendor shall complete the information below on all subcontractors that will be providing services to the Vendor to meet the requirements of the Contract, should the Vendor be awarded. Submission of this form does not indicate the Department's approval of such subcontractor(s) but provides the Department with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Service: Telehealth

Company Name: Amplify MD

FEIN: _____

Contact: Meena Mallipeddi

Address: 1200 South Pine Island Rd., Plantation, FL 33324

Telephone: _____

Email address: _____

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes _____ No X

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Telehealth

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Complete a separate sheet for each subcontractor.

Service: Interpretation

Company Name: AMN Language Services

FEIN: _____

Contact: Jessica Schiminske

Address: 8840 Cypress Waters Blvd Ste. 300, Coppell, TX 75019

Telephone: 866-871-8519

Email address: _____

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes _____ No X

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Interpretation

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Complete a separate sheet for each subcontractor.

Service: Clinical Pharmacy Audit and Consulting

Company Name: AnucoRX

FEIN: 1699406066 (NPI Number)

Contact: Gina Jules

Address: 549 Sawgrass Corporate Parkway, Sunrise, FL 33325

Telephone: 888-498-1444

Email address: Gina.jules@yescarecorp.com or www.anucorx.com

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes X No _____

W-9 verification: Yes _____ No X

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Clinical Pharmacy Audit and Consulting

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Complete a separate sheet for each subcontractor.

Service: Audiology

Company Name: Audicus

FEIN: 273217558

Contact: Drew Wingert

Address: 115 W 27th St 8th Floor, New York, NY 10001

Telephone: 888-203-1096

Email address: drew@audicus.com

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

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Audiology

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Complete a separate sheet for each subcontractor.

Service: Dialysis Services

Company Name: Chardonnay Dialysis

FEIN: 943220022

Contact: Joe Burke

Address: 807 W Fairchild St, Danville, IL 61832

Telephone: 217-477-1490

Email address: joe.burke@chardonnaydialysis.net

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Dialysis Services

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Complete a separate sheet for each subcontractor.

Service: EKG/ECG

Company Name: CompuMed, Inc.

FEIN: 952860434

Contact: Lee Keddie

Address: 5777 West Century Blvd., Suite 360, Los Angeles, CA 90045

Telephone: 310-258-5080

Email address: _____

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

EKG/ECG

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Complete a separate sheet for each subcontractor.

Service: Laboratory Services, Laboratory Build-Out (RMC)

Company Name: Ecco Lab

FEIN: 651108312

Contact: Jerry Dale

Address: 8370 West Flagler Street, Miami, FL 33144

Telephone: 305-220-3805

Email address: jdalelaw@bellsouth.net

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Laboratory Services, Laboratory Build-Out (RMC)

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Complete a separate sheet for each subcontractor.

Service: Optometry/Opthalmology Clinics

Company Name: Institutional Eye Care

FEIN: 814787663

Contact: Dr. Jeffrey Lose

Address: 27499 Riverview Center Blvd Ste. 429, Bonita Springs, FL 34134

Telephone: 866-604-2931

Email address: jlose@institutionaleyecare.com

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Optometry/Opthalmology Clinics

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Complete a separate sheet for each subcontractor.

Service: Radiology/Ultrasounds/Mammograms/CT/MRI/Nuclear Medicine

Company Name: Trident Care

FEIN: 611705173

Contact: Sparks Glencoe

Address: 930 Ridgebrook Rd, Sparks Glencoe, MD 21152

Telephone: 443-662-4120

Email address: _____

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Radiology/Ultrasounds/Mammograms/CT/MRI/Nuclear Medicine

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Complete a separate sheet for each subcontractor.

Service: Urgent/Emergency Care Services (RMC), Telemetry (RMC)

Company Name: US Acute Care Solutions

FEIN: 1043805690 (NPI number)

Contact: _____

Address: 4535 Dressler Road NW, Canton, OH 44718

Telephone: 855-687-0618

Email address: _____

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes _____ No X

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Urgent/Emergency Care Services (RMC), Telemetry (RMC)

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Complete a separate sheet for each subcontractor.

Service: Onsite Ambulatory Surgery (RMC)

Company Name: US Medical Group

FEIN: 593419967

Contact: Charlie Baumann

Address: 1405 S. Orange Avenue Suite 603, Orlando, FL 32806

Telephone: 407-849-2288

Email address: cbaumann@usmginc.com

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Onsite Ambulatory Surgery (RMC)

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TAB C – DESCRIPTION OF SOLUTION

C.a. Current State of Health Care Services

Vendor shall describe its understanding of the current state of health care services in the Florida Department of Corrections;

Since YesCare professionals began providing healthcare to the incarcerated population in 1978, we have seen the face of the prison population change in Florida and nationwide. Today's correctional population is aging and disproportionately afflicted with chronic illnesses and their associated complications.

Geriatric Inmate populations have grown almost 600% in twenty years. Inmates over 50 make up nearly 25% of the Florida Department of Corrections (FDC) population today. By 2030, projections suggest that older Inmates will make up one-third of the U.S. prison population. This aging population consists of more women, a more significant number of individuals with serious mental illness, a growing number with gender dysphoria, and more significant numbers with substance use and addiction recovery challenges.

The number of women in the care of the FDC continues to increase. Between 1980 and 2020, the number of incarcerated women increased by more than 475%. Many of these women struggle with substance use, mental illness, and physical and sexual abuse histories.

The strains of the last several years and the continuing depletion of emergency mental health resources have caused violence, suicide, and addiction rates to escalate, among other long-standing mental health issues. At the same time, custodial and clinical staffing shortages have burgeoned drastically.

We recognize the FDC is responsible for the supervisory and protective care, custody, and control of approximately 80,000 Inmates and the community supervision of about 150,000 offenders. Moreover, these numbers are projected to increase over the term of any resultant contract. Currently, the FDC delivers medical, dental, and mental health services through a privatized model.

A Comprehensive Health Care Contractor (CHCC) provides on-site primary medical, mental health, and dental health care services, on-site and off-site specialty care, inpatient and outpatient hospital care, and ancillary services. The CHCC also operates health care services at the Reception and Medical Center (RMC) in Lake Butler, including a licensed 120-bed hospital with an ambulatory surgical center, contracted cancer center, and specialty care clinics.

The FDC oversees the delivery of health care services, provides technical assistance to the CHCC, and handles statewide functions such as policy development, grievance appeals, clinical-legal correspondence, and contract management and monitoring. The FDC also retains control of bed movement for the RMC Hospital (RMCH), other critical care medical beds, and inpatient mental health units.

As discussed in the paragraphs that follow, there are eight primary components that make up the current services: 1. Program Management, 2. Institutional Care, 3. Dental Care, 4. Mental Health Services, 5. Utilization Management and Specialty Care, 6. Hospital Administration and Care, 7. Quality Management, and 8. Pharmaceutical Services.

Program Management

Program management is performed by the CHCC, who coordinates the delivery of health care services and provides management services. Management services include health care services, administrative and program leadership, and oversight. Specialty care programs are part of health care services delivery, including resolving issues related to subcontractors. Supported by collaboration with regional and institutional leadership, program management also includes the following:

- Maintaining compliance with medical health standards;
- Problem resolution involving the delivery of health care services, policy compliance, and health care grievances;
- Maintaining staffing patterns and coordinating staffing issues (filling vacancies, employee relations, etc.);
- Ensuring appropriate attendance and active participation in meetings and timely delivery of reports and other deliverables;
- Overseeing corrective action related to performance issues; and
- Ensuring responsiveness to requests for copies of records, public records, requests, coordination of legal issues, etc.

In addition, the CHCC provides for the appropriate maintenance, repair and replacement of health care equipment and computers, including maintaining and managing Fusion, the FDC's electronic health record (EHR) application. Fusion, a leading provider of health information technology products, services, and solutions for the correctional and public health industry.

Institutional Care

Institutional care consists of the diverse elements for the comprehensive health care provided within the secure environment of various FDC facilities. Because of this, the fundamental right of Inmates to access health care rests directly with the CHCC's staff. Therefore, the CHCC must provide all care in accordance with all applicable State and federal statutes, Florida Administrative Code, FDC procedures, manuals, HSBs, health care directives, and forms.

The CHCC provides health care services delivery to Inmates during the reception process and at their permanent Institutions, including sick calls, physical assessments, use-of-force examinations, and specialty care such as palliative care, geriatric medicine, female care, and health education, and infirmary services. The CHCC's institutional staff ensures quality care is provided with appropriate and timely attention given to follow-up for diagnostic testing and specialty consultations.

CHCC Institutional staff interact directly with Inmates and often are required to provide clinical care at an Inmate patient's location, such as in Special Housing, rather than just in the designated health services area. CHCC staff also ensure that Inmates in annexes, work camps, and other areas are afforded appropriate and timely care.

Dental Care

Institutional dental care is delivered by the CHCC within the secure environment of FDC facilities, both in the reception process and at permanent Institutions, including dental sick calls and urgent, emergent, and routine dental care, as described in HSB 15.04.13. Dental care and follow-up of highly specialized procedures, such as orthodontics and implants placed before incarceration, are managed on an individual basis (after consultation with the FDC's Chief of Dental Services). CHCC dental staff provide follow-up care for oral surgery and pathology-related issues per the appropriate HSBs. Dental

emergency care is provided on a 24-hour basis using on-duty dental staff and referred to the appropriate medical staff after-hours.

Outlined as follows, dental care services are made available based on four levels of care:

- Level 1 – Provided during the reception process with the development of a provisional treatment plan using Form DC4-735;
- Level 2 – Provided to Inmates with less than six months incarceration time;
- Level 3 – Provided to Inmates who have served six months or more and includes an individualized dental treatment plan using Form DC4-764;
- Level 4 – Represents advanced dental services provided as needed (after completion of or exceeding Level 3).

CHCC staff provide prevention training with oral hygiene instructions to each Inmate as part of his/her orientation to the Institution. Personal preventative training, including oral hygiene instructions, is provided regularly as part of any dental treatment plan.

Mental Health Services

The CHCC's qualified mental health staff provide comprehensive mental health services. Multi-Disciplinary Services Teams (MDST) representing different disciplines or service areas collaborate to ensure access to necessary assessment, treatment, continuity of care and services to Inmates in accordance with identified mental health needs. An MDST develops, implements, reviews, and revises each Individualized Service Plan (ISP) per HSB 15.05.11. The FDC Chief of Mental Health Services serves as the principal advisor on mental health matters and is responsible for overseeing the mental health delivery system.

To reiterate, the fundamental right of Inmates to health care rests directly with the CHCC's staff. Therefore, mental health services must be provided in a humane and respectful manner. Mental health services include observations, assessments, psychological evaluations, and treatment interventions delivered in a spectrum of care from minimal outpatient to intensive inpatient settings.

Inpatient settings include infirmary mental health services, Transitional Care Units (TCU), Crisis Stabilization Units (CSU), and Corrections Mental Health Treatment Facilities (CMHTF). There is a Residential Continuum of Care Unit (RCCU), residential intensive outpatient programs, and a process for evaluating and treating Gender Dysphoria.

A classification system utilizes a mental health profiling system that assigns an "S-grade" based on the ability to function in various prison settings, which follows Chapter 33-404 of the Florida Administrative Code. Ensuring access to appropriate levels of care, the S-grade (mental health grade) is assigned initially at reception and is documented on Form DC4-706. HSB 15.03.13 *Assignment of Health Classification Grades to Inmates* and HSB 15.05.18 *Outpatient Mental Health Services* govern the classification system and associated care levels.

Procedure 404.004 *Mental Health Inpatient Multidisciplinary Treatment and Services*, in conjunction with HSB 15.03.13 *Assignment of Health Classification Grades to Inmates*, governs the assignment and use of residential housing grades (R-grades) to denote the type of treatment needed. These are used in conjunction with S-grades on a small population sub-set.

Noted above, an RCCU is a specialized residential mental health unit that provides augmented outpatient mental health treatment and rehabilitation services in a protective environment for Inmates with serious psychological impairment associated with a historical inability to successfully adjust to daily living. Within the RCCU, testing is required per Procedure 404.005, to assist in clarifying diagnostic and treatment plans. Within the inpatient units, violence risk assessments (currently HCR-20) are completed in accordance with Rule 33-404, F.A.C. Mental health evaluation, testing, and assessment is also utilized to identify those Inmates with Gender Dysphoria per Procedure 403.012.

Mental health services for individuals identified with an intellectual disability are provided per HSB 15.03.25 *Services for Inmates with Auditory, Mobility, or Vison Impairments and Disabilities*, HSB 15.05.08 *Services for Inmates who are Assigned to Confinement, Protective Management or Close Management Status*, and Procedure 404.005 *Residential Continuum of Care Units*. Designations of impairment or disability due to intellectual or mental health deficits (SY-grades) are utilized for the purpose of monitoring and servicing identified needs.

For each individual entering custody through an FDC reception center, the CHCC's qualified mental health staff provide a mental health assessment (MHA). HSB 15.05.17 *Intake Mental Health Screening at Reception Centers*, and Procedure 401.014 *Health Services Intake and Reception Process*, provide mental health screening guidelines. Patient education includes facilitating an understanding of the limits of confidentiality, which is documented using Form DC4-663 *Consent to Mental Health Evaluation or Treatment*.

Outpatient services are provided to patients not currently housed inside an inpatient mental health unit or admitted to an infirmary for mental health reasons. Outpatient services include individualized service planning, case management, clinical group and individual therapy, psychiatric services, therapeutic services, and periodic evaluations of Inmates in Confinement units (including Administrative and Disciplinary Confinement, Protective Management, Close Management, and Death Row). Outpatient services are provided primarily by following HSB 15.05.18 *Outpatient Mental Health Services*; HSB 15.05.08 *Mental Health Services for Inmates Who are Assigned to Confinement, Protective Management, or Close Management Status*; HSB 15.05.19 *Psychotropic Medication Use Standards and Informed Consent*; and Procedure 404.005 *Residential Continuum of Care Units*.

Identification, intervention, treatment, and management of Inmates at risk of suicide or serious self-injurious behavior follow Procedure 404.001 *Suicide and Self-Injury Prevention*, Procedure 404.002 *Isolation Management Rooms and Observation Cells*, Procedure 404.004 *Mental Health Inpatient Multidisciplinary Treatment and Services*, and HSB 15.05.11 *Planning and Implementation of Individualized Mental Health Services*.

Mental health emergencies responded to by mental health staff are documented on Form DC4-642G *Mental Health Emergency Evaluation*. Mental health emergencies responded to by nursing staff are documented on Form DC4-683A *Mental Health Emergency Protocol*.

Utilization Management and Specialty Care

The current CHCC provides Utilization Management (UM) staff at the regional offices and at Memorial Hospital in Jacksonville. Medical requests from the sites are submitted via email or fax and are processed into an electronic UM system by the UM staff. The sites and the medical schedulers are notified of UM decisions via email.

The CHCC contracts with Memorial Hospital to utilize its secure, 14-bed medical/surgical wing and its secure, nine-bed med-surg overflow unit. The CCHC also contracts with Larkin Hospital to provide its secure, 8-bed medical/surgical unit. There is also a contract with North Shore Hospital in Miami. It is an FDC-designated site with a 17 secure bed wing.

Community hospital admissions are managed by the inpatient UM nurses through concurrent daily reviews with the hospital case managers. The appropriateness of the admission, intensity of services, length of stay, need for continued stay and discharge planning are determined through evidence-based criteria and input from their multi-disciplinary medical team.

Specialty services are scheduled through centralized scheduling at RMC and Central Florida Reception Center (CFRC). Referrals for specialized dental care are routed for review and approval by a Florida licensed Dentist. The majority of medical and dental specialty services are provided on-site through contracted specialists who see patients typically at RMC, CFRC, and Lowell CI.

Hospital Administration and Care

The RMCH is an essential component for the efficient and appropriate inpatient hospital care within the constraints of a secure correctional environment. An aging facility, the RMCH contains eight inpatient hospital bed wards and single bed dorms for inpatient mental health care Patients. The FDC has noted that there is also larger areas of space available for setting up mechanical ventilators.

Comprehensive hospital services are provided by the CHCC in compliance with Chapter 395, *Florida Statutes*. The CHCC ensures RMCH operations include inpatient services, an urgent care department and specialty clinics. Short-term and long-term nursing care is provided, including care of patients with communicable diseases. RMCH does not provide ICU or step-down unit care for patients requiring cardiac monitoring.

The surgical suites in RMCH are inoperable. The CHCC provides and maintains a licensed Ambulatory Surgical Center (ASC) at RMCH (in compliance with Chapter 395). This requirement includes, but is not limited to providing the requisite equipment, instrumentation, supplies, and licenses required to operate each ASC successfully and in compliance with Florida law.

The RMCH is primarily engaged in the provision of inpatient diagnostic and therapeutic services, for medical diagnosis, treatment, and care of the injured, disabled or sick persons, or the provision of rehabilitation services (to the same population). Operation of RMCH includes inpatient services, an urgent care department and specialty clinics.

The RMCH has a requirement that every patient must be under the care of a licensed physician (Medical Doctor or Doctor of Osteopathic Medicine). Patients admitted to the RMCH are seen by the appropriate clinician during daily rounds; with at least one Clinician available 24 hours per Day, seven Days per week, to provide urgent/emergent care in the urgent care center.

The RMCH is organized and staffed to provide quality nursing care to each incarcerated patient. Nursing services are provided 24 hours per Day, seven Days per week, 365 Days per year. Nursing services are rendered or supervised by a Registered Nurse (RN) with licensed nurses on-duty (on-site) at all times.

RN's develop an individualized nursing care plan for each patient (other health care team members may contribute but an RN maintains responsibility). An RN completes a head-to-toe assessment of the

Patient's condition every eight hours documented on Form DC4-684 I*nfirmary/Hospital Daily Nursing Evaluation* (and Form DC4-0028 *Nursing Progress Note*), if additional room is needed.). If the RN notes changes in the patient's condition, diagnosis, or response to treatment, the appropriate clinician is notified, and the notification documented on Form DC4-684. CHCC nursing staff write a discharge note using Form DC4-0028, once a patient is discharged.

Inpatient clinical records are kept in accordance with Chapter 395, *Florida Statutes*. Patients admitted to RMCH sign Form DC4-713A *Cover Sheet for Inpatient Record*. Patients admitted also sign Form DC4-0020 *Receipt of Patient Rules/Regulations and Advanced Medical Directives Packet* and are given a copy of the following documents:

- NI1-033 *Patient Rules and Regulations*
- DC4-687 *Information Sheet Regarding Advanced Directives*
- DC4-665 *Living Will*
- DC4-699 *Uniform Donor Form*
- DH 1896 *Do Not Resuscitate Order* (DNR)
- DC4-666 *Designation of Health Care Surrogate*
- NI1-117 *Notice of Inmate Worker*
- NI1-119 *Inmate Patient Bill of Rights and Responsibilities*

The CHCC operates a Social Services Department staffed by three full-time staff who service RMCH. Social Services staff liaise between patients and families and serve as Hospital Spokesperson for patient inquiries. Staff coordinate medical discharges from the hospital to medical dormitories, as well as for Inmates who are being paroled or completing their sentences, which may include assistance with V.A., Social Security, and other benefits.

The CHCC operates a Radiology Department under the supervision of a Board-Certified Radiologist, which also consists of a Radiology Manager, three Radiology Technologists and two administrative staff. Radiological services are provided to both the inpatient and outpatient units at RMCH. The FDC maintains a contract for radiotherapy services with CCCNF-Lake Butler, LLC/E+ Cancer Care. The CHCC utilizes CCCNF-Lake Butler, or an FDC designated substitution, for radiotherapy services.

Quality Management

The FDC oversees the continuous quality assurance and risk management activities through evaluation and implementation of process improvement. A continuous quality improvement program is performed by CHCC teams at the institutional, regional, and central office levels, with quality management (QM) and quality assurance (QA) activities, and risk management assessments. QA activities are routinely performed to ensure efficient operations, processes, and systems. QM efforts are performed routinely that require specific records/chart reviews or reviews of various clinical functions such as chronic care, medication administration, specialty consultations, infirmary care, sick call, dental care, etc.

The risk management (RM) program identifies and corrects patterns of management and healthcare practices that could lead to adverse outcomes. This includes reducing the probability of adverse events that may result in injury to Inmates in the medical or mental health units and Inmates of Self-Harm Observation Status (SHOS) in designated Observation Cells. RM standards and responsibilities are delineated in HSB 15.09.08. All CHCC staff participate as part of the Office of Health Services Risk Management Program, except that the RMCH is licensed pursuant to Chapter 395, *Florida Statutes*, and therefore has separate quality and risk management programs.

An occurrence reporting system is used to identify health and safety risks within the health services units, and to minimize errors by documenting adverse Inmate occurrences. Adverse events or occurrences, the level of intervention, and Inmate/patient outcomes are reported using Form DC4-690A *Occurrence Report*. Sentinel Events are immediately reported to regional and central office risk managers by telephone and email. A notification list with contact information is posted in the infirmary control station.

Using data collected from the Occurrence Reports, institutional risk managers complete a monthly trend analysis utilizing Form DC4-690B *Occurrence Trending Report*. The CHCC risk management program director receives monthly institutional risk management trend reports (as well as a copy of each completed DC4-690A) and provides a quarterly report identifying trends/patterns to the central office risk manager for review. The central office risk manager presents that information to the Office of Health Services Quality Management team and follows-up as needed.

Credentialing and Peer Review ensure health care providers have proper credentials, licensure and certification in accordance with policies and procedures (HSB 15.09.05). Continuing health care provider education is a licensure requirement (Procedure 208.19) with in-service training to improve quality of services and meet FDC training requirements.

Quality Management includes a mortality review program (HSB 15.09.09) to retrospectively monitor and evaluate the quality and appropriateness of health care and its delivery process upon Inmate death. The goals are to use the findings from case reviews to improve the quality of health care services and to provide an avenue for professional growth and development.

Pharmaceutical Services

The FDC operates four pharmacies that dispense prescriptions to their assigned Institutions (Marianna, Union CI, Lowell CI, and RMC). FDC responsibilities include dispensing services, prescription records, the cost of formulary prescriptions and formulary non-prescription medications dispensed from FDC pharmacies or FDC contracted specialty pharmacies. This includes responsibility for the cost of stock medications maintained at the Institutions.

Pursuant to HSB 15.04.15 (and its Appendices A, B, and C) FDC pharmacies provide stock medication for dispensing by Dentists (ibuprofen, antibiotics, etc.) but do not provide other dental medications (lidocaine, injectable medications, etc.).

The CHCC is responsible for ensuring its staff remains in accordance with applicable federal and State laws, rules, and regulations, FDC rules and procedures, and Health Services Bulletins/Technical Instructions applicable to the delivery of pharmacy services in a correctional setting. This includes internal policy and procedure manuals updated expeditiously as changes occur. CHCC compliance extends to the FDC formulary unless a Drug Exception Request (DER) is approved by the CHCC's Medical Director.

The CHCC is responsible for the institutional pharmacy permits and meeting the statutory requirements required to maintain the required permits at each Institution. This includes Florida Department of Health, Board of Pharmacy Institutional Class II Permit, or Modified II-B Institutional Permit; and DEA registration for each Institutional Class II and/or Modified II-B Institutional Permit (where DEA controlled

stock will be stored). Additionally, the CHCC ensures pharmacy-permitted Institutions have post-exposure prophylaxis medications available onsite.

The CHCC is responsible for managing and ensuring stock medications are handled in compliance with applicable State and federal regulations regarding prescribing, dispensing, distributing, and administering pharmaceuticals. This includes maintaining an adequate supply of stock medications at each Institution's drug room from the approved list of stock medications approved by the Statewide Pharmacy and Therapeutics Committee. It extends to ordering and maintaining dorm and medications stocked in the facility, as well.

The CHCC provides a Consultant Pharmacist of Record for each permit. The Consultant Pharmacist of Record and phone number are posted at each Institution in the medication room and the infirmary, and provided to the Institution's Director of Nursing, Chief Health Officer, and Health Services Administrator. The Consultant Pharmacists provide inspections and a Monthly Consultant Pharmacist Inspection Report for each facility that is licensed by the State of Florida, Department of Health and/or Board of Pharmacy. The Consultant Pharmacists perform in-service training for staff on pharmacy-related material according to a schedule mutually agreed upon and approved by the FDC Chief of Pharmaceutical Services.

Medication Administration

Medication administration is provided by the CHCC. The CHCC's nursing staff is primarily responsible for medication administration safety, with the Licensed Nurse administering medications working to prevent medication errors by applying the following six "rights": 1. Right Inmate, 2. Right medication, 3. Right dose, 4. Right route, 5. Right time, and 6. Right documentation.

Medications are administered by a Licensed Nurse as ordered by a licensed Clinician and administered to the patient within 30 to 60 minutes of the medication-ordered administration time. The Licensed Nurse also ensures the patient has swallowed oral medication by checking his or her oral cavity.

The Licensed Nurse documents when medication is administered on Form DC4-701A *Medication and Treatment Record*. Medication administered more than 60 minutes past the ordered administration time is noted on the front page of the Medication Administration Record (MAR) and an explanation for the lateness is included on the back page of the MAR.

Licensed nurses transcribe single-dose medication orders from Form DC4-714B *Clinician's Order Sheet* or Form DC4-714C DEA *Controlled Substances Clinician's Order Sheet*, to Form DC4-701A *Medication and Treatment Record*. Stock legend medications are written on Form DC4-714B or Form DC4-714C and when administered, documented on Form DC4-712D *Legend Drug Account Record*.

CHCC staff are responsible for ensuring medications are pre-poured and administered by the same Licensed Nurse, and that medications are documented on the Form DC4-701A at the time they are poured. Licensed CHCC staff are also responsible for ensuring medication dose not administered is circled following medication pass with an explanation written on the back of the Form DC4-701A *Medication and Treatment Record*.

Medication Errors*:* Upon discovery of a medication error, clinical staff are charged with immediately evaluating the patient, providing monitoring, and implementing treatment as ordered by the Clinician. Actions are documented on Form DC4-701 *Chronological Record of Health Care* (or Form DC4-724 *Dental Treatment Record*, as applicable). The error is reported without delay to the Clinician (and

pharmacy, if it is a pharmacy error) and to the supervisor; and finally, a Form DC4-690A *Occurrence Report* is completed.

Controlled Substances*:* CHCC staff are responsible for ensuring controlled substances are kept in a securely locked drawer in the medication cart. The medication storage compartment remains locked at all times, except when pulling a patient's medication or receiving controlled substances from the pharmacy stock. At RMCH the cart is kept in the Nurse's Station until time for medication to be administered. A Licensed Nurse completes and signs Form DC4-802 *Narcotic Key Exchange Log* at the beginning of the shift and at the transfer to a Licensed Nurse for the next shift.

All controlled substances – every single dose – must be signed out on Form DC4-781E *Narcotic Accounting Log*, when removed from the cart. The CHCC is responsible for ensuring the off-going shift's medication nurse and the oncoming shift's medication nurse will complete a count of each controlled substance in each cart for each shift.

Emergency Medication and Jump Bag*:* CHCC nursing staff are responsible for maintaining Jump Bag and Emergency Equipment inventories. A Licensed Nurse on the night shift checks the Jump Bag contents and Emergency Medications listed on Form DC4-681 *Emergency Medications* and document inventory check on Form DC4-680 *Jump Bag and Emergency Equipment Inventory.*

C.b. Goals and General Requirements

Vendor shall describe its understanding of goals and general requirements of this solicitation

YesCare recognizes the FDC seeks to deliver necessary comprehensive health care services to its correctional population in a cost-effective manner. Such services are provided on-site, at State-operated Correctional Institutions, and off-site at hospitals and specialty care offices/centers. Under the Contract, YesCare would assume liability for health care services delivered to Inmates under the care and supervision of the FDC This includes health care provided in clinics, health care which cannot be provided in the clinics, and responses to emergencies that occur in the clinic or elsewhere within the FDC facility, until the appropriate emergency medical or mental health providers arrive.

Solicitation Goals

YesCare recognizes it is the intent of the FDC to secure complete comprehensive health care services for Inmates in its care and custody. FDC goals are twofold: provide the levels of care required by law and rule; and, achieve strategic improvements in Inmate care. Because of this, the FDC's overall goals may be summarized by the following:

- Reducing Inmate mortality where early detection and appropriate, timely treatment could have avoided preventable mortality;
- Ensuring that Inmates in Special Housing have full access to and receive the same level of care as Inmates in General Population;
- Improving the provision of assessment, development, and implementation of mental health treatment at all levels and settings of care;
- Reducing the volume of Inmate grievances and litigation related to health care services;
- Improving waiting times for consultations, diagnostic testing, and treatment;
- Reducing the use of unsecured community hospital units and increasing the use of secured community hospital units to alleviate the need for additional security staff resources and overtime;

- Ensuring Inmates are prepared for continued medical care and supportive services, where appropriate, upon their release back into the community; and
- Maximizing technology and efficiencies to provide enhanced services at reduced costs, including the establishment and expansion of academic partnerships.

We understand the intent of the ITN is to contract with a service provider who will assist the FDC with meeting these goals. Therefore, the objectives of the ITN may be described by the following:

- Establish a flexible Contract, with transparency of service costs, alignment of costs with services, and an efficient and accurate end-of-year projection and cost modeling process;
- Establish a Contract that allows YesCare to bring its exceptional industry expertise and ability to shape strategy to lower the cost of health care services;
- Ensure a smooth transition and continuation of services from the current Contract to YesCare, without disruption and with minimal risk;
- Ensure pricing that is cost effective throughout the entire term of the Contract; and
- Establish a collaborative relationship with YesCare that will maximize the extent the FDC achieves its objectives for ITN 22-042.

Requirements for Care

YesCare understands the State of Florida is required to provide Inmates with a constitutional standard of care when they are admitted to the Department's Institutions, in accordance with Sections 945.025(2), and 945.6034, *Florida Statutes*. We recognize the FDC has overall responsibility for ensuring health care services are provided in accordance with established standards of care. Section 945.6034(1), *Florida Statutes*, outlines the general requirements of these standards. Further, the FDC has developed related Health Services Bulletins (HSB), procedures, and manuals that provide specific standards and responsibilities relating to Inmate health care. YesCare will be held accountable for providing care in accordance with these standards.

We understand the requirements of the solicitation are not all-inclusive of the comprehensive health care requirements outlined in the FDC's HSBs, procedures, and manuals. Various legal cases have impacted the FDC's present rules, policies, procedures, HSBs, manuals, and forms. In case of error, omission, or discrepancy, the FDC's current HSBs, procedures, policies, manuals, and forms will take precedence.

To ensure the most efficient health care delivery, we appreciate the Department will consider changes suggested by YesCare to policies, procedures, and forms that are not explicitly mandated by law. We also recognize the FDC is not required to adopt any such change. With or without changes resulting from YesCare collaboration, we understand the FDC retains exclusive control of its policies, procedures, HSBs, manuals, and forms.

C.c. Overall Approach

Vendor shall describe its overall approach to satisfying the requirements and goals of this solicitation

YesCare will ensure Inmates have access to comprehensive health care services as needed, 24 hours per Day, seven (7) Days per week, and 365 Days per year.

YesCare will provide all services following all applicable federal and State laws, rules, regulations, and the Department's rules and procedures. We recognize such laws, rules, regulations, current and/or as

revised, will be incorporated by reference and made a part of the Contract. YesCare will work cooperatively with the FDC to ensure service delivery is in complete compliance with all such rules and regulations. Should any of the requisite laws, standards, rules, regulations, Department Procedures, or directives change during the Contract term, we understand the updated version will apply.

YesCare will ensure our staff providing services under the Contract comply with prevailing ethical and professional standards, and applicable statutes, rules, procedures, and regulations. This includes adherence to all policies and procedures regarding transportation, security, custody, and control of Inmates.

YesCare will pay for the costs associated with the appropriate local, State, and federal licenses, permits, and inspection fees required to provide health care services. The required permits and licenses will be current, maintained on site, and a copy submitted to the Contract Manager, upon request.

YesCare complies with the provisions of the Americans with Disabilities Act (ADA). This includes provisions referencing both employment and public service agencies (Titles I and II), as well as any other applicable provision.

YesCare health care services are provided in accordance with recognized national standards, prevailing professional practice standards, and the standards of the American Correctional Association (ACA) and National Commission of Correctional Health Care (NCCHC).

We recognize we will be responsible for the pre-existing health care conditions of those Inmates covered under the Contract as of 12:00 a.m. on the first Day of the Contract implementation. YesCare will accept responsibility for health care costs incurred for services provided after 12:00 a.m. on the first Day of the Contract without limitation as to the cause of an injury or illness requiring health care services. As such, YesCare will not dispute or refuse acceptance of any Inmate assignment based on any medical or mental health condition(s).

YesCare will provide comprehensive health care services at all Service Locations listed in ITN Attachment II. We acknowledge the FDC reserves the right to add or delete Service Locations upon 60 Days' written notice.

YesCare acknowledges protected health information and records obtained in the course of providing services to Inmates are subject to confidentiality and disclosure provisions of applicable federal and State statutes and regulations adopted pursuant thereto. YesCare will maintain confidentiality with reference to individual Inmates, in accordance with applicable local, State, and federal law.

YesCare accepts responsibility for all oversight and program management of comprehensive health care services. This includes the following responsibilities:

- Deliverables – Maintain the ability to provide all comprehensive health care services to Inmates.
- Impact Analyses – Perform and deliver impact analyses, within a time frame specified by the Department, on how potential rule or statute changes may impact the health services program and its cost and success.
- Analytics – Compile and maintain statistical information related to Inmate health care which the Department can use to make changes and improvements to the delivery of health care services.

No data or statistical information shall be released externally without prior written approval from the FDC's Office of Communications and Office of Health Services.

- Contract Compliance – Monitor Contract responsibilities, ensure compliance, and report metrics, including gaps, and how gaps were prevented, monthly.
- Service Function Oversight and Success – Provide oversight of each of the following service functions:
  - Program Management
  - Institutional Care
  - Dental Care
  - Mental Health Assessments
  - Mental Health Services
  - Outpatient Services
  - Inpatient and Infirmary Services
- Services oversight that includes (but is not limited to) the following:
  - Resource Planning and Management
  - Risk and Issue Management
  - Change Control
  - Budget Control
  - Quality Assurance
  - Problem Resolution

C.d. Supporting the Department's Specific Goals

Vendor shall describe how the Vendor's approach supports the Department's specific goals of the I.T.N.

The following narrative paragraphs describe how our approach will support the specific goals of the FDC as stated in the ITN and above in section C.b. Goals and General Requirements.

FDC Goal: Reducing Inmate mortality where early detection and appropriate, timely treatment could have avoided preventable mortality.

Early detection, medically necessary intervention, evidence-based treatment, thorough monitoring, secondary prevention, patient engagement and detailed documentation are components of YesCare's comprehensive approach to improving patient outcomes and reducing preventable mortalities.

YesCare's Health Risk Stratification Tool uses data analytics to not only identify patients already at high risk of complications but also to recognize patients who need additional interventions to prevent them from becoming high-risk. For example, the CDC states that heart disease is the leading cause of death for men and women in the United States. Key risk factors that increase risk of heart disease include high blood pressure, high cholesterol, diabetes, and obesity. YesCare stratifies patients using a combination of those factors to provide early intervention, treatment, and patient education. In YesCare's experience, this patient-centered approach to care using population health management, improves patient outcomes over a disease-specific approach.

As part of the patient-centered focus, YesCare has developed Clinical Pathways which guide the provider in the evaluation, diagnosis, treatment, and monitoring of chronic diseases. In conjunction with the FDC's HSB 15.03.05 Chronic Care Clinics, the Clinical Pathways focus on early detection and evidence-

based treatment looking at the patient as a whole. Continuing with the heart disease example, risk of mortality increases with comorbidities, lifestyle choices and degree of control indicators. Therefore, YesCare Clinical Pathways support the American College of Cardiology and European Society of Cardiology Guidelines on Cardiovascular Disease Prevention. (See reference below). Prevention measures include:

1. Lifestyle habits: activity, diet, control of chronic conditions such as HTN, DM, Hyperlipidemia
2. Education for patients using creative modalities including tablets with webinars and CCTV.
3. Incorporation of Behavioral Health to assist with education and treatment of mental disorders, stress management training, and Cognitive Behavioral Therapy for changing habits
4. Physical Activity for improvement of condition and prevention of sequelae related to poorly treated cardiovascular disease
5. Use of Statins, ACE-I, ARBs when indicated to improve control of hyperlipidemia and elevated blood pressure and renal protection
6. Identification of Chronic kidney disease, and initiation of appropriate medication treatment for cardiovascular and renal disease

2021 ESC Guidelines on CVD Prevention in Clinical Practice: Key Points - American College of Cardiology (acc.org)

In addition to the Health Risk Stratification Tool and Clinical Pathways, YesCare supports the FDC goal through Nursing Encounter Tools (NETs) and Emergency Response Tools (ERTs) for early recognition of symptoms and timely provider referrals; Patient Information Fact Sheets (PIFS) for patient education and lifestyle changes and; Quality Improvement and Patient Safety audits for proactive identification of process improvement opportunities. Final example using heart disease: the chest pain ERT includes subjective and objective assessments, urgent and emergent interventions and contains detailed education on understanding chest pain for the nurse; PIFS include smoking cessation, hyperlipidemia, coronary artery disease and hypertension; quality improvement audits include cardiovascular health indicators.

FDC Goal: Ensuring that Inmates in Special Housing have full access to and receive the same level of care as Inmates in General Population.

In addition to following FDC Procedure 403.003 Health Services for Inmates in Special Housing, YesCare follows the NCCHC standards that reflect access to care regardless of housing location. These include NCCHC standards P-A-01 Access to Care, P-G-02 Segregated Inmate, P-E-07 Nonemergency Health Care Requests and Services and P-F-02 Infirmary Care (which covers shelter housing).

YesCare medical staff will make daily rounds to patients in special housing to screen for medical or behavior health needs, through both communication with the Inmate and visual observation. Behavioral health staff will make weekly rounds using both communication with the Inmate and visual observation to screen for mental health concerns. The Site Medical Director (SMD) in each facility will establish the frequency for clinic in segregation units. Whenever possible, clinical encounters will take place in special housing units. Whenever possible, medical care is delivered within the restrictive housing unit. Unless medical attention is needed more frequently, each Inmate in segregation receives a daily visit from health staff. Medical staff will coordinate with custody to arrange for specialty care that needs to occur outside the special housing unit.

Medication pass, sick call clinics, chronic care clinics and mental health encounters will be available within the special housing units. YesCare staff will coordinate with custody for Inmate scheduling and movement. YesCare considers medication pass with special populations to be a team approach. YesCare will ensure that mental health staff are available in special housing units during med pass so that in the event a patient expresses the desire to refuse medication, the staff can immediately intervene and provide necessary encouragement and/or psychoeducation.

All rounds, medications and care provided will be documented on required FDC forms.

All Inmates admitted to restrictive housing will also be screened for suicide risk (suicidality) and mental health problems by a mental health trained nurse prior to admission. All Inmates with a mental health need are provided with both health care and behavioral health treatment in accordance with the Inmate's treatment plan while in restrictive housing. If the treatment needs of the Inmate cannot be met in restrictive housing, the Inmate is transferred to a specialized medical housing or behavioral health treatment unit.

YesCare's Risk Assessment and Risk Management Approach

YesCare has developed two tools to assist with management of risk: The Risk Assessment and the Safety/Risk Management Plan. YesCare incorporates the latest evidence regarding suicide risk factors into our treatment planning and approach to care.

Recognizing that suicide prevention is an ongoing process, YesCare developed a Risk Assessment (RA) tool to be utilized by our Behavioral Health staff. The RA is designed to comprehensively evaluate patient risk, following nurse referral after screening positive at intake (as well as at any point thereafter). Our RA incorporates the latest evidence, explores both risk and protective factors more deeply than ever before, includes a detailed suicide inquiry, and guides the Behavioral Health professional in stratifying a patient into a high, moderate, or low risk category. This tool is also designed to be utilized with patients on a repeated basis in order to track a patient's status over time.

For those patients for whom previous risk mitigation strategies have not been wholly effective (e.g., repeatedly placed on suicide/safety observation), YesCare also developed a Safety/Risk Management Plan. This tool builds off of the Risk Assessment by guiding behavioral health professionals through the process of assessing a patient's triggers (i.e., what prompted the patient's actions) and motivators (i.e. what does the patient hope to achieve?) for engaging in high-risk behaviors, existing coping strategies and the patient's confidence utilizing them. It also guides the development of interventions to reduce triggers, address motivators, and reinforce/build coping skills. Additionally, it prompts the professional to develop a crisis response plan (e.g., what the team should do if the patient engages in high- risk behaviors). Risk Management Plans are an effective tool to utilize when managing patients in Restrictive Housing. They allow for careful planning among MDST and the Inmate to develop expectations, goals, and interventions to assist with keeping the patient safe.

FDC Goal: Improving the provision of assessment, development, and implementation of mental health treatment at all levels and settings of care.

Our Behavioral Health program is based on early and thorough screening, assessment, referral, and treatment planning consistent with community and NCCHC and ACA standards. We deliver our behavioral health care services in consideration of the unique needs presented by gender, cultural

influences, diagnostic category, substance use, and cognitive functioning. Behavioral health components are woven into all of our clinical programs, ensuring all staff are vigilant and ready to act on behavioral health concerns. Our behavioral health programs include:

- **Transitional services** – evaluation, treatment, and behavioral health support for any patient whose mental health status impacts their ability to adjust to constraints of the facility
- **Crisis management and stabilization** – respond and resolve behavioral and/or psychiatric emergencies, such as management of the suicidal, self-injurious, or decompensating patient
- **Substance use and withdrawal** – evaluation, treatment, and medical and behavioral health support for individuals with severe substance use disorders or who present with signs and symptoms of withdrawal or intoxication. Services include medication assisted treatment (MAT), individual and group therapy, and post release planning
- **Outpatient behavioral health services** – full range services including, but not limited to, individualized treatment planning, individual therapy, group counseling, psychiatric assessment and/or treatment, and psychotropic medication management
- **Reentry services** – variety of reentry services including development of reentry websites, screening for reentry needs, development of reentry plans, benefit and program enrolment, and coordination of services with community partners utilizing evidence-based practices rooted in the Risk-Need-Responsivity (RNR) model
- **Specialty behavioral health programs** – Initiation or management of specialized behavioral health housing units, crisis stabilization units or community transition programs

Beginning at intake, our behavioral health staff will assess to determine treatment needs. During our initial assessment, we complete a risk assessment, which allows us to identify dynamic (changing) and static (unchanging) risk factors. From our initial assessment, we can determine the level of intervention required, if any, for the resident. Our Qualified Behavioral Health staff will rapidly respond to behavioral health issues as they arise during the intake process or within the facility.

YesCare has policies and procedures to assist our healthcare and behavioral health staff with each step of the care continuum, from intake through release. As the Inmate enters the system, they will be referred to the appropriate Behavioral Health Team for continued management. Our behavioral health staff will conduct daily full treatment team meetings to further review cases and determine if an Inmate requires stepping up or down in level of care, and to reallocate resources to the individual as needed. Additionally, at each facility the Director of Behavioral Health will meet daily with the other core site leaders (i.e., HSA, DON, SMD) to review all high acuity cases, including behavioral health issues, to further reenforce transdisciplinary care.

YesCare has taken our 40 plus years of experience in the industry to develop and implement several initiatives to assist us with ensuring that our mental health programming exceeds national benchmarks for safety and efficacy. We believe these initiatives will benefit FDC in achieving their departmental goals.

Suicide Reduction Task Force: YesCare has taken on the mission to develop innovative strategies to minimize the risk of suicide events with employment of our Suicide Reduction Task Force, which allows for enhanced surveillance for any triggers related to suicide events for all patients entering the correctional system. Our Suicide Prevention Task Force monitors the Department of Justice national benchmarks for suicides in Jails and Prisons and sets goals with specific action plans to assist our sites

with the continuous reduction of suicide rates. This YesCare multi-disciplinary Task Force has developed processes that involve suicide prevention with rounding in all quarantine/isolation areas. For example, the incorporation of a valid, suicide prevention screening tool into all chronic care visits for quarantine/isolation patients. This will act as another checkpoint for a mental health assessment with immediate triage to a behavioral health professional for intervention, if deemed warranted.

Creation of Crisis Hotline: By nature of housing individuals whose criminal cases are being adjudicated, detention centers are transitory, uncertain, and often tense environments. It is a combustible dynamic, which is why jails have a suicide rate over three times that of the general community. Often triggered by a bad phone call with a loved one or an unexpected outcome in court, violent reactions resulting in self-injury, injury to others and suicides can be prevented. YesCare's approach to prevention is rooted in awareness and communication. We all have a role to play in preventing crises and we are committed to increasing everyone's ability to do so. For this reason, **YesCare is pioneering the development of a crisis hotline**. The crisis hotline is made available to anyone interacting with an incarcerated individual as a mechanism to inform YesCare's dedicated team of crisis interveners who will triage incoming calls and alert our site level care providers to patient's need for immediate intervention. By leveraging the collective ability of all intersecting systems that interact with the incarcerated population, we can reduce self-harm and, potentially, the harm of others.

Solution Driven Problem Solving: Our Behavioral Health team has adapted **Design Sprint** approaches to process changes. First developed by Google, Design Sprints are an intense 5-day process where user-centered teams tackle design problems. Working with expert insights, teams ideate, prototype and test solutions on selected users**. YesCare's unique adaptation of the Design Sprint model to healthcare is proactive and allows our teams to rapidly identify and respond to any challenges our teams encounter.** We are well-equipped to analyze processes and implement upgraded protocols to resolve concerns and have the capacity to intervene rapidly if necessary, particularly when it pertains to significant safety issues. YesCare used this method most recently to update our suicide watch and treatment plan templates. We are proposing a flexible and dynamic continuum of care. While we will absolutely adjust programming in anticipation of foreseeable challenges, we also expect to confront unexpected hurdles as a function of our initial gap analysis. We will leverage our Design Sprint toolkit to rapidly adapt processes to changing circumstances.

FDC Goal: Reducing the volume of Inmate grievances and litigation related to health care services; Improving waiting times for consultations, diagnostic testing, and treatment.

Our treatment guidelines for physical and mental health are adapted from nationally recognized evidence-based information such as **InterQual®**, **HEDIS**, **UpToDate®**, and **National Comprehensive Cancer Network (NCCN)** protocols which guide the referral process. Timely, evidence-based decision-making leads to more cost-effective diagnoses and treatments. Not acting appropriately and timely will ultimately drive the cost of healthcare higher for both YesCare and the FDC as well as increase the volume of Inmate grievances and litigation. YesCare is committed to early and proactive action to prevent the escalation of explicit healthcare costs like offsite and secondary costs such as litigation, travel, officer overtime, wear and tear on vehicles, and fuel charges, to name a few. This strategy has proven effective in our Florida contracts. Over the course of the last five years, **YesCare's Florida jail contracts have not had a single legal settlement or judgment.**

Being Proactive: Population-based planning uses our Risk Stratification Tools to identify trends and develop interventions for achieving better health and preventing disease. For example, we use various

HgbA1c scores and cholesterol target goals to design care plans. Other health promoting measures include offering smoking cessation techniques, more advanced behavioral health therapies using CBT and other state-of-the art interventions, vaccinations to prevent disease, and Healthy People, HEDIS and CDC Chronic Disease wellness protocols. We are advocates for investing early for long-term cost effectiveness in preventing disease and trying to diminish the multitude of risk factors that perpetuate the cycle of incarceration.

CQI and Lean Improvement Program: A strong quality improvement program contributes to overall positive patient health outcomes and, in turn, contributes to lowering healthcare costs for our clients. Our CQI and Lean Six Sigma Improvement Program are discussed throughout our proposal and in detail in section D.6.8 Quality Management Service Area.

Patient Safety Organization: Because YesCare participates in the Center for Public Safety, we can candidly discuss bettering our process in confidence. Objectively, the ability to honestly drill down and learn from our mistakes, leads to greater efficiencies, reduces risk, and moderates the total cost of healthcare by leading to more positive outcomes.

Clinical Pathways Program: Our Clinical Pathways Program has abbreviated Utilization Management/Fast-Track Lists that expedite the initiation or follow-up with offsite specialty care. *Early intervention saves money later.* Clinical Pathways is an extensive schedule of and action items for the most common diseases we manage, including tools for evaluation, treatment, and monitoring of specific chronic illness, pharmaceutical and lab management resources, risk reduction strategies, corresponding Nursing Encounter Tools (NETs) patient education, and correctional officer education.

Mobile Response Clinics: YesCare's Mobile Response Clinics (MRCs) enable us to expand the scope and volume of services performed on site. Our MRCs can be outfitted for mobile radiology, optometry, and a host of other services depending on need. These units will significantly decrease the demand for correctional officer staffing for offsite transport and will help us clear any backlogs in primary and chronic care. These MRCs can also be used to transport appropriate staff to the release centers for the provision of primary care services as needed.

FDC Goal: Reducing the use of unsecured community hospital units and increasing the use of secured community hospital units to alleviate the need for additional security staff resources and overtime.

YesCare will deliver care onsite within each institution to the extent possible. However, we recognize there are times when a patient must be transported off-site for medical care. In those instances, we will use the RMCH as much as possible. We understand the Department has agreements for secure units with Memorial Hospital in Jacksonville and North Shore Medical Center, Inc. in Miami and we will also use these units as often as needed when transport to RMCH is not an option to expedite care.

Described in detail in section D.6.5 Hospital Administration and Care, YesCare will subcontract with US Acute Care Solutions (USACS) to help the FDC achieve strategic improvements in Inmate care at RMCH. **YesCare with USACS offers a freestanding emergency department (FSED) and a robust telemedicine solution.**

FSEDs are a new and evolving care delivery model that will benefit FDC. A freestanding emergency center for RMCH will offer the same high-quality care and resources found in a traditional hospital emergency department, which will assist in minimizing preventable transfers and delivering care that is

not currently being provided (ex. Telemetry and Troponin for Cardiac Monitoring). With an FSED, YesCare and USACS will provide 24/7 emergency medical care in a clean, comfortable, healing environment — with minimal wait times. The FDC benefits from a FSED with an emergency physician onsite at all times and fewer patients who require admission to the hospital.

FDC Goal: Ensuring Inmates are prepared for continued medical care and supportive services, where appropriate, upon their release back into the community.

YesCare understands the critical importance of preparing our Inmate population to continue to receive care and supportive services when released back to the community. We have invested in the development of resources to ensure we are creating sustainable pathways for our patients to transition back into the community. YesCare's initiatives are driven by our Reentry Committee, comprised of our clinical team members, as well as our IT and corporate support teams.

YesCare has developed several tools to assist our reentry efforts, to include:

Corrections to Community Handbook: Our reentry manual, customizable to each contract, which includes, in part: How to Access Care, Insurance/Pay Options for Care, Scheduling and Navigating Appointments, and a Personalized Reentry Checklist.

Reentry Tools: YesCare developed evidence informed proprietary reentry tools to assist our patients and staff preparing for reentry. Tools include a Reentry Self-Assessment to be completed by the patient; and Community Needs Assessment and Reentry Plan template, to be completed by the clinical staff. These tools allow for identification of individual needs, so plans can target specific challenges of each Inmate.

Reentry Website and App: YesCare recognizes that Inmates, and their families, have continued need for identification of community resources post release. To assist our patients and their families with planning for reentry and continued care after release, we first developed our reentry website in 2011. Customizable to the FDC, the website will allow easy access to several areas integral to an Inmate's successful reintegration into the community, including the following: Medical, Dental Care, and Mental Health Care, Crisis Counseling Services, Employment Resources, Housing/Shelter, Food and Clothing, Educational and Vocational Training, Veterans Services, Medicare and Medicaid, and Faith-Based Organizations.

YesCare has further expanded the reentry website to a mobile application. The mobile app allows Inmates to have quick access to resources from the palm of their hand. The app helps geolocate the nearest resource to the individual, allowing them to quickly connect with the serve they need while on the go in the community.

Skilled Nursing for Medically Fragile Patients: We understand that medical furloughs are denied more than they are approved thereby creating additional burdens for the FDC and the healthcare providers. In most cases, releasing patients are denied access to nursing homes due to their history of violence or their infectious disease status such as having HIV or HCV. With 157 nursing home facilities across the state, YesCare and Geneva Consulting can assist the Department in finding placement for releasing patients who need access to nursing homes or long-term care facilities. YesCare welcomes the opportunity to further discuss this unique solution, delivered through our Reentry and Transition Division, with the FDC as a means to compassionately balance the responsibility of care for aging Inmates against other budget priorities.

FDC Goal: Maximizing technology and efficiencies to provide enhanced services at reduced costs, including the establishment and expansion of academic partnerships.

Physician training and education is a YesCare investment which improves patient outcomes, strengthens competencies, increases productivity, promotes growth and accountability, and enhances the clinical services available on site. As part of our comprehensive educational program, YesCare physicians receive onboarding and ongoing training that goes above and beyond the standards in HSB 15.11.01 and Appendix G, Clinician Personnel Orientation. We have established **partnerships with 21 in-state institutions as prospective partners for clinical rotations at FDC facilities**. Our staff will continue to build upon this list throughout the contract's life for clinical rotations. This commitment to training provides an additional layer of safety and quality within patient care delivery.

In addition to orientating with the MED/CHO assigned preceptor per HSB 15.11.01, Appendix G, new physicians are also required to complete clinical and administrative training through a blended approach to learning. YesCare University modules (e-learning), Objective Structured Clinical Examination (OSCE simulation), and hands-on experience combined with innovative assessment and feedback, give YesCare providers the tools and support they need to provide efficient, quality care throughout the healthcare spectrum. YesCare onboarding modules are covered in section D.3.6.1 Program Management (PM) Service Area.

Our new ownership structure, described in our Executive Summary in Tab A, provides a deep bench of other related healthcare companies, enabling us to further broaden our medical, mental health, and technology programs to deliver proactive solutions to our patients and, through them, to our clients and the communities we collectively serve. For example, because of our three affiliated staffing companies – **CareerStaff Unlimited**, **United Staffing,** and **Access Therapies**, we are not only better equipped to deal with clinical staffing shortages, but have redesigned our protocols, brought more traditional off-site services like imaging on-site, and are finding realistic ways of leveraging telehealth to accommodate for shortages on the custody side.

YesCare will subcontract with **US Acute Care Solutions (USACS)** to help the FDC achieve strategic improvements in Inmate care at RMCH **YesCare with USACS offers a freestanding emergency department (FSED) and a robust telemedicine solution.** FSEDs are a new and evolving care delivery model that will benefit FDC. A freestanding emergency center for RMCH will offer the same high-quality care and resources found in a traditional hospital emergency department. It will assist in minimizing preventable transfers and delivering care that is not currently being provided (ex. Telemetry and Troponin for Cardiac Monitoring). With an FSED, YesCare and USACS will provide 24/7 emergency medical care in a clean, comfortable, healing environment — with minimal wait times. The FSED benefits the FDC by providing an emergency physician on-site at all times as well as reducing the number of patients requiring administration.

YesCare is committed to expanding telehealth, particularly for behavioral health therapy, where it has been shown to be comparable to in-person care. We believe it facilitates access to elevated levels of care, breaking down the many barriers of in-person counseling and allowing for more aggregate therapy to Inmates at a lower cost. Our connections with local hospitals and providers will facilitate telehealth, by bringing the necessary equipment and personnel behind the fence to the extent it can be without compromising care.

Our telehealth solution includes a partnership with **USACS** and **Amplify MD**. For our contract with the Maryland DPSCS, YesCare and USACS successfully utilize telemedicine technology to facilitate access to patient care by allowing a remote connection through video between a clinician and a patient or a clinician and other clinicians. The proven strengths of this telemedicine partnership are accessibility, timeliness, quality improvement, addressing surge/staffing needs, and risk mitigation through access to consultation. AmplifyMD, will provide telemedicine specialty care and will be another resource for providing clinical support and advisement for healthcare delivery. Not only will it provide specialty care, but it will simultaneously eradicate and enhance curbside consults, which Rubicon (an e-consulting platform) is presently managing for the FDC's current healthcare vendor.

YesCare will subcontract with **Eccolab Group (Eccolab)** for laboratory diagnostic services (see, B.2.3. Subcontractor Information). Eccolab is a full-service clinical laboratory that provides clinical tests and services. Headquartered in Miami, Eccolab laboratory testing facilities currently extend throughout the State of Florida (as well as other parts of the United States). Within the RMCH, Eccolab will be able to serve as the STAT lab for the RMCH and Region 2 institutions close to RMCH. Of note, Eccolab has relationships with local hospitals throughout the State of Florida and can provide STAT labs with turnaround times between 2-4 hours from when the specimen is received.

Like the FDC, at YesCare, safety and security are paramount. We have established a venture with Tate, Inc. to provide five (5) Maximum Secured Visitation Booths to the FDC to assist with Restrictive Housing as well as correctional staffing difficulties. Our intent is to place the booths, at the FDC's direction, within designated Restrictive Housing units. The booths minimize the need for officer escorts out of Restrictive Housing, thus improving safety and security, limiting disease transmission, and reducing costs for the Department. They are also ideal for legal consultation, judicial hearings, telehealth and mental health evaluations and family visitation. Please see Tab F for more information about these booths.

C.e. Risks and Challenges

Vendor shall describe any risks and challenges with the Department's goals

We appreciate the sensitivity of this inquiry. The reality is that a correctional setting without risk does not exist. As we have gone through one of the most challenging times in many generations, the trail left by COVID-19 continues to deeply and dramatically affect what we collectively do. The negative impact on staffing in a correctional setting has led to devasting reverberations that we are still addressing; be it access to off-site care or the delivery of care behind the fence. As we submit our response to this ITN, we do so in the midst of hurricane season which, on many occasions, has left a crushing impact on correctional operations for FDC.

The consequences of staffing vacancies are perhaps the single most significant risk for many of the Department's goals. It is for that reason and many more that choosing the right healthcare partner to help shoulder that burden is the best way to help mitigate that risk so that FDC's objectives are met.

Goals such as reducing Inmate mortality with timely treatment, ensuring access to care even for those in special housing and improving the assessment and delivery of mental health treatment are not lofty nor gaudy goals. The risk for FDC in not achieving these goals is not having the right healthcare partner in place that is delivering the right care at the right time. It is a partner that is efficient, dedicated, and resourceful. It is a partner that does not talk in terms of custody vacancies but focuses on creative solutions to ensure care is delivered. It is a company capable of bringing an arsenal of resources to the table, from staffing solutions for everyday care, mobile response units to provide specialty care onsite

and technological advances to actually enhance the ways in which telehealth is delivered. ***That partner is YesCare.***

Not having the right staff in place who have been appropriately trained in patient communication is a significant risk to increased grievances and litigation. Basic interaction with an ability and willingness to answer patient questions goes a long way to prevent grievances and risk of litigation. YesCare's dedication to a nurse preceptor program is the perfect opportunity for new staff to observe and learn from seasoned staff the appropriate communication skills that help address legitimate health concerns, deescalate tensions and reduce grievances. Equally important, YesCare is proposing Patient Advocates to help address the concerns of families and loved ones as well. As grievances are reduced, so too are the number of lawsuits filed. ***That partner is YesCare***.

The risk in not achieving improved waiting times for consultations, diagnostic testing, and treatment or in not reducing the use of unsecured community hospital units is selecting a healthcare partner with an inferior Utilization Management team. Superior Utilization Management serves as a safety net to ensure the right level of care is being delivered at the right time. If that is not occurring, care is being delayed resulting in increased urgent and emergent situations resulting in the underutilization of the secure units at Jacksonville Memorial in Jacksonville and North Shore Hospital in Miami. YesCare is keenly aware of the enormous efforts of FDC to establish those Secure Units, complete with full-time dedicated staff. While there are certainly times in emergency situations that prevent patients from being taken to one of those locations, YesCare's dedicated UM team will constantly monitor those hospitalized and arrange for transports to the proper secure wards as soon as medically appropriate to help alleviate that risk.

If thoughtful planning and coordination is not in place and professional relationships have not been established, releasing Inmates, especially those needing medical assistance, back into their communities can create life threatening situations. YesCare is very deliberate in how it addresses this risk to ensure the handoff of the Inmate back to his or her community is successful and permanent. In preparation for this ITN, YesCare developed a network of hundreds of community providers and other resources to assist in that handoff. YesCare is well aware of the challenges faced in many instances where an Inmate being released needs a higher level of care such as a skilled nursing unit or a nursing home. As a result of YesCare's access to resources, **in every region in Florida**, there will be nursing home availability for those difficult transitions that are frequently complicated by an individual's criminal history.

C.f. Quality Services with Cost Containment

Vendor shall describe the Vendor will ensure quality services while ensuring costs are contained

YesCare will identify areas of over-utilization and offer the FDC tailored, value-based management solutions in the following areas:

- Evidence-based medicine
- Employee turnover analysis and appropriate level of staffing
- Competitive pay and benefits, including shift differentials and weekend option pay
- Prevention of unnecessary hospitalizations by maximizing the use of on-site facilities such as infirmary/medical observation beds
- Maximizing the use of the Regional Medical Center Hospital
- Maximization of telemedicine capabilities and electronic health record flags

- Re-entry and discharge planning programs that partner with community resources to reduce recidivism and foster continuity of care
- Elimination of unnecessary off-site referrals for on-site specialty services
- Analysis of prescribing patterns and practices
- Decreased transportation and security cost through analytics of utilization data
- Industry-leading formulary management and monitoring of prescribing habits
- National contracts for supplies and ancillary services
- A proactive utilization management program that reduces inpatient length of stay, including efficient utilization of infirmary beds and behavioral health unit beds

The following are examples of how implementation of these methods and practices have impacted our client contracts.



Medication Utilization and Cost: We monitor regularly to ensure effective stewardship of resources. YesCare guides prescribing behavior and compares real-time prescribing to our Psychiatric Quality Indicators. Our providers base prescribing decisions on diagnoses and not only on symptoms so that polypharmacy and oversedation are avoided. We implement therapeutic services and sleep hygiene interventions to treat diagnoses and eliminate drug-drug adverse interactions. Each provider receives supervision using medication utilization analytics and peer review.

The success of this approach is proven. Upon transitioning the psychiatry contract from the Michigan Department of Correction's previous provider in June 2016, we implemented initiatives that decreased psychotropic medication spend by 60%, averaging $204,362 per month for a total savings of $9.8M since the onset of the contract. We also addressed the previous vendor's overutilization of "sleep" medications, such as Benadryl and Melatonin, by applying evidence-based interventions and one to one supervision and consultation with providers.

Personnel Costs: YesCare utilizes contractually required staffing matrices as baseline staffing requirements. On occasion, contractual staffing is exceeded by a simplistic approach, and volume and acuity dictate staffing overruns. YesCare is accustomed to preparing weekly or bi-weekly staffing schedules and monthly staffing reports. The reports are the cornerstone to managing personnel costs including agency usage. Our Health Services Administrators utilize such reports to manage employee burnout by identifying excessive over-time utilization and negotiate long-term agency agreements in the instances they are necessary

Off-site Costs: A very small number of annual intakes account for the majority of off-site costs. Accordingly, YesCare Health Service Administrators are trained to communicate potential high-dollar cases in order for our Network Development staff to negotiate case rates which improved upon our 70% discount for Florida jails.

C.g. Approach Differentiators

Vendor shall describe the Vendor's approach differentiators

YesCare has the financial resources, talented professionals, time, and desire to meet current challenges in staffing (custody, security and clinical), mental health, substance use disorders, infectious diseases, etc. with proactive solutions. **In short, we want to make the FDC's job easier by being a provider who does more.** Our new ownership structure brings together a deep bench of related healthcare companies, enabling us to further broaden our medical, mental health, and technology offerings to improve outcomes for our patients and, through them, to our clients and the communities we collectively serve.



Demonstrating our capacity for being out of the box thinkers, YesCare acquired a fleet of **Mobile Response Clinics (MRCs)** to bring off-site services on-site, created a crisis hotline and has partnered with **Oui Therapeutics (Oui)** for the use of digital therapeutics and tele-therapy in suicide prevention. Oui was founded by Dr. Seth Feuerstein, the adviser to the National Institute of Health (NIH) and the Department of Defense (DOD) on the subjects of suicide prevention and addiction. We differentiate ourselves by instituting a comprehensive focus on measuring results and demonstrating performance by using dynamic indicators of performance metrics to enhance outcomes. YesCare is training all staff in at least a basic certification in **Lean Six Sigma**, a method that relies on a collaborative team effort to improve performance by systematically removing waste and reducing variation.

Operations Differentiators: YesCare's corporate office exists to support our field operations. We hold weekly operational review meetings between our executive team and core members of each regional management team. The meetings are an open forum and serve as a regular check-in to discuss trends, achievements, opportunities for improvement, critical vacancies, needed supplies, and other clinical and operational concerns. In addition to overall operations, common topics discussed include HR metrics, recruiting/retention/compensation, client relations, marketing, and financial management. This format has elevated our performance in field operations.

Staffing Differentiators

- **Retention Bonuses** for existing staff for each year they remain in the FDC program under YesCare.
- **Linguistic Bonuses** for employees who speak both English and Spanish or who are fluent in American Sign Language (ASL).
- **A Traveler Program** that includes, HSAs, DONs, LPNs, and RNs, ready at a moment's notice to assist in filling key vacancies or responding to existing clients with additional support.

Other Programming Differentiators

- Suicide Prevention Improvements (including a **24-hour Crisis Hotline**)
- Additional 60 days of select **bridge medications** sent to released Inmates for a total of 90-days

- YesCare is one of the few correctional healthcare companies nationwide that is participating with **a federally qualified Patient Safety Organization (PSO)** – an independent, not-for-profit organization dedicated to reducing preventable harm. Our participation means that our quality and safety data is protected by legal privilege, offering a "safe haven" for critical analysis of the care our healthcare team provides. This allows us to learn from our near misses, events, and unsafe conditions in a confidential environment.
- YesCare is partnering with **Capstone Health Network** to offer a supplemental healthcare program to releasing Inmates and their families in the area of physical health and mental health services including emergent. This program is an affordable alternative for released Inmates and families who may not qualify for Medicaid/care services.

Technology Differentiators

YesCare's innovative use of technology and access to care resources is described in "Value Adds" and will be highlighted within the service area descriptions below. These will include:

1. **Tele-triage:** an enhancement to YesCare's telehealth strategy that will provide upgraded on-call capabilities, peer-to-peer collaboration and sub-acute pre-hospitalization triage.
2. **Mobile Response Clinics (MRCs):** enables expansion of the scope and volume of services performed on-site. Can be fitted for radiology, optometry, disaster response, preventative services and a host of additional services.
3. **Objective Structured Clinical Examination (OSCE):** clinical learning and competency training for nursing and providers to improve/expand skills sets.
4. **Health Risk Stratification**: population health management capabilities to identify patients at high, moderate or low risk based on selected criteria.
5. **Business Intelligence Program:** Making the best possible decisions for our patients, partners, and other stakeholders requires a commitment to a data-driven process. YesCare's Business Intelligence Unit specializes in collecting clinical and operational data and formatting it into a user-friendly **YesCare BI Dashboard.** By offering visibility at the push of a button, our dashboards allow us to operate more intelligently, more productively. Please see section 6.10 Information Technology Services for examples of our BI Dashboard.

C.h. Transition and Implementation

Vendor shall describe the Vendor's transition and implementation of services

Our plan for transition and implementation, described in detail in *Tab E Implementation Plan*, is based on active collaboration with FDC stakeholders and utilization of project management best practices. Our plan is designed to ensure transition and implementation activities facilitate continuity of care and are completed by the responsible party on time, without interruption or delay in the provision of health care, and without sacrificing quality or continuity of care.

We have successfully transitioned no less than 29 statewide contracts including medical, behavioral health, pharmacy, and dental programs. **Together with our partners, we have transitioned statewide contracts in challenging circumstances, including a comprehensive transition for the Arizona Department of Corrections upon receipt of 30 days' notice. In 2019, we transitioned the** statewide contract for the **Maryland Department of Public Safety and Correctional Services (DPSCS)**. YesCare is prepared and has the deep bench of resources needed to fully implement services on July 1, 2023.

Currently YesCare is beginning transitioning the entire State of Alabama from Wexford for an effective date of October 1, 2022.

Our transition team will be led by Sara Tirschwell, our Chief Executive Officer, Dr. Greg Ladele, our Chief Medical Officer, William "Bill" Carr, JD, our proposed Corporate Officer, and Ralf J. Salke, RN, BSN, CCHP-A, our proposed Vice President of Operations (VPO).

Our transition team will also be comprised of YesCare's Executive Leadership, Regional Operations Leadership (Program Directors, Program Administrators, etc.), Clinical Leadership (Regional Medical Directors, Regional Psychiatric Directors, Regional Director of Nursing), and specialized corporate staff (Human Resources, Benefits, Recruiting, Clinical, Training, Nursing, IT, and Finance).

C.i. Say Yes to Exceptional Care

Vendor shall describe why the Vendor's solution is best for the State

YesCare has the knowledge and understanding that come from experience and the fresh perspective and substantial resources of a well-funded start-up. Using all the resources available to us, we will be a solutions-based partner to the FDC by:

- Application of evidence-based medicine
- Favoring permanent over temporary/agency staffing
- Minimizing employee turnover and implementing appropriate levels of staffing
- Maximizing the use of on-site facilities such as infirmary/medical observation beds
- Limiting off-site trips by using our Mobile Response Clinics, bringing defined clinics and specialty services behind the fence
- Introduction of the Patient Advocate to respond to issues before they become formal complaints
- Training for custody staff in de-escalation and suicide prevention techniques
- Providing select bridge medications for a total of 90 days to assist Inmates as they transition to the community
- Maximizing the use of the Regional Medical Center Hospital
- Practical maximization of telemedicine capabilities and electronic health record flags
- Re-entry and discharge planning programs that partner with community resources to reduce recidivism and foster continuity of care
- Shifting costs to Medicaid for medically fragile elderly Inmates
- Analysis of prescribing patterns and practices
- Decreased transportation and security cost through analytics of utilization data
- A proactive utilization management program that reduces inpatient length of stay
- Collaborating with FDC to funnel opioid settlement funds to FDC for opioid use disorder (OUD) treatment

YesCare's aggressive steps toward innovation, accountability, and service to the field, as evidenced by Technical Capabilities, Employee Ownership, Mobile Response Clinics, Staffing Solutions, BI Intelligence, and more, are one indication of the new culture we are building and why we are the logical choice to serve as the FDC's correctional healthcare partner.

TAB D – SERVICE AREA DETAILED SOLUTION
SECTION 3 – SCOPE OF WORK

YesCare has reviewed and acknowledges the ITN requirements in sections 3.1 General Description of Services, 3.2 Overview of Services, 3.3 Service Locations and Service Times, 3.4 Rules and Regulatory Requirements, and 3.5 Confidentiality. Our response to section 3.6 Health Care Services is on the pages that follow.

3.6 Health Care Services

3.6.1. Program Management (PM) Service Area

a. Acknowledgement & Acceptance: Requirements

Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs

YesCare acknowledges and accepts each requirement as listed in ITN section 3.6.1 Program Management (PM) Service Area.

b. Acknowledgement & Acceptance: Performance Measures

Acknowledge acceptance of each Performance Measure (PM)

YesCare acknowledges and accepts each Performance Measure (PM) as listed in ITN section 3.6.1 Program Management (PM) Service Area.

c. Exceeding Performance Measures

Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified

- **PM-PGM-001:** YesCare's staffing plan includes two (2) Patient Advocates who will maintain the log and files related to health care inquiries, requests, complaints, or informal grievances and will coordinate with the Impaired Inmate Nurse and/or ADA Coordinator for ADA related concerns.
- **PM-PGM-004:** YesCare self-audit screens assist in ACA accreditation
- **PGM-038:** SANE training opportunities for YesCare nursing staff as detailed in Institutional Care
- **PGM-040** and **PGM-041**: Nursing staff competencies, initial and ongoing, will include Objective Structured Clinical Examinations (OSCE) as defined in Institutional Care.
- **PGM-071:** YesCare is using Apex Global for inventory management to ensure appropriate supply levels.

d. Proposed Modifications: Performance Measures

Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings)

YesCare is not proposing any modifications to the Performance Measures listed in ITN section 3.6.1 Program Management (PM) Service Area.

e. Plan for Providing Services

Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place

YesCare will be responsible for the oversight and program management of comprehensive health care services for the FDC. Through the contract, YesCare will:

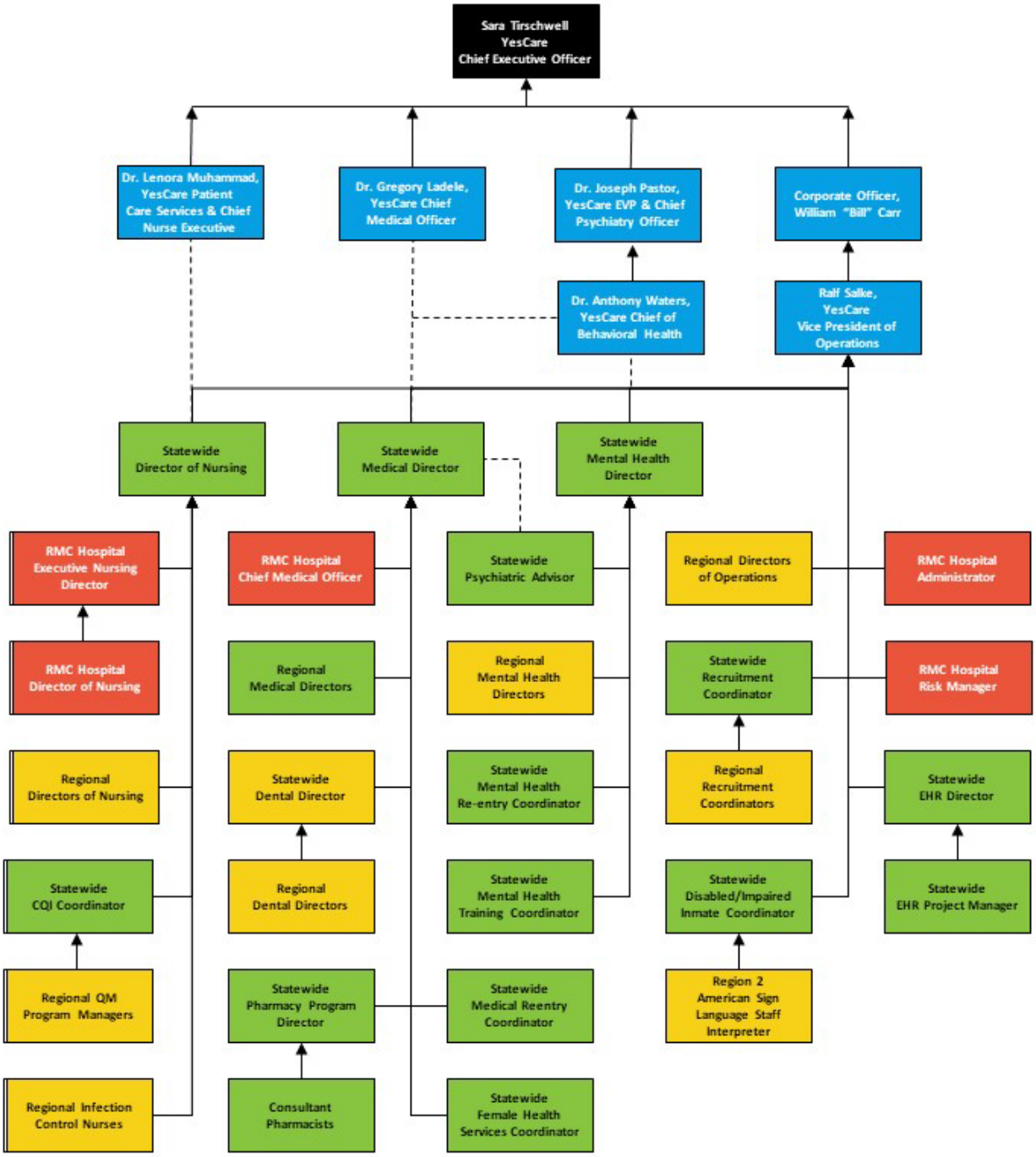
- Deliver all **Comprehensive Health Care Services** to Inmates.
- Perform **Impact Analyses** within a timeframe specified by the Department to ensure potential rule or statute changes that may impact the health service program and its cost and success.
- Compile **Analytics** to maintain statistical information related to Inmate health care for the Department's use to make healthcare changes and improvements.
- Monitor **Contract Compliance** daily to ensure we remain compliant with the contract on a monthly basis.
- Provide **Oversight and Success** in all service functions on the contract.

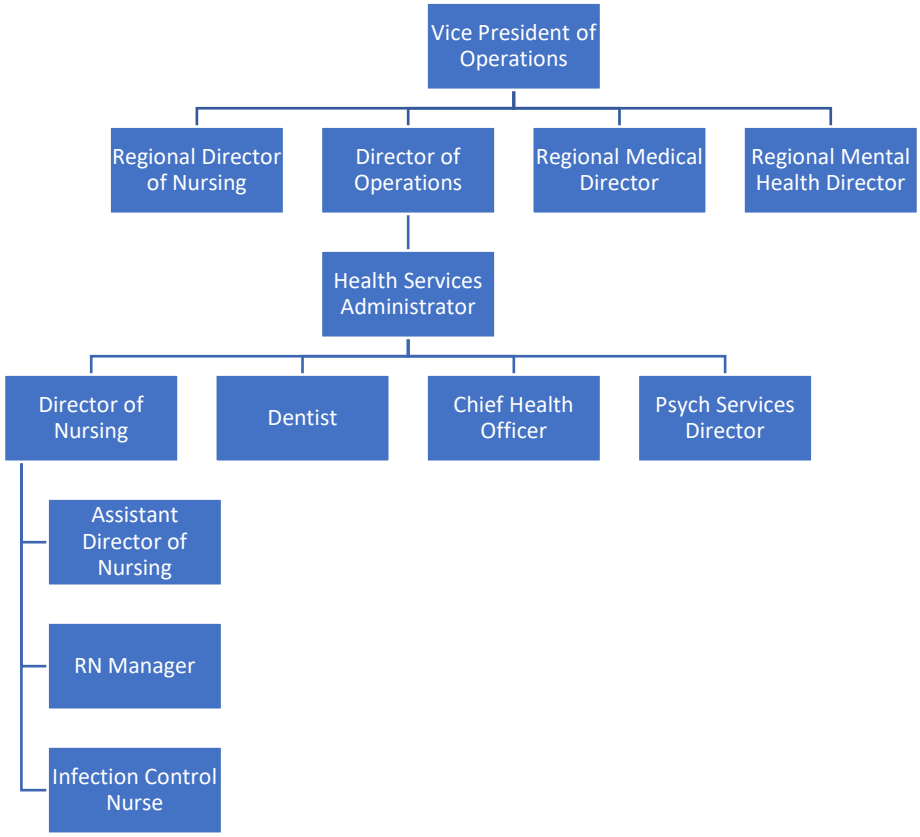
Our proposal reflects our alignment with the FDC's mission to provide the levels of care required by law and rule and achieve strategic improvements in Inmate care. Working alongside the FDC, we anticipate the successful delivery of a broad program of integrated care that will result in "improved re-entry outcomes which reduce recidivism." As the FDC knows, recidivism is not only a high cost to society in terms of the loss of productive lives but is also a financial burden to the State. **The foremost goal of the YesCare team is to optimize long-run cost savings by making the right judgment calls in the short run that consider the ultimate objective of saving productive lives through an elevated model of care**.

Leadership at the Statewide, Regional and Institutional Levels

YesCare's statewide, regional, and institutional leadership team will work collaboratively with the Department to ensure service delivery complies with all standards. Responsibility for program oversight is jointly managed between the Corporate Officer, Statewide Vice President of Operations and the Statewide Medical Director, reporting ultimately to our CEO. Under their leadership, regional support staff are included in the development, monitoring and planning for implementation of all clinical programs with the help of custody.

Each of our state contracts is a "division" of YesCare, with weekly Teams meetings that bring together State operational and clinical leadership with corporate operational and clinical leadership, along with IT, legal, finance, HR, and our CEO, to analyze data, explore opportunities, discuss trends and problem solve. Our regional teams then work directly with site leaders to facilitate programming. Audits of all our clinical and mental health programs occur as a part of our Continuous Quality Improvement program. The graphic below illustrates our leadership team and each level.


Sara Tirschwell
YesCare
Chief Executive Officer
Dr. Lenora Muhammad, YesCare Patient Care Services & Chief Nurse Executive
Dr. Gregory Ladele, YesCare Chief Medical Officer
Dr. Joseph Pastor, YesCare EVP & Chief Psychiatry Officer
Corporate Officer, William "Bill" Carr
Dr. Anthony Waters, YesCare Chief of Behavioral Health
Ralf Salke, YesCare Vice President of Operations
Statewide Director of Nursing
Statewide Medical Director
Statewide Mental Health Director
RMC Hospital Executive Nursing Director
RMC Hospital Chief Medical Officer
Statewide Psychiatric Advisor
Regional Directors of Operations
RMC Hospital Administrator
RMC Hospital Director of Nursing
Regional Medical Directors
Regional Mental Health Directors
Statewide Recruitment Coordinator
RMC Hospital Risk Manager
Regional Directors of Nursing
Statewide Dental Director
Statewide Mental Health Re-entry Coordinator
Regional Recruitment Coordinators
Statewide EHR Director
Statewide CQI Coordinator
Regional Dental Directors
Statewide Mental Health Training Coordinator
Statewide Disabled/Impaired Inmate Coordinator
Statewide EHR Project Manager
Regional QM Program Managers
Statewide Pharmacy Program Director
Statewide Medical Reentry Coordinator
Region 2 American Sign Language Staff Interpreter
Regional Infection Control Nurses
Consultant Pharmacists
Statewide Female Health Services Coordinator



The YesCare corporate team and our CEO support statewide leadership, actively securing additional resources, devising solutions, and offering other help as needed. **YesCare's contract with the FDC will be fully supported by YesCare's leadership and our Healthcare Support Team.** Although each team member is integral to our success, the following paragraphs highlight the individuals who will be directly accountable for the clinical and managerial administration of the FDC healthcare program.

SARA TIRSCHWELL, CFA, CVA – CHIEF EXECUTIVE OFFICER



YesCare CEO Sara Tirschwell brings experience as a forward-looking leader, aligning business operations to our mission of providing state-of-the-art correctional healthcare that emphasizes compassionate, holistic treatment of our patients. Building upon YesCare's 40 years, Ms. Tirschwell's approach as a hands-on chief executive is bringing the organization to new heights within the industry. Her strategic vision focuses not just on exceptional medical services but also integrates those services with behavioral healthcare, efficacious substance abuse and suicide prevention programming, and meaningful re-entry services. She is committed to transparent partnerships with our government clients, emphasizing data-driven action, mutual understanding, and utilization of advanced technology. With expertise in behavioral health, government relations and decades of investing in healthcare services and other challenged industries, Ms. Tirschwell is uniquely equipped to lead YesCare toward raising the standards for correctional healthcare.

Clinical Leadership

AYODEJI "GREG" LADELE, DO, MBA – CHIEF MEDICAL OFFICER



Dr. Ladele is Board-Certified in Family Medicine with residency training in Urban Medicine and extensive experience with healthcare management within the underserved population, including correctional healthcare. As Chief Medical Officer, he supervises and directs the delivery of healthcare services for incarcerated patients in more than 50 correctional facilities throughout the country. His passion for the underserved and experience in strategic leadership align with the mission of YesCare's clinical programs: To provide healthcare in a safe and efficient environment, using evidence-based healthcare and clinical practices for superior care delivery to all patients YesCare serves. **Dr. Ladele has served in several key leadership positions within FDC (February 2014 – September 2017) including Site Medical Director, Medical Executive Director for RMC Hospital, Chief Health Officer for RMC Hospital, Associate Regional Medical Director for RMC Hospital, and Regional Medical Director for RMC Hospital. He has multiple state licensures to practice medicine including Florida and resides in the State.** He also has extensive experience presenting at the quarterly Governor's Board Meetings with the senior leadership from RMC, including the provision of data analytics of the services rendered at RMC.

Dr. Ladele's experience also includes working with the Locked Unit at Jacksonville Memorial Hospital (JMH) and with the specialists that provide care at both JMH and RMC. He established strong working relationships with clinical leaders in many hospitals that treat FDC patients and developed a standard operating procedure of mandatory peer to peer communication of all patients returning back to the FDC due to hospitalizations or Interstate Compact. This resulted in resulting in significant reductions in lengths of stay and minimized hospital censure.

Dr. Ladele's commitment to pursuing medicine took root during his undergraduate studies at Morehouse College in Atlanta, GA, where he graduated with Honors. He went on to complete his MBA from Tennessee State University in Nashville, TN. Dr. Ladele received his medical degree from the University of Medicine and Dentistry of New Jersey (UMDNJ-SOM), then completed his medical training with a residency in Family Medicine (and concentration in Urban medicine) from The Ohio State University Health System.

LEONORA C. MUHAMMAD, DNP, APRN, AGPCNP-BC, CCHP – SENIOR VICE PRESIDENT, CHIEF NURSE EXECUTIVE PATIENT CARE SERVICES



As Senior Vice President, Chief Nurse Executive of Patient Care Services (SVP/CNE), Dr. Muhammad oversees the patient care services provided by the site, regional, and corporate nursing leadership teams. She also supports corporate operational strategy by focusing organizational practice on nursing care, prevention, continuity, education, coordination, continuous improvement, collaboration, clinical compliance, and safety for patients housed within the correctional facilities. Working with the Quality Improvement Program (QIP) Managers, Dr. Muhammad evaluates patient services processes across the organization for quality, cost-effectiveness, efficiency, and regulatory compliance.

Before being named SVP/CNE, Dr. Muhammad served as the company's Associate Vice President, Patient Care Services. She was responsible for all quality improvement and patient safety activities, including education, academic affiliations, and leadership development. Dr. Muhammad also managed the company's rollout of the Lean Six Sigma program. She also served as the company's Senior Director

of Quality Improvement and Patient Safety (QIPS). She provided direction and leadership, with accountability for the quality program(s), specialized audits, special reviews, projects, and initiatives as the QIPS committee defined.

She has 19 years of nursing and leadership experience and is a NCCHC Certified Correctional Health Professional Board of Trustees member. In October 2019, she was the second recipient of the National Commission on Correctional Healthcare's Young Professional Award. She was elected board member of the National Black Nurses Association and the current President of the Black Nurses Association of Greater St. Louis. She recently gave the commencement speech to the St. Louis Chamberlain College of Nursing graduates.

JOSEPH M. PASTOR, MD, CCHP – CHIEF PSYCHIATRIC OFFICER



Dr. Pastor has over 25 years of medical practice experience and has extensive knowledge of the correctional, community, private, and academic mental health sectors. He is an expert in integrating physical and behavioral medicine and is trained in adult and child/adolescent psychiatry.

Certified by the American Board of Psychiatry and Neurology, Dr. Pastor has worked in correctional health care since 1998 and has served in multiple roles at YesCare since 2009. He was named Chief Psychiatric Officer in 2016 and is licensed to practice medicine in the State of Florida.

Published extensively in scientific, psychiatric and correctional periodicals, Dr. Pastor consults both nationally and internationally on correctional health and suicide prevention. He served on the National Commission on Correctional Health Care (NCCHC) Suicide Prevention Task Force to develop a national response plan for suicide prevention in corrections and to publish the current NCCHC Suicide Prevention Resource Guide. His international presentations include *E-Health and Telemedicine: Special Populations, Prisoners and Refugees* at Rome Business School, Italy; Suicide Prevention at La Spezia Penitentiary, Italy; and, *Extremist Ideology and Psychiatric Morbidity* at Ospedale di Santa Maria Nuova in Florence, Italy.

ANTHONY WATERS, PSYD – SENIOR VICE PRESIDENT OF BEHAVIORAL HEALTH



As Senior Vice President, Chief of Behavioral Health, Dr. Waters provides consultation and operational support for behavioral health functions for YesCare contracts nationwide. He serves as behavioral health services coordinator between YesCare's Regional and site Offices and YesCare's Central Office.

Dr. Waters is a Licensed Clinical Psychologist with an undergraduate degree from Michigan State University and a doctorate from George Washington University. Before joining YesCare, Dr. Waters served as Director of Program and Staff Development of Mental Health Service at Correctional Health Services, New York City Health + Hospitals, where, among other responsibilities, he designed and implemented innovative clinical programs and professional development initiatives, including multiple residential treatment units and the NYC DOC Crisis Intervention Team (CIT) program. Concurrently, Dr. Waters maintained a private practice specializing in training development and delivery for residential treatment centers, hospital systems and non-profits, specializing in trauma, verbal de-escalation of crises, and forensic consultation. Before his work within the NYC Jail System, Dr. Waters was an NYPD psychologist, conducting over 1,500 psychologist assessments for the Department and performing critical incident debriefings.

Recognized nationally for his expertise in psychology for corrections, Dr. Waters has presented to numerous organizations (including the National Commission on Correctional Health Care and American Psychological Association) on topics such as crisis intervention, diagnosing with the DSM-5, the challenges confronting psychologists working in correctional settings and trauma-informed care with justice-involved clients. His peer-reviewed journal publications include articles on a clinical alternative to punitive segregation for seriously mentally ill patients and the value of training on dual loyalty to promote the care of vulnerable incarcerated individuals. His clients included the New York Police Department, John Jay College of Criminal Justice, Major League Baseball, and numerous organizations at the intersection of mental health and the criminal justice system.

Operations Leadership

BRANDON DE JULIUS, MBA, CCHP-A, SHRM-SCP, FACHE, FHFMA – EXECUTIVE VICE PRESIDENT AND CHIEF ADMINISTRATIVE OFFICER, OPERATIONS



As EVP & Chief Administrative Officer, Operations, Mr. De Julius is responsible for developing operations strategy and achieving expected outcomes. In partnership with the Chief Clinical Officer, Operations, he has joint accountabilities for all operations programs, including profit and loss, talent management, and business development. Mr. De Julius also oversees the implementation of corporate strategies and leads the company's client retention program.

Prior to being named Chief Administrative Officer, Mr. De Julius served as YesCare's Area Vice President for the company's contract with the Philadelphia Department of Prisons (PDP). In this role, he was the administrative/operational manager responsible for the delivery of contract services, including the supervision of Health Services Administrators and serving as the liaison of services within the City of Philadelphia Prisons Executive Leadership Team.

Mr. De Julius joined YesCare in 2010 and has served as an Assistant Health Services Administrator and Regional Director before being named Area Vice President. He has an MBA in Health Sector Management, BA in Biology, and BA in Spanish Language and Linguistics from Temple University. He is also a Certified Correctional Health Professional – Advanced, Certified Six Sigma Master Black Belt, Society of Human Resource Management Senior Certified Professional, Fellow of the American College of Healthcare Executives, and Fellow of the Healthcare Financial Management Association.

MARY C. SILVA, MBA, BSN, RN, FNE, NE-BC, CCHP-RN – CHIEF CLINICAL OFFICER, OPERATIONS



In her role as Chief Clinical Officer, Ms. Silva is responsible for patient care quality. In accordance with the company's strategic plan, she develops and executes clinical strategies that promote quality, safety, and cost-effectiveness. She also collaborates with the company's Chief Medical Officer to determine clinical policies and to ensure compliance with state and federal government and accrediting body directives, rules, regulations, and clinical performance measures.

Additionally, in partnership with the Chief Administrative Officer, she has joint accountabilities for all operations programs, including profit and loss, talent management, and business development.

Before being named Chief Clinical Officer, Ms. Silva served as YesCare's Chief Nursing Officer. She provided vision and strategic direction for the company's nursing staff, including identifying company-wide nursing quality indicators to assure standardization and accountability and promoting evidence-based healthcare best practices. Ms. Silva also served as Vice President of Operations for YesCare's contract with the Philadelphia Department of Prisons for nine years. She was responsible for contract performance, strategic planning, service enhancement, and client and legislative satisfaction.

Ms. Silva joined YesCare in 1995 and has over 25 years of correctional healthcare administration and nursing experience and has been a featured presenter at numerous NCCHC and ACA conferences. In addition to being a Certified Correctional Healthcare Professional-RN (CCHP-RN), she is a certified Six Sigma Yellow Belt, board-certified by the American Nurses Credentialing Center (ANCC) as a Nurse Executive (NE-BC) and a licensed Forensic Nurse Examiner (FNE) in the State of New Jersey.

Client Services

MICHAEL E. MURPHY – SENIOR VICE PRESIDENT OF STATE CLIENT RELATIONS AND BUSINESS DEVELOPMENT



As Senior Vice President of State Client Relations and Business Development, Mr. Murphy is responsible for building, maintaining, and strengthening relationships with the company's state partners. In this capacity, he works with YesCare's state partners to build strategies to achieve client goals and identify challenges and opportunities for future growth.

Before serving in his current role, Mr. Murphy was Senior Vice President – State Corrections, responsible for managing and overall direction of health care services and operational accountability for YesCare's statewide contracts. His duties included overseeing the development and execution of each contract's operations plan, client-partner relationships, and operational leadership recruitment and retention.

Mr. Murphy joined YesCare after more than 35 years in the corrections industry. His career responsibilities ranged from regional management of federal correctional facilities and medical operations to design-build-finance, business development, and oversight of federal/state government and customer relations.

Corporate Support

DANA BELL – CHIEF OF STAFF



As YesCare's Chief of Staff, Ms. Bell serves as a client advocate and provides strategic and administrative support to YesCare's CEO, Sara Tirschwell. In this capacity, she also coordinates new business development and contract retention for the company's clients nationwide. She is actively involved in strategic sales planning, proposal development, pro forma development, and ongoing client satisfaction.

Ms. Bell is a business executive with more than 20 years of experience in organizations and corporate environments. Throughout her career, she has demonstrated proficiency in identifying needs, creating innovative strategies and building dynamic teams. Ms. Bell has effectively managed and optimized financial, operational, and sales functions with a

proven record of leading teams to successfully implement business initiatives concentrating on bottom-line objectives.

J. SCOTT KING, JD – EXECUTIVE VICE PRESIDENT AND CHIEF LEGAL OFFICER



As Chief Legal Officer, Executive Vice President, and Secretary for YesCare, Mr. King oversees YesCare's Legal Department, including contracting functions, litigation management, and general operational issues.

He has more than 30 years of legal experience in healthcare and transactional law. His specialized practice areas include HIPAA, anti-kickback fraud and abuse, Medicare and Medicaid reimbursement, and other statutory compliance matters.

Before joining YesCare in 2005, Mr. King was Assistant General Counsel for the Dialysis Clinic, Inc. in Nashville. He also served as a staff attorney for the Tennessee Department of Health and the Tennessee Department of Mental Health and Developmental Disabilities.

REGINA N. LINDSAY, MBA – SENIOR VICE PRESIDENT, HUMAN RESOURCES



Regina Lindsay, MBA is the Senior Vice President, Human Resources for YesCare. She leads all YesCare Human Resources functions, including talent management, recruiting, compensation and benefits, employee engagement, HR operations, and labor relations. Ms. Lindsay creates HR strategies to align with business objectives to ensure human capital management, and there is an HR presence in the field to better support operational leaders.

Ms. Lindsay has spent more than 15 years in various organizations providing strategic HR guidance to senior leaders. Her experience includes employee relations, performance management, labor relations, talent management, recruiting, training, HR compliance and policy, organizational development, and mergers/acquisitions. Her experiences extend to several industries, including foodservice/beverage distribution and supply chain, telecommunications, energy and utilities, and non-profit organizations.

She earned her bachelor's degree in Hospitality/Business Management from Virginia State University and a Master of Business Administration degree in Global Management from the University of Phoenix. Ms. Lindsay also holds a certificate in Human Resources Management. She is a certified Lean Six Sigma Green Belt and a Notary Public, an active member of the Society of Human Resource Management (SHRM), and a volunteer for the American Foundation for Suicide Prevention (AFSP). Also, she serves as a board member for the House of Ruth Maryland.

MICHAEL MIDDLETON – CHIEF INFORMATION OFFICER



As Chief Information Officer (CIO) Mr. Middleton is responsible for the organization's overall information technology strategy, initiatives, and associated operations. He provides vision and leadership for the design, implementation, and operations of enterprise and clinical information technology systems, programs, and processes. With a focus on automation, security, and extracting insight from data, he oversees the development of IT strategies that sync with business objectives.

Mr. Middleton brings over 20 years of IT experience in various roles with increasing responsibility. Working mainly with state organizations, he has provided IT leadership that allowed him to build

strategies and direct the application at a technical level. Before joining YesCare, he supported several large public entities where he enhanced the technical functionality and security within best practice and industry frameworks.

F. JEFFREY SHOLEY, CPA – CHIEF FINANCIAL OFFICER



As Chief Financial Officer, Mr. Sholey is responsible for the company's financial operations, including Financial and Operational Accounting, Corporate Finance, Treasury, Tax, and Risk Management Programs. He collaborates with Operations, Business Development, and other departmental leaders to provide financial support.

Mr. Sholey is a Certified Public Accountant with 20 years of correctional healthcare experience. Before joining YesCare, he served for 13 years at a national public accounting firm where he provided audit and business advisory services for multi-location, highly decentralized public and private entities.

STEVEN C. TOMLIN, MHS, CADC, CCS – SENIOR VICE PRESIDENT OF COMMUNITY PARTNERSHIPS AND RE-ENTRY



With nearly 30 years of facility management, hands-on operations, behavioral health, and quality control experience, Mr. Tomlin leads YesCare's Community Partnerships and Reentry Division, where he is responsible for developing re-entry networks in conjunction with business development, clinical and behavioral health for new business at state and county levels. He also develops and leads the company's strategic partnerships with national, State, and local partners.

Before joining YesCare, Tomlin served as CEO of TrueCore Behavioral Health, a national operator of Juvenile Justice centers for adolescents and young adults in the criminal justice system. Mr. Tomlin led re-entry initiatives in 18 states and Bermuda at CEC, the nation's largest provider of re-entry services. Services spanned cognitive communities within the jail and prison settings, community-based assessment and treatment centers, and work release. In partnership with Drexel University, CEC Hoffman Hall completers were 24% less likely to be returned to custody than Philadelphia Department of Prison prisoners. In 2016, Mr. Tomlin accepted the prestigious *Innovations in Corrections Award* for Hoffman Hall's outstanding correctional programming.

Oversight of All Administrative and Program Management Requirements

YesCare is committed to providing the best possible talent to deliver quality patient care and value to the FDC while managing and administering the healthcare contract. For all proposed staff, we will carefully evaluate appropriate healthcare, administrative, and/or management experience, education level, extended training post-graduation, and the scope of licenses for clinical positions. The result will be a YesCare team dedicated to the FDC contract and comprised of experienced administrators and correctional healthcare professionals familiar with or able to seamlessly transition to the FDC's systems, policies, and procedures.

YesCare is pleased to assign **William "Bill" Carr, JD** to serve as the Corporate Officer. He will be responsible for overall contract management and serve as YesCare's liaison with the Department's Health Services Director and Chief of Health Services Administration. He will also skillfully oversee the

transition and ongoing operations of YesCare's contract with the FDC, working alongside the VPO and Statewide Medical Director.



Mr. Carr brings over 30 years of corrections experience, **including serving as the Assistant Secretary of Re-Entry for the Florida Department of Corrections from 2011 -2013.** Beginning in the early 1990s, he served the Indiana Department of Correction in several capacities, including Staff Counsel, Director of Internal Affairs, Legislative Liaison and Chief Legal Counsel. He also has experience operating Indiana and Midwest juvenile treatment and detention facilities. He worked for Corizon Health as the Vice President of Operations, overseeing the company's contract with the Indiana Department of Correction and later as the Vice President of Operations/Chief Executive Officer with the Arizona Department of Corrections. Since 2019, Mr. Carr has served as a consultant for YesCare, assisting the company's Operations, Business Development, and Legal departments. He holds a Bachelor of Arts degree in Political Science from Ball State University and his Doctor of Jurisprudence from Indiana University School of Law. He is a member of the Indiana State Bar Association, Indianapolis Bar Association, American Correctional Association, and Indiana Criminal Justice Association.



YesCare will assign **Ralf Salke RN, BSN, CCHP-A to be the Statewide Vice President of Operations** (VPO) to oversee this contract. Mr. Salke is a former Senior Vice President of YesCare with past responsibilities and oversight within the States of Kansas, Idaho, Michigan, Maryland, Alabama, Wyoming, Indiana and Missouri. Mr. Salke served as VPO to the Missouri Department of Corrections for over 20 years. During his tenure within the MDOC, he was awarded the Visionary Leadership Award by the Missouri Hospital Association. Mr. Salke will be solely assigned to this particular contract, and report to Corporate Officer Bill Carr to provide the full scope of operational support and serve as liaisons for the operational team with the full backing of YesCare corporate management, as well as YesCare partners and ancillary companies.

Problem Resolution Involving the Delivery of Health Care Services, Policy Compliance, etc.

Successful delivery of health care services depends on open and honest communication, collaboration, consistent, ongoing, and multiple communication layers, and a shared dedication to correctional healthcare excellence. Attendance and participation in regular meetings to address the array of issues that often arise within the correctional health care system are critical to this success. YesCare will provide appropriate representatives to attend and serve on all committee meetings as required by the Department, including any meetings not listed in ITN.

YesCare practices transparent communication at all times – even when the message may be difficult to deliver. Mr. Salke will engage in regular conversations to apprise the FDC of general issues/concerns and facility-specific ones such as complicated cases, employee errors (including medication errors), misconduct, and PREA violations. Mr. Salke will also inform FDC of positive findings, like significant efficiencies, outcomes, accomplishments, and thank you notes from patients and their families. Feedback and discussion help us partner with you to deliver better care.

YesCare's CEO, Sara Tirschwell, will invite the Secretary, Deputy Secretary and Director of Health Services, Chief Clinical Advisor, and others deemed necessary to a bi-weekly call to discuss and update one another – initially on the progress of the start-up and then to focus ongoing operations. We will adjust the frequency of meetings to the reality of the operations and at the request of the FDC.

Patient Safety Organization: Because YesCare participates in the Center for Patient Safety, we can confidentially and openly discuss bettering our process. Objectively, the ability to honestly drill down and learn from our mistakes leads to greater efficiencies, reduces risk and moderates the total cost of healthcare by leading to more positive outcomes.

Daily Debrief Fostering Teamwork, Communication and Proactive Care: We have implemented a Daily Debrief in each of our contracts to facilitate multi-disciplinary collaboration amongst care professionals for higher-quality care delivery. At FDC facilities, these brief meetings would be held every weekday morning. Participants are the HSA, DON, site medical, dental, and behavioral health directors, and relevant custodial staff. We discuss the previous 24 hours of activities and any issues about care coordination and operations. Topics typically covered include staffing, med pass, ED/hospital admissions, infirmary, sentinel events, incidents/court orders, chronic care schedules, and hot topics (anything needed attention or assignments.) These meetings have shown to be an effective method of keeping the treatment team members aligned and engaged.

As a direct result of our Daily Debrief meetings, over two years in a very large Statewide contract, we reduced sentinel events from 254 per year to 154 per year, as well as the related savings and cost avoidance in security and transportation costs.

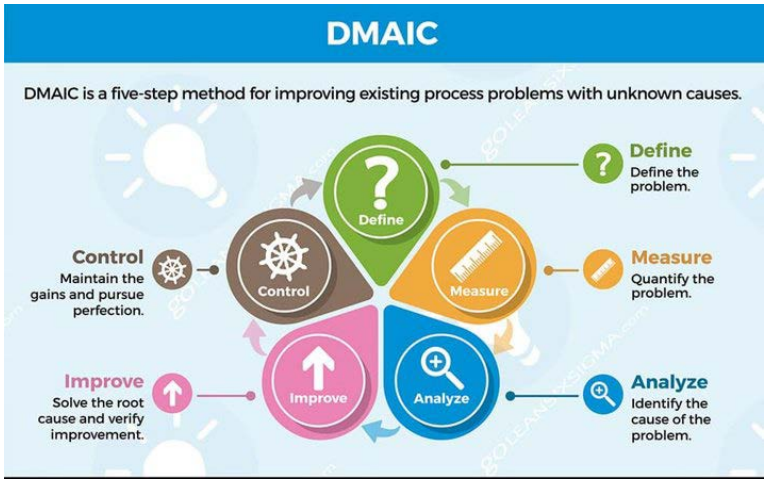
Commitment to Continuous Quality Improvement: A robust quality improvement program contributes to overall positive patient health outcomes and, in turn, lowers healthcare costs for our clients. Our CQI and Lean Six Sigma Improvement Program are discussed throughout our proposal and in detail in section 3.6.8 Quality Management Service Area. **YesCare certifies staff in Lean Six Sigma through our partnership with GoLeanSixSigma.com, an industry first for correctional healthcare**. With this partnership, all our site staff are certified in Lean Six Sigma and can receive a Yellow, Green, or Black belt certification that can be used in and outside our organization. Six Sigma increases morale and accountability to the correctional specialty and provides a sense of accomplishment in their professional development.

As part of YesCare's Lean Improvement Program, we welcome members of the custody team to participate in process improvement projects implemented on the site. YesCare medical staff is happy to provide a basic lean training class for correctional officers and staff. From the start of the project, critical members of the custody team (floor officers, supervisors, captains, etc.) may be asked to be a part of the project start-up team that will:

- Determine the type of project that is needed to address any behavioral health, clinical, or custody concerns
- Determine the impact and effort of the project to ensure quick wins that can be addressed and implemented quickly
- Complete a project charter that defines each member of the team, goals, objectives, benefits of the project, and potential savings
- Work through the DMAIC (as shown in the chart below) process, which defines, measures, analyzes, improves, and controls issues noted within the facility.

This innovative approach will accommodate the nuances of correctional processes like intake, sick call, pill call, behavioral health unit maintenance and allow each system within the institution to work together.

Projects that present significant complexities are ideal for a Six Sigma-designed solution. This model helps pool our subject matter experts while Six Sigma facilitators guide multi-disciplinary teams under the supervision of organizational and site-level CQI committees.



Information about our ability to comply with Performance Indictors is provided in our response below to the subsection **Overseeing Corrective Action Related to Performance Issues.**

Ensuring Timely Delivery of Contract Reports and Deliverables

Ralf Salke, our proposed Statewide Vice President of Operations, will be responsible for ensuring YesCare's timely delivery of contract reports and other required contract deliverables.

Coordinating Staffing Issues (Filling Vacancies, Employee Relations, etc.)

YesCare's Human Resources Operating Model is designed to support our clients and our patients by supporting our teams in the field. In a highly competitive market for skilled labor, compensation clearly matters, but so does the opportunity for advancement, acquiring additional skills and working in a positive environment. Our reputation, culture, and online presence signify what kind of company we are to work for. Our tenure in many markets and our employees' tenure with us reinforce our ability to attract talent.

Our Human Resources team spreads our culture – not just by talk, but through their actions. Our HR team is professional, responsive, and dependable. They understand the importance of devising creative solutions for talented candidates with family, health or other special considerations. Our HR team also understands the power of listening and presenting that feedback so that we may continually refine our processes and culture. Our **Centers of Expertise (COEs)** develop and introduce strategic HR initiatives; our **HR Business Partners,** assigned to specific regions and/or contracts, help align HR needs with business strategy in the field; and our **HR Service Center** leverages technology to enhance the manager and team member employee experience. Finally, YesCare brings to the FDC our strategic advantage in filling vacancies with temporary nursing staff through our affiliated companies, CareerStaff Unlimited, United Staffing and Access Staffing. We feel that our HR model is a critical enhancement to the YesCare value proposition for the FDC.

Regina Lindsay, MBA, Senior Vice President, Human Resources, leads our HR team. She is responsible for all aspects of HR, including talent management, recruiting, compensation and benefits, employee engagement, HR operations, and labor relations. Ms. Lindsay has spent more than 15 years in various organizations providing strategic HR guidance to senior leaders. Her experience includes employee

relations, performance management, labor relations, talent management, recruiting, training, HR compliance and policy, organizational development, and mergers/acquisitions. This experience extends to various industries, including foodservice/beverage distribution and supply chain, telecommunications, energy and utilities, and non-profit organizations.

First and foremost, our **goal is to retain the qualified staff already providing daily care throughout the FDC.** The combination of our compensation package, Employee Stock Ownership Plan (ESOP, see below), benefits program, educational training and onboarding programs that offer advancement opportunities will result in retaining a high percentage of the existing healthcare staff.

Compensation as a Tool to Retain and Recruit

YesCare's compensation philosophy is to pay all employees well and for them to share in the company's success, which is dependent upon achieving successful clinical outcomes by working with our client partners. We have revamped our compensation analysis techniques to incorporate significantly more localized market intelligence and have reduced internal red tape to facilitate a more responsive and proactive process. YesCare's recruiting model has demonstrably improved our ability to attract and retain clinical talent, particularly in Maryland, a notoriously difficult market.

YesCare is bringing back the oft-forgotten principles of recognizing employees for a job well done, treating them with respect, and acknowledging that their contributions are the primary reasons for a company's success. As we build a culture of transparency and accountability, our Employee Stock Ownership Plan (see below) is just one tangible demonstration of our commitment to those principles.

There's Something About Mary

Throughout the correctional healthcare industry, Mary Silva has mentored and left a legacy of nurses, contract monitors, executives at competing large national providers, surveyors for accrediting bodies, hospital leadership, and faculty at nursing schools. Mary joined CMS, a predecessor company, in 1995 and is now YesCare's Chief Clinical Officer.

Along with Karen Davies, Senior Vice President, Community Operations, Mary established our Traveler Program to fill critical site shortages in HSA's, DON's, RN's, and LPN's. Mary has spread her special brand of warm and fuzzy clinical rigor throughout our organization and is a big part of the reason that nurses want to work for YesCare.

Boots on the Ground Recruiting

Our experience has shown that **dedicated, in-state recruiters and a dedicated field-level HR generalist, supported by our corporate talent acquisition team,** are critical to attracting and retaining staff. Recognizing that the current provider has over 400 open positions posted on the company's job website, **YesCare will hire Florida-based recruiters at the corporate level. Each Region will have at least one embedded recruiter; the embedded recruiters in Regions 3 and 4 will be bilingual. Also, each Region will have at least one HR generalist to provide additional support in sourcing and attracting candidates to fill open positions.**

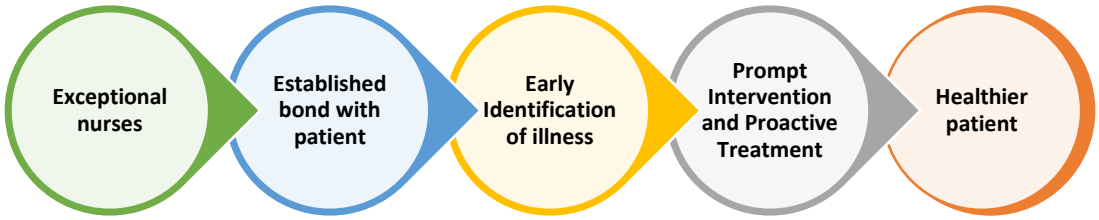
We Love Our Nurses

Nurses are the heart of our business. Our nurses interface with our patients, custody, clients, and broader clinical management team. In addition to driving medical care, they are critical to identifying trends, intervening in crises, and coordinating the appropriate response. Nurses and ancillary staff also make up 80% of our employees. Their perspective is invaluable to the direction of our company.

Therefore, we elevated our top two nurse leaders to YesCare's executive committee – Mary Silva, MBA, BSN, RN, NE-BC, CCHP-RN and Leonora Muhammad, DNP, APRN, AGPCNP-BC, CCHP.

Ms. Silva and Dr. Muhammad are advocates for our nurses and collaborate with Human Resources on strategies for recruiting and retention, including training, continuing education, and professional development. As the FDC is aware, nursing shortages are nationwide, which can impact the successful delivery of patient care. Nurses are our first line of defense in treating and preventing illness and injury, and they furnish a level of care that most Inmates have never encountered. Our nurses' connections with Inmates form the foundation of effective care, which, in turn, influences each facility's culture and safe operation.

Establishing a positive bond with patients, coupled with early identification of health care needs, leads to **prompt intervention and proactive treatment, fostering positive health outcomes.**



YesCare's nurse leadership and Talent Acquisition Team have built a multitude of cultural, economic and career development strategies to recruit and retain nurses. **Our strategies are rooted in the philosophy that if we, as a company, take care of our nurse employees, our nurses will take care of our patients.**

Staffing Challenges

Foreseeing the rising power of skilled labor in our economy and recognizing the essential nature of our clinical staff, we have a full complement of strategies and initiatives to enhance the retention of current staff and to successfully and quickly fill any vacancies with qualified staff:

Strategies and Initiatives

Compensation and Benefits

Team members can participate in YesCare's Employee Stock Ownership Plan (ESOP), offering team members ownership interest in the company. This interest takes the form of shares and results in various tax benefits to the team member. The ESOP structure helps to align the interests of our team members with the interest of our clients resulting in a heightened commitment to client service, enhanced employee retention and strengthened business continuity. Ideally, this is a win-win situation for our client partners, YesCare, and its employee-owners. Additionally, all YesCare employees receive a performance evaluation annually with the potential for **wage and/or responsibility increases based on performance and/or market conditions.**

We rely on market intelligence from employees, recruiters, online and newspaper ads, and paid sources to identify the **prevailing rates for healthcare positions** similar to those at FDC. When setting salaries, we consider education, experience, responsibility, performance, and market competitiveness. Because the market is evolving rapidly, we review wages at least once per month for each geographic Region in which we operate. We will refresh the compensation analysis we completed for this response upon award.

YesCare's Total Rewards Program

It takes special people to build a company that is a pioneer and leader in correctional health care. With over 40 years of innovation and expertise in the industry, we cannot do what we do without our employees. The health and well-being of our team members are as important to us as the patients we serve. In addition to offering a competitive compensation plan, our **Total Rewards** program is an investment that supports a more balanced, healthier lifestyle for our team members and their families.

By sharing the cost of benefits for all team members, YesCare makes an investment in our team in return for their hard work and performance.

We offer a competitive package with a broad range of benefits, including medical, dental, vision, life insurance, disability insurance, paid time off, and much more. Team members can customize a benefits program that is right for their personal situation. In addition to our health plan options, team members can also consider the following benefits:

- 401(k) retirement plan and company match
- Employee Stock Ownership Plan (ESOP) offering ownership stakes in YesCare's future success
- Health Wallet – FREE telemedicine and virtual counseling solutions for benefit-eligible and part-time employees
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSA): Health Care and Dependent Care
- Company-provided Group Term Life & AD&D Life Insurance
- Supplemental Life Insurance Coverage for the team member, spouse, and children
- Supplemental AD&D Coverage for the team member and family
- Short-term and Long-term Disability Income Protection
- Life Management Program
- Voluntary Critical Illness, Accident, and Hospital Indemnity coverage
- Extended Sick Leave
- Tuition Assistance Plan
- Continuing Education
- Wonder Health – a digital-physical health program available at no cost for qualified employees enrolled in a YesCare medical plan
- Legal and Identify Theft Insurance
- Benefit Hub – Discount and Rewards marketplace



Employee Referral Bonus Program

YesCare is always looking to grow our teams with talented people, and our employee referral program has historically been one of **the best-recruiting tools to attract qualified nursing candidates. Our employees are uniquely positioned to know what we look for in clinicians and to explain the experience of being a valued employee of YesCare.**



Our **Employee Referral Bonus Program** thanks employees with a bonus for referring qualified candidates. While some eligibility requirements apply, there is no cap on the number of referrals, and bonuses **can reach up to $3,000** per referral.

Mobilizing Critical Resources

In 2021, **YesCare launched a Travel HSA and DON program** to fill leadership vacancies at our sites and hire and train their replacement. Once that assignment is complete, the HSA/DON moves on to their next assignment. This year, **YesCare launched a Travel LPN/RN and Regional Director of Nursing (RDON) program** after piloting it in our Bernalillo County, NM and our Polk County, FL contracts. YesCare uses LPNs, RNs and RDONs from within and outside the organization interested in traveling to assist with critical staffing shortages.

The YesCare Traveler Program is designed to:

- Address staffing needs
- Fill short-term vacancies
- Ensure facilities are staffed with dedicated nurses who will deliver quality care consistent within the scope of practice outlined by the local state Nurse Practice Act.

The Traveler Program attracts and benefits the professional who is looking to:

- Explore new places
- Earn great money
- Have freedom and flexibility
- Explore new challenges
- Meet different people
- Work in different specialties (infirmary, sick call, intake, etc.)
- Work with different software/ EHR platforms
- Stay current on correctional healthcare

Outstanding Recruiting Resources

YesCare's Talent Acquisition Team comprises over 20 recruiters who develop and implement a tailored recruitment plan for each contract. These plans include lead generation, candidate screening, advertisement development and placement, as well as providing recruitment training to site leaders and participating in community awareness activities such as job fairs, industry conferences, open houses, and nursing school visits. Like most healthcare companies, we offer **sign-on bonuses and relocation** for many positions to encourage new applicants. Recognizing that many of our patients do not speak English, YesCare will take a step further by recruiting staff fluent in Spanish and English. **Adding a bonus**

to attract bilingual staff will promote more effective patient/staff interactions and experiences. Two of our recruiters are bilingual and will assist in this new initiative.

For the FDC, we will hire Florida-based recruiters for each of the four regions because we understand that relationships matter. Local market intelligence is greatly beneficial in determining market wages and for more discerning candidate selection. Local recruiting strengthens our ability to build a pipeline of strong candidates. The opportunity for regular, in-person interaction between potential candidates and the local recruiter, the clinical team, and other contract leaders/managers keeps the hiring process moving in this competitive environment where good candidates have multiple offers.

Unless prohibited by the FDC, screened candidates will visit the site to experience the correctional environment. They will be interviewed not only by site leaders but also by applicable regional management team leaders. This process identifies candidates who are genuinely committed to our patients and outcomes-based care and will both smooth and hasten the transition. We know from experience that hiring those with a clear commitment to correctional healthcare reduces turnover.

Programmatic Recruiting

Additionally, YesCare's Talent Acquisition Team partners with vendors to ensure the volume and quality of applicants are available to fill open positions. Through a targeted marketing approach and search engine optimization (SEO) specific to the healthcare industry, we post and brand on social media, LinkedIn, Indeed, Glassdoor, niche job boards, email marketing campaigns, Google Analytics, and Talent Neuron, as well as AppCast.

Our programmatic recruiting includes:

- **Advanced Technologies for Talent Acquisition** – YesCare continues to innovate our talent acquisition by incorporating advanced technologies to reduce manual touchpoints and increase efficiency and time management. To ensure the best candidate, employee, and client experience, YesCare utilizes artificial intelligence and predictive analytics to source and understand career motivations and retention potential.

- **With innovation and technology at our forefront, YesCare utilizes AppCast as our trusted programmatic marketing partner by using artificial intelligence and machine learning to predict the best online locations for career postings.** Applying AppCast, we use targeted marketing tools and resources to enhance our website, candidate communication, performance tracking, and passive recruitment efforts. YesCare increases visibility and marketability by optimizing career opportunities on all major search engines with innovative targeted advertising to attract high-performing talent.



- **YesCare partners with iCIMS Applicant Tracking System (ATS)** to provide a best-in-class candidate experience by creating a positive first impression and allowing them to advance through the process seamlessly. Through our streamlined and efficient hiring processes, iCIMS allows recruiting and operational leaders to manage the entire talent life cycle, including attracting, hiring, and retaining employees.

- **Military Program** – YesCare has a dedicated job page (Veteran Jobs) for military recruiting, making it easy for veterans to know which job aptly corresponds with their work in the military. Veterans

insert their military code and instantly see the job opportunities best suited for them. Additionally, we have initiated conversations with the VA for their participation in YesCare-hosted job fairs.

Sourcing Tools

We have agreements with and utilize several sourcing partners dedicated to recruiting nurses and other healthcare staff, including our related companies, United Staffing and CareerStaff Unlimited, a subsidiary of Geneva Consulting. **These agreements enable our Recruiters superior access to a large pool of candidates immediately upon contract award notification.**



YesCare's Competitive Advantage

We recognize that there will be opportunities to fill positions for current staff that retire or have accepted new career opportunities. **YesCare is committed to taking all necessary steps to ensure positions are filled and patient care is not jeopardized or compromised. Therefore:**

- We fill short-term vacancies with Travelers
- We leverage telehealth resources whenever possible without sacrificing the quality of care
- Whenever necessary, we employ staffing agencies to fill open positions

YesCare has a distinct competitive advantage when it comes to agency usage. Three of our nation's leading health care staffing agencies are a part of our organization. **CareerStaff Unlimited**, **Access Therapies**, and **United Staffing Solutions** are our preferred staffing agencies. Our exclusive staffing relationships create synergies for our clients that no other company in the industry can match.

CareerStaff Unlimited is a nationwide healthcare workforce solutions and managed services provider with 30+ years of experience in the healthcare industry and over 3,500 RN employees with a database to access thousands more and prevent the recycling of under-performing RNs. CareerStaff Unlimited has been named among Staffing Industry Analysts' largest staffing firms for the second year. YesCare and CareerStaff Unlimited provide a nimble approach to helping correctional facilities meet their workforce objectives for permanent placement positions within allied health, healthcare leadership, nursing, and pharmacy.

CareerStaff Unlimited®

Additionally, CareerStaff Unlimited's Vendor Management System offers the added safe guard to prevent staff who are determined not to be fit for correctional healthcare to be placed in a YesCare client facility.

Access Therapies is a leading national staffing business with a strong customer and provider base that provides high-quality, comprehensive, measurable nurse and therapist placement services for healthcare providers across the United States. They specialize in traveling assignments, contract employees, and temporary placements.

United Staffing Solutions (USS) is a leading medical recruiting firm and one of the largest privately-owned businesses in America. USS places thousands of candidates in over 4,000 job categories every year. With YesCare, USS programs and services can provide corrections facilities with cost savings and the highly skilled, qualified candidates they deserve.

United Staffing Solutions
Representing Employers, Employees and Solutions

While CareerStaff Unlimited, Access Therapies, and United Staffing Solutions, are our preferred staffing agencies, YesCare has established partnerships with the following nationwide staffing agencies that specialize in healthcare staffing:

- Accountable Healthcare Staffing
- All Medical Personnel, Inc.
- Bond Healthcare
- Cell Staff
- Delta T Group
- eStaffing
- Federal Services Resources (FSR)
- General Healthcare Resources (GHR)
- SHC Staffing Services

Our objective is to re-establish a long-term relationship with FDC that elevates care by appropriately and adequately addressing staffing needs. **YesCare has successfully improved care metrics to resolve outstanding litigation and the accompanying performance audits in Michigan and Idaho and has made significant inroads into resolving corresponding litigation in Maryland by improving metrics of care across the board.** Additionally, in the last 5 years, YesCare's **Florida jail operations have not had a single legal settlement or judgment**. ***Say Yes to Exceptional Care.***

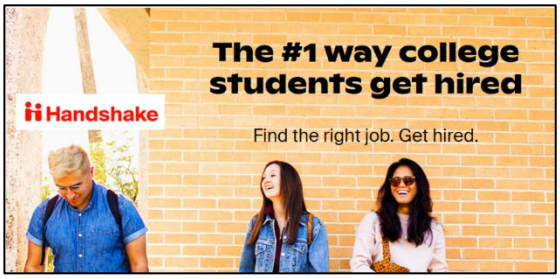
Partnerships with Colleges and Universities

YesCare currently has relationships with over 30 colleges and universities, including Historically Black Colleges and Universities. We currently partner with **Johns Hopkins University** for clinical rotations and recruitment. We have also partnered with **Chamberlain University** to help underwrite and develop an LPN program, including a specialty correctional curriculum to better prepare these nurses for the nuances of working in the correctional system. In January 2022, Dr. Leonora Muhammad, Chief Nurse Executive, was chosen as the keynote speaker to deliver the commencement address to the 2021 graduates from Chamberlain College of Nursing in St. Louis, MO. Most recently, we contributed **to the NCCHC Foundation to support students attending Historically Black Colleges and Universities (HBCUs) who are interested in pursuing a career in correctional healthcare.**

YesCare has partnerships with local universities, colleges, and nursing schools for clinical rotations at our facilities in each region we serve; we intend to establish similar partnerships with Florida nursing schools. For example, through partnerships with local colleges, YesCare provides medical students, residents, and nursing students the opportunity to conduct clinical rotations in our 30-year contract with the Philadelphia Department of Prisons. These rotations offer tremendous exposure for students and

residents to explore correctional healthcare early in their education. As a result, some students have chosen to pursue correctional healthcare as a career, and YesCare has hired them upon graduation.

Our recruiters are also active on **Handshake**, the #1 career site for college students. Handshake partners with more than 1,200 colleges and universities to help students find great jobs.



Florida-based rotational partnerships
We have laid the foundation with several in-state institutions for prospective partnerships for clinical rotations at FDC facilities. Our outreach for rotations and LPN program development includes the following schools:

- Taylor College
- Doxa Academy
- Eastern Florida State College
- Horizon Health Care Institute
- Seminole State College of Florida
- University of North Florida
- ECPI University-Orlando
- Brevard Nursing Academy
- Jay College of Health Sciences
- Emerald Coast Technical College
- Express Training Services
- Okaloosa Technical College
- Locklin Technical College
- Northwest Florida State College
- Fortis
- Pensacola State College
- University of West Florida Nursing
- University of South Florida Sarasota-Manatee
- Florida Behavioral Health Association
- Jersey College
- Kellogg Community College

Our staff will continue to build upon this list throughout the contract's life.

Maintaining Current and Building Future Talent Pools

YesCare's management team is committed to taking the steps necessary to ensure the FDC has a full complement of qualified healthcare staff and that we stay true to our committed standards for exceptional patient care. We also believe that, unlike other companies pursuing similar recruiting strategies, our ESOP company structure and corporate commitment to delivering outstanding resources to the field make YesCare an attractive place to work and have a career. For instance, we have a vastly augmented IT department that has created many more efficient, easy-to-use dashboards to ease the burdensome nature of record-keeping tasks.

We know that the healthcare industry is labor-challenged and that nursing shortages in the State of Florida are projected to increase substantially. By prioritizing the well-being of our employees and offering them a stake in YesCare's future, we believe we have a winning strategy that, combined with our recruiting strategies and staffing partners, positions us as the ideal partner for the FDC.

The combination of proven staffing solutions that we have offered – retention of current healthcare staff, recruiting of permanent staff, the bridge of travelers and agency nursing staff to fill open vacancies as an incremental permanent staff is hired and trained, and implementation of multi-faceted retention and recruitment techniques including our attractive culture and ESOP structure – are the tools needed to meet this goal resulting in better care for patients, reduced turnover, and improved team member engagement.

Staff Orientation and Training

YesCare is committed to developing our team members at all career stages. We pay particular attention to the new hire experience. From offer letter acceptance through the first 90 days, we prepare new team members for success through training, mentoring and continuing education opportunities. Our onboarding experience promotes the connection between the new hire's role, the business of YesCare, and the importance of delivering high-quality care.

All newly hired employees participate in a minimum of 16 hours of standardized learning that combines classroom training and online content. Clinical employees complete an additional 24 hours of classroom and online learning before providing patient care. On their first day, we pair new clinical employees with a certified preceptor who prepares them to meet expectations for their role.

Throughout the next two to four weeks (depending on role and individual learning needs), the new hire learns about YesCare's Core Processes, receives guided hands-on training, and is gradually assigned independent responsibilities. Clinical employees have an additional three and one-half hours of online learning to complete within the first 30 days, followed by three hours of content to complete by the end of 60 days.

Hiring managers give each team member a customized onboarding plan that includes required, recommended, and optional activities to prepare them for their role. Throughout the first 90 days, the manager coaches the new hire, checks on progress, and adjusts the plan to meet the individual's needs.

All full-time healthcare staff members receive 40 hours of orientation before providing patient care, a minimum of 40 hours of training during the first year on the job, and at least 40 hours each year after that. Selected topics requiring staff training are identified through the Continuous Quality Improvement Program (CQI).

YesCare **provides access to thousands of online courses that earn Continuing Education Units (CEUs)**, so all employees can maintain professional certifications and licenses and expand their knowledge. Leveraging the libraries of leading healthcare and professional development content providers, we provide easy access to best meet the employee's learning objectives.

Training and education are also fundamental components of our CQI program. We develop educational programs and tools based on best practices identified within the CQI program and opportunities for improvement. This method benefits the individual site personnel and other sites with similar needs or challenges.

Our new employee training begins with our extensive **YesCare Employee Orientation (YEO)** program. This program includes general orientation for all employees with an additional curriculum specific to each employee's discipline. All required training is digitized to create an interactive, learning-rich experience. Each module includes narration, knowledge checks, and additional educational material to support learning transfer to on-the-job experiences.

YEO includes the following components:

- YesCare Code of Conduct and Ethics
  - Confidentiality
  - Protection and use of company property

  - Compliance with rules, laws, and regulations
  - Prohibitions against fraternization, improper relationships with Inmates, and trafficking
  - YesCare Overview and Culture
- Corrections Environment
  - Includes safety and security policies and practices
- Emergency or Unusual Situations
- Employee Safety
- Anti-Harassment
- Hazard Communications
- Introduction to Human Resources
  - Policies and Procedures
  - *YesCare Employee Success Guide*
  - Drug-Free Workplace training
- Preventing Workplace Harassment
- Civil Treatment (employee and leader versions)
- Building Strong Partner Relationships (employee and leader versions)
- Workplace Violence Prevention
- Timekeeping (Kronos)
- Infection Prevention
- HIPAA / confidentiality training
- Counteracting the Dangers of Desensitization

Annually, all YesCare employees are required to refresh their knowledge and understanding of key topics, including Code of Conduct, HIPAA, Workplace Safety & Violence Prevention, and Counteracting the Dangers of Desensitization. Clinical employees have an additional new hire and annual training requirements.

YEO and annual training requirements include ELI Learning's **Civil Treatment in the Workplace**. **Civil Treatment** is a nationally recognized, award-winning program that sets core standards of behavior to build a more productive workplace while also preventing, detecting, and correcting problems across various business issues. YesCare's Human Resources and Learning and Organizational Development teams partnered with ELI Learning to customize content to support employee and leader business needs.

YesCare requires all new employees to complete the appropriate course within 90 days of hire. In addition, every employee participates in the program annually. All YesCare customized programs and internally developed content is created and refreshed regularly, working in partnership with YesCare's leadership and subject matter experts.

The next step in the onboarding process for mid-level clinicians and nursing staff is **YesCare's Site Staff Orientation (YSSO)** focuses on essential job duties, core competencies, clinical skills, and professional development. Various members of the site or regional healthcare team facilitate the YSSO topics, which were developed to provide focused attention to the following areas:

- Build the new employee's confidence regarding their role in the unit
- Provide support for the assertive application of their skills to improve patient care
- Support an environment of safety, which is a primary focus of our patient care efforts

This orientation program focuses on key clinical skills and tasks, such as physical assessment, medication administration and control, documentation, and emergency response skills. YSSO is specifically structured for nursing and other clinical staff and consists of modules covering a comprehensive array of clinical topics, including:

- Medication Administration & Documentation
- Nursing Encounter Tools (NETs)
- Nursing Within the Walls
- Patient Safety
- Prison Rape Elimination Act (PREA)
- Segregation & Special Housing
- Sharps Safety
- Sick Call
- Situations Requiring Special Procedures
- Substance Abuse Withdrawal (SAW)
- Suicide Prevention
- Tool & Sharp Control
- Urgent/Emergent Care
- Utilization Management (UM)

These modules are divided into three groups – before patient care, within the first 14 days of hire, and within the first 30 days of employment. Our Patient Care Services Department specifically developed the program tools for correctional healthcare. The tools are designed to guide the orientation facilitator through the training materials, so every detail is covered.

In addition to YSSO, YesCare requires each healthcare team member/clinician (RN, LPN/LVNs) to physically demonstrate their ability to perform 12 basic clinical skills within 30 days of hire and every two years. Other unlicensed assistive personnel clinical staff members, such as medical assistants, phlebotomists, and nursing assistants, complete an abbreviated portion of the skills competencies related to their job description and job requirements.

YesCare has a dedicated corporate Clinical Administrative Educator (RN) who serves as a mentor to nurses and works with nursing staff to identify growth opportunities and training and education needs.

Nursing leadership at each contracted site closely monitors nurse performance and clinical decision-making based on a review of their work through YesCare's CQI program and our Nursing Peer Review Program. Our CQI program quickly identifies performance improvement opportunities and potential clinical knowledge gaps.

Nursing Peer Review occurs at least annually. This Peer Review is a professional practice review focused on clinical skills that enhance competence and address areas needing improvement.

YesCare's **Nursing Preceptor Program** is a structured, evidence-based approach to training nurses new to corrections, it includes two weeks of continuous job shadowing and hands-on training between the new nurse and an experienced YesCare nurse. This two-week period should show growth in the new nurse's skill level and comfort in their position. The preceptor evaluates the new nurse at the end of the preceptorship. This evaluation will determine if the nurse is ready to start their job duties or if they require additional on-the-job training.

Research shows that such evidence-based preceptor programs **reduce turnover rates, lower costs, and improve the quality of care, reducing overtime pay and decreasing inpatient days.**

Behavioral Health Staff Training and Orientation

In addition to the orientation and training program provided to all YesCare staff described above, YesCare has developed orientation training explicitly geared for all behavioral health professionals, including psychiatrists and psychiatric nurse practitioners/physician assistants. The ***YesCare Behavioral Health Orientation*** manual can be an instructor-led program or completed on our virtual learning platform. This training ensures YesCare's behavioral health staff is familiar with our evidence-based assessment tools, standard forms, and other resources, such as our corrections-specific continuing education modules and suicide prevention policies and procedures.

Each participant is issued their behavioral onboarding manual that they can refer to on the job. Each manual also contains a section reflecting behavioral health deliverables unique to their contract, which are reviewed early on. A checklist signed by both the employee and facilitator/supervisor to confirm completion of the orientation binder is kept on file. The following are some courses and topics facilitated during behavioral health orientation, listed by content and job role.

Correctional Health Care Overview

- Introduction to the Correctional Environment
- Introduction to Patient Safety
- Accrediting Bodies
- Dos and Don'ts for Maintaining a Professional Relationship with Inmates
- Prison Rape Elimination Act of 2013 (PREA)
- Restraint and Seclusion Policy and Procedure
- Emergency Psychotropic Medication Policy and Procedure
- Mental Health Sentinel Event Review
- Documentation
- Site and Contract-Specific Policies and Procedures

Behavioral Healthcare Personnel

- Philosophy and ethics
- Functions and roles
- Legal authority
- Description of the organization structure of the facility and the YesCare behavioral health care delivery system
- Implementation of Standard Universal Guidelines
- Implementation of program standards related to documentation and medical records management
- Identification of appropriate strategies for procurement of essential supplies/equipment
- Location on each unit of policies and procedures related to the delivery of health care services
- State-specific licensure requirements

Behavioral Health Provider Orientation

- Confidentiality Agreement
- Medical Management Model Decision Support System
- Clinical Pathways
- Clinical Initiatives

- YesCare Intranet Site
- Training and Education
- Continuous Quality Improvement
- Infection Control
- Disease Management
- Risk Management
- Patient Safety Committee Credentialing
- Contract-Specific Deliverables or Timeframes for Care Delivery

Behavioral Health Learning Series: Fostering ongoing staffing development and team building when colleagues are often located in remote areas across the State can be challenging. YesCare proposes implementing a monthly behavioral staff learning series to reinforce cross-site collaboration and support**.** Each month YesCare behavioral staff will meet via an online forum to discuss an educational topic. A team member selects an article or book for behavioral staff to read, and the article/book is addressed in the monthly meeting.

Trauma-Informed Care – Social Service Clinician Training: Recognizing the growing body of research on the relationship between victimization and later offending, combined with the sizeable percentage of individuals in the correctional system that have trauma histories that are also likely to have overlapping problems with mental health, addictions, physical health, and are victims or perpetrators of crime, we have developed Trauma-Informed Care case management training that is available for case management staff.

The training will be provided by one of YesCare's Mental Health professionals and delivered in one of two ways, depending on the FDC's preference:

- One or more trainers could travel to multiple sites
- The training could be provided virtually with on-site facilitation

This training covers three types of traumas: Psychological Trauma, Cognitive or Brain Trauma, and Military Trauma, and discusses the 3R's of a trauma-informed approach to care – Realization, Recognition, and Responding.

Crisis Intervention Training: **YesCare proposes facilitating Crisis Intervention training for FDC staff as a value-added service.** To support continued collaboration between mental health, medical, and security personnel, YesCare proposes an ongoing crisis intervention training program. This training would be provided under the leadership of the Regional Mental Health Director. It would include at least one in-person training at each site with the session recorded for viewing by any staff who missed it and an annual virtual refresher.

In addition to the application of preventive approaches, the training would include the application of crisis intervention techniques required during psychiatric emergencies, including the identification and management of psychiatric emergencies and the practical application of crisis intervention techniques and de-escalation strategies designed to prevent harm to self or others.

YesCare's crisis intervention training will teach a transparent methodology for verbal de-escalation rooted in the Behavior Influence Stairway Model. This approach takes an intervener from a position of

no relationship with the person in crisis to an influential relationship over a series of five progressive steps.

Leadership Academy

YesCare has established a Leadership Academy to continue the development of our site leaders beyond merely demonstrating competency. Our Leadership Academy will develop our leaders on topics such as implementing and sustaining quality improvement initiatives, building and enhancing teams, recognizing and addressing client needs, exhibiting organized leadership, culture change, and valuing staff to reduce turnover and improve employee retention.

The purpose of the Academy is to foster:

- Career Development
- Mentorship
- Establishing a Culture of Accountability
- Influence and Negotiation
- Communication and Change Management

YesCare's Leadership Academy serves to build our leadership bench strength and succession planning efforts.

Technical Systems Training

YesCare provides monthly technical system virtual learning sessions for new managers. The classes introduce our electronic systems, tools, and reporting systems for employee and clinical processes and outcomes.

This training is part of the **SMART Start** orientation sessions managers attend virtually at the beginning of their employment but also when there are system changes/upgrades or any time they need a refresher. Topics include Civil Treatment for Leaders, Kronos (scheduler & timekeeping), YesCare's Human Resources management system), *MyYesCare* intranet, I-9/eVerify, Data Warehouse and electronic medical records (if applicable), YesCare Financials, and Employee Engagement and Retention.

A combination of instructor-led, hands-on and refresher virtual learning sessions are utilized for new start-up contracts. All topics have corresponding tutorials, training materials, recorded sessions, and quick reference guides. The technical training staff also provides instruction to new IT Support Services Department employees, site administrative assistants, and corporate managers using these tools.

YesCare University

YesCare supports our on-site education programs with thorough, timely, quality, state-of-the-art, customized online training programs designed to improve our teams' performance for YesCare's client partners. YesCare University ensures all staff members have complete access to the latest material necessary for success on the job, 24/7, using a laptop, tablet, or mobile device.

Through YesCare University, our on-site managers and field staff across the country have instant access to the YesCare Employee Orientation program, over 800 Continuing Education (CE) Credits, CMEs (Continuing Medical Education), annual compliance training and custom YesCare applications training courses. The content is available on desktops, tablets, and mobile phones. For ease of finding ACCME

and CEU content, we added search features within YesCare University. Course completion, CEU and CME credits are tracked in the user's transcript.

YesCare University allows us to deliver comprehensive professional development instruction to our management and field employees at work or home—and **at no cost to our employees**. Utilizing cloud-based technology, YesCare can connect, inform, and educate our geographically dispersed workforce using a single, integrated online training and communication platform. YesCare can provide a wealth of course material on topics as varied as HIPAA, Workplace Violence Prevention, and CEs/CMEs for providers, nurses, pharmacists, and behavioral health professionals.

YesCare University users may take the courses at their own pace and at the most convenient time. Employees are tested on their comprehension of many subjects, thus identifying specific strengths and areas for improvement. Managers, using customizable reports, can track completion and use such data to assist in creating development opportunities for their staff.

Continuing Educational Resources

A robust continuing education offering through a partnership with multiple CE/CME content vendors allows our staff to access hundreds of CE/CMEs. We offer courses specific behavioral health, dental, nursing, provider diagnosis and treatment, as well as corrections-specific courses, such as PREA training.

Courses are updated and/or exchanged multiple times throughout the year (annually for those issued on a yearly schedule). They are eligible for Continuing Education because most are approved by national and state-specific accrediting boards, such as NASW, APA, etc. Patient Care Services and the Training/Organization Development teams select and update content.

In addition, we provide access to over 175 ***ACCME - Accreditation Council for Continuing Medical Education*** and over 2,500 CEU courses from some of the top healthcare education providers **free of charge on Day 1 of employment** as described above. YesCare also offers full-time providers and mid-levels a financial stipend usable for continuing education and professional development courses, seminars, and conferences (to include travel and lodging), licensure, and subscriptions.

Annual Performance Evaluation

In addition to evaluating skills and competencies following training, all YesCare staff receive annual written performance reviews. As part of this process, employees complete a self-evaluation based on their job description and any position-specific performance objectives aligned to contract and regional objectives they received at the start of the performance years.

The self-evaluation form is submitted to their manager. The manager completes an evaluation form and schedules a review meeting with the employee. All items on performance review forms are discussed with the employee. Also, as part of the annual review process, employees and managers work jointly on performance plans for the growth and development of the employee in meeting personal and company goals, objectives, and standards. Completed and signed performance review forms are filed in the employee's personnel file.

Ensuring Responsiveness to Requests for Copies of Records, Public Records Requests, Coordination of Legal Issues

YesCare's medical and clinical regional leadership, our corporate legal and compliance team, led by Scott King, our general counsel, and our Florida-based outside counsel will be responsible for ensuring responsiveness to copies of records, public records requests, and coordination of legal issues.

Resolving Issues Related to Subcontractors Performance

YesCare routinely and rigorously reviews our subcontractors' qualifications to perform the duties they are contracted, as we realize they represent YesCare as an extension of our company. Therefore, before committing the business to subcontractors, we review the following factors regarding the suitability of each subcontractor:

- **Financial Stability** – A Dun & Bradstreet Report and/or subcontractor financial statement review determine stability.
- **Insurance Coverage** – A review of the subcontractor's current liability insurance coverage to ensure the type of coverage and limits.
- **Business Licensure** – A review of current business licensure (where applicable), or receipt of verbal verification from the appropriate licensing agency.
- **Minority, Women, or Veteran Owned Businesses** – Confirmation of Small Diverse Business or Veterans Business Enterprise certification or application.
- **Review of Credentials** – Representatives of YesCare's Network Development Department obtain, review, and verify each subcontractor's credentials.
- **Contracting** – YesCare's Network Development and/or Legal Departments review all contracts to prospective suppliers before execution.

To ensure our networks fully support our management teams in each contract, we assign our Network Development Department professionals to oversee specific contracts. These professionals ensure that, for each contract, a contracting professional develops expert-level knowledge regarding the capabilities of the hospitals and providers in their assigned State (s) to better monitor performance.

The Health Services Administrator will be responsible for managing subcontractors performing services at the FDC institutions to assure compliance with the scope and terms of the contract. Any performance issues will be reported directly to Statewide Vice President of Operations, Ralf Salke, who will work collaboratively with the subcontractor, the FDC, and YesCare's Network Development Department to address these issues to ensure prompt resolution and any corrective action, if needed, is taken.

Furthermore, YesCare will monitor each subcontractor's compliance with contractual obligations during our agreement with the FDC. To the extent a performance issue is identified, YesCare requires plans for remediation and/or proactive measures to address future compliance by the subcontractor.

Coordinating Specialty Care Programs

YesCare manages chronic illness and specialty clinics, optimizing on-site delivery of services to include continuity of care, quality improvement principles, and utilization management. Minimizing off-site usage also reduces security risks and the burdens of off-site transportation and security usage. We oversee relationships with providers to ensure that each specialty care encounter is high quality, efficient, cost-effective and risk-mitigating. YesCare will establish a full network of specialty service providers covering a comprehensive scope of care to ensure timely specialty care services.

The on-site medical authority only refers patients to an off-site specialist when medically necessary care cannot be provided promptly behind the fence. Specialty services are subject to YesCare's utilization management/pre-authorization process.

YesCare will work with the FDC to add additional specialties as demand and resources allow. For example, if our outpatient tracking shows a growing number of visits for a particular specialty, we will contact our Network Development Department to request the specialist(s)/provider(s) needed for that facility. Network Development will conduct an online search of area hospitals, physician groups and individual physician practices in the requested specialty(ies) and contact these providers/groups/hospitals to determine the extent of their ability and desire to provide services to patients at the facility. Should the providers be interested, we will negotiate a contract to begin providing the specialty(ies) on site.

Maintaining, Repairing, and Replacing Health Care Equipment

YesCare will be responsible for repairing and replacing health care equipment as needed and on a timely basis.

Maintaining, Repairing, and Replacing FDC Computers that were Provided at Transition

YesCare will be responsible for maintaining, repairing, and/or replacing FDC computers provided during transition as needed.

Purchasing and Maintaining Additional Computers as Needed

YesCare will purchase and maintain additional computers as needed.

Overseeing Corrective Action Related to Performance Issues

We have reviewed the performance measures and thresholds provided in the ITN. YesCare's staff will participate in the required quarterly FDC review process to work collectively in achieving ongoing compliance, and joint action plans to address deficiencies. Additionally, we understand that monitoring criteria are reviewed annually for content and objectives. Ralf Salke, our Statewide Vice President of Operations, together with Bill Carr, our Corporate Officer, will be responsible for overseeing, reporting, and ensuring compliance with any corrective action plans.

YesCare is committed to achieving full compliance with FDC performance indicators during the contract that will result from this procurement and working directly with the Correctional Medical Authority in their statutory oversight on delivering healthcare for FDC. Performance indicator compliance is a continual process in which our managers and front-line staff take an active role. Our CQI program, described in detail in section 3.6.8 Quality Management Service Area, is integral to our facility in complying with each performance monitoring standard.

- **Quality Improvement Meetings**: YesCare staff will be fully engaged and participate in the quarterly FDC Medical Advisory Committee (CQIP) meetings and prepare monthly reports of services.

- **CQI Calendar with Quality Indicators**: **Our pillars include Intake, Sick Call, Health Assessment, Infirmary Bed Management, Chronic Care / Specialty Needs, Emergent/Urgent Care and Behavioral Health Services**. Each facility will follow a monthly CQI Calendar specific to the facility to achieve compliance with the FDC standards. Using this calendar as a framework for consistency in data collection, analysis and action plans, the facility's CQI Committee will determine which quality indicators and monthly self-audit screenings closely mirror the process issues identified at their site.

- **Site-level monthly self-audit screens**: Site leadership or designees will conduct monthly self-audit screens based upon identified gaps revealed through operational checklists. Sites will complete chart audits as required by the CQI program. YesCare screens will assist in NCCHC and ACA compliance for CQI. The CQI Calendar, as shown above, also lists the monthly self-audit screen selections.

- **Provider Peer Review**: The peer review is the good-faith evaluation of a provider by an appropriate professional who has personal knowledge of the applicant or employee. YesCare has established a peer review process (referred to as "Clinical Performance Enhancement" by NCCHC) to facilitate the evaluation of health care providers who provide service in our contracts. There are two different types of peer reviews: Provider Peer Review and Site Level Peer Review. Both types of peer review are completed on an annual basis.

- **Site Level Process Studies**: The Site Level Process Study examines the efficiency of the health care delivery processes at the facility. Potential CQI Projects will be determined based upon areas with a significant impact on our patients. The selection criteria may include the following:

  - Does this topic reflect a health care concern for a large proportion of our population and/or is it associated with high patient risks, high costs or problem-prone areas?
  - Are there objective criteria for defining patients who would be appropriate for the intervention?
  - Will this selected area be one in which there is likely to be an opportunity to improve health status or patient outcomes?
  - Are there clinical guidelines supporting the proposed intervention and benchmarking data for comparisons?
  - Do regulatory bodies require study or examination of this topic? – Does this topic reflect and support the attainment of company, client, departmental, or committee goals?

- **Monthly provider chart review**: The Institution Medical Director or designee will complete monthly chart reviews to focus on the appropriateness of the care provided by the nursing staff, advanced practice clinicians and other physicians.

- **Grievance Tracking**: Inmate healthcare grievances will be monitored, tracked, and reviewed through the CQI program. **YesCare is proposing a Clinical Review Committee** to review Inmate grievances on a regular basis. This committee would be comprised of one or two members from the YesCare Regional Office, one or two members from the FDC, and several members of our field staff. The job of this committee will be to meet quarterly (or as needed), review grievances for any trends, and look at new ways to enhance Inmate satisfaction.

Additionally, we have developed a Grievance Book that serves as a quick reference guide containing tips on how to de-escalate Inmate concerns properly. With the FDC's approval, each of our management staff will be provided a copy of this helpful reference to keep in his or her office, to use in their work of keeping Inmates satisfied with the health care they are receiving.

Implementing, Maintaining and Managing the Department's EMR Application

With 40+ years of providing healthcare in corrections, YesCare understands what it takes to deliver an electronic health record and has exceptional experience implementing and supporting many different EHR systems for our client partners. We have standard project plan templates that will be modified based on the requirements and work needed for the FDC transition to be accomplished on time for the 7/1/2023 startup date.

YesCare has developed standards to transition the EHR and implement new standards for FDC that includes updating GE Fusion EHR with YesCare's standard forms and workflows that meet NCCHC Standards. We will ensure the interface with your OMS continues along with setting up the integration for our standard Pharmacy, Lab, and Radiology bi-directional interfaces. Our YesCare team will work with the vendor, FDC, and our operations team to ensure the EHR work necessary is completed timely. YesCare and GE Fusion will utilize secure industry standards to transition the data from CHCC's data center to a cloud hosted environment.

As a partner of Microsoft and their Azure Government Hosting Services, Fusion will provide a Tier 4 hosting environment built on best-in-class technology. The Certified Azure Government Data Centers all are SSAE-18 audited and are FedRAMP, FIPS, NIST, CJIS, ISO, SOC-2, and HIPAA compliant. Fusion leverages Microsoft Azure's highly available, load-balanced data architecture to best serve our clients. CEHR's average uptime has been 99.99% in the last twelve months and that is what we strive to achieve.

Please also see section 3.6.9 Electronic Medical Records.

f. Successful Service Delivery

Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery

Noted above, with the presentation of our contract organizational charts, YesCare's statewide, regional, and institutional leadership team will work collaboratively with the Department to ensure service delivery complies with all standards. Ultimate responsibility for program oversight is jointly managed between the Corporate Officer (Bill Carr), Statewide Vice President of Operations (Ralf Salke, proposed) and the Statewide Medical Director. Under their leadership, regional support staff are included in the development, monitoring and planning for implementation of all clinical programs. Each of our state contracts is a "division" of YesCare, with weekly Teams meetings that bring together State operational and clinical leadership with corporate operational and clinical leadership, along with IT, legal, finance, HR and our CEO, to analyze data, explore opportunities, discuss trends and problem solve. Our regional teams then work directly with site leaders to facilitate programming. Audits of all our clinical and mental health programs occur as a part of our Continuous Quality Improvement program.

g. Cost Efficacy

Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service

YesCare offers the following solutions to reduce or minimize costs or Department resources associated with the Health Care Services Program. Each of these solutions is explained in detail throughout our proposal.

- **Regional HR presence** to aggressively address current vacancies, while optimizing retention of current staff.

- Via our current footprint in Florida corrections through our jail contracts, our r**elationships with local governmental agencies and community partners** expands our capabilities for patients "behind the fence" in preparation of acclimating them back into their communities.

- Implementation of our **Geriatric Case Manager** to closely monitor and work with off-site partners with the older population of the FDC to minimize hospitalizations and mortality, while creating outfitting resources on site for this same population (Ex. Palliative Care programming, Reducing polypharmacy in partnership with FDC pharmacy).

- Use of YesCare's **Mobile Response Clinics** that may assist in the following scenarios:
  - Expansion of on-site services
  - Access to care during inclement weather (ex. hurricane) or local hospital diversion limits medical care to our patients
  - Will offer imaging that provides earlier detection for cancer. For example, lung cancer even for those that quit less 15 years ago.

- Creating a more academic environment with **use of standardized clinical scenarios that offers training to all staff including correctional officers.** For example, mass casualty clinical scenario that can be part of onboarding for Correctional Officers and YesCare staff.

- **Tele-triage for minimizing unnecessary off-site utilization**, which will maintain more officers on site for facility management. In addition, this service will optimize more care to be provided at RMC with earlier identification of symptom presentation that can be addressed in house. For example, implementation cardiac monitoring and testing at RMC, which is currently not available.

- **Return of full laboratory services at RMCH**, which will allow STAT labs for local Region 2 institutions and limit inconclusive lab results that occur with off-site lab carriers.

- **Conversion of Urgent Care to an Emergency Room at the RMC** that will increase level of service to FDC patients, while lessening the burden of escalation of care with local hospitals.

- **Centralized UM** that will offer an additional level of evidence-based practice that will ensure that appropriate and timely care is provided to FDC patients throughout the state.

- **Additional panel of specialists via telemedicine** that will offer healthcare delivery to patients and education and data analytics to our providers to create a more scholarly environment that attracts higher quality of healthcare providers to the FDC system.

- Implementation of services that will offer **enhanced inventory practices that will eliminate waste and detection of equipment in real-time**, which provides cost-effective practices for the FDC.

- An **established communication pipeline with several of the county jails** that contribute larger volumes of Inmates into the FDC system that will allow less inherited and preventable medical costs transferred to the FDC.

- **Establishing a Crisis Hotline** that will offer the another "safety net" for earlier identification and intervention for higher risk patients that are contemplating self-harm. This intervention's highest cost savings is minimizing attempts and completed suicides.

YesCare will also identify areas of over-utilization and offer the FDC tailored, value-based management solutions in the following areas:

- Application of evidence-based medicine
- Favoring permanent over temporary/agency staffing
- Minimizing employee turnover
- Appropriate levels of staffing
- Prevention of unnecessary hospitalizations by maximizing the use of on-site facilities such as infirmary/medical observation beds
- Limiting off-site trips by using our Mobile Response Clinics, bringing defined clinics and specialty services behind the fence
- Introduction of the Patient Advocate to respond to issues before they become formal complaints
- Training for custody staff in de-escalation and suicide prevention techniques
- Bridge medications for 90 days to assist Inmates as they transition to their home community with an enhanced technology service to provide multiple daily reminders to ensure compliance for both physical and mental health prescriptions and avoid episodic instances resulting from non-adherence
- Maximizing the use of the Regional Medical Center Hospital
- Practical maximization of telemedicine capabilities and electronic health record flags
- Re-entry and discharge planning programs that partner with community resources to reduce recidivism and foster continuity of care
- Shifting costs to Medicaid for medically fragile elderly Inmates
- Elimination of unnecessary off-site referrals for on-site specialty services
- Analysis of prescribing patterns and practices
- Decreased transportation and security cost through analytics of utilization data
- Industry-leading formulary management and monitoring of prescribing habits
- National contracts for supplies and ancillary services
- A proactive utilization management program that reduces inpatient length of stay**,** including efficient utilization of infirmary beds and behavioral health unit beds
- Collaborating with FDC to funnel opioid settlement funds to FDC for opioid use disorder (OUD) treatment

h. Value-Added Services

Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost

In addition to the programs, resources, and services, described above in our response to *g. Cost Efficiency*, YesCare offers these Value-Added Services to the FDC as a partner with solutions to your issues and concerns. We believe these additions, combined with the programs described above, will benefit the Inmate population as well as the custody and healthcare staff at all FDC institutions and build on the success of the current program. Each of these Value-Added Services have been explained in detail in our response to this section:

- YesCare's Chief Medical Officer, Dr. Greg Ladele, brings hands on experience and familiarity with the FDC's program. **Dr. Ladele has served in several key leadership positions within FDC (February 2014 – September 2017) including Site Medical Director, Medical Executive Director for RMC Hospital, Chief Health Officer for RMC Hospital, Associate Regional Medical Director for RMC Hospital, and Regional Medical Director for RMC Hospital. He has multiple state licensures to practice medicine including Florida and resides in the State.** He also has extensive experience presenting at the quarterly Governor's Board Meetings with the senior leadership from RMC, including the provision of data analytics of the services rendered at RMC.

- YesCare's Executive Vice President, Operations, Bill Carr, served as the **Assistant Secretary of Re-Entry for the Florida Department of Corrections from 2011-2013.** Familiarity and knowledge saves time and money.

- Implementation of YesCare's **Daily Debrief** meetings have a proven track record of reducing sentinel events as well as security and transportation costs.

- **YesCare has a distinct competitive advantage when it comes to agency usage**. Three of our nation's leading health care staffing agencies are a part of our organization. **CareerStaff Unlimited**, **Access Therapies**, and **United Staffing Solutions** are our preferred staffing agencies. Our exclusive staffing relationships create synergies for our clients that no other company in the industry can match.

- To support continued collaboration between mental health, medical, and security personnel, YesCare **proposes an ongoing crisis intervention training program**. This training would be provided under the leadership of the Regional Mental Health Director.

- Apex Global (Apex) is a multidisciplinary organization that YesCare will be utilizing for medical and office supplies, along with durable medical equipment. Apex is a group purchasing organization with nationwide reach that brings a full-service platform to offer best-in-class supplies and equipment at the lowest possible prices, in order to help ensure easy ordering, timely distribution, and excellent cost efficiency. **Apex takes this a step further by providing dedicated account management for each site (including RMC) that includes daily inventory management and audit to ensure appropriate supply levels for our team members, so that medical care is not impeded by lack of access to the tools they need to treat our patients.**

3.6.2 Institutional Care Service Area

a. Acknowledgement & Acceptance: Requirements

Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs

YesCare acknowledges and accepts each requirement as listed in ITN section 3.6.2 Institutional Care Service Area.

b. Acknowledgement & Acceptance: Performance Measures

Acknowledge acceptance of each Performance Measure (PM)

YesCare acknowledges and accepts each requirement as listed in ITN section 3.6.2 Institutional Care Service Area.

c. Exceeding Performance Measures

Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified

- **PM-IC-010:** The initial medical health appraisal and physical assessment will be completed within 7 – 14 days of arrival at a reception center.
- **PM-IC-011:** YesCare staffs a Registered Nurse at intake
- **PM-IC-020** and **PC-IC-027:** YesCare has access to a full range of training for Inmate Assistants
- **IC-012(4):** YesCare nurses are trained on behavior health screening to recognize active signs and symptoms of psychological concerns.
- **IC-021:** YesCare nursing staff follow a triage escalation of care process as explained in the Sick Call section.
- **IC-023:** Annual low-dose CT scan for Inmates ages 55-80 years of age and who are either a current smoker or quit smoking in the previous 15 years and had a one-pack a day smoking habit for 20 years.
- **IC-029:** The YesCare Cardiovascular Clinic will include updated JNC-VIII guidelines for patients over 60 years of age to parallel community standard of care. In addition, all patients enrolled in the Cardiovascular clinic will have a baseline EKG completed.
- **IC-040** and **IC-041:** De-escalation training for both YesCare and custody staff.
- **IC-042:** YesCare trains a selection of specialty nurses as Sexual Assault Nurse Examiners or SANE nurses
- **IC-054:** YesCare has successfully used podiatrists through onsite and telehealth encounters for lower extremity wound care and prevention.
- **IC-055:** Nursing OSCE training includes mental health assessment for signs and symptoms of mental health concerns.
- **IC-063:** YesCare telehealth equipment is available for receiving facilities to do an in-reach visit with the patient prior to release. This is especially valuable for continuity of care with community reentry partners.
- **IC-80:** YesCare invests in nursing competencies dedicated to IV therapy and PICC line placement and management.

d. Proposed Modifications: Performance Measures

Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings)

YesCare is not proposing any modifications to the identified PMs as listed in ITN section 3.6.2 Institutional Care Service Area.

e. Plan for Providing Services

Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place

Guiding principles of the YesCare healthcare delivery model include:

- Prioritizing patient safety
- Leveraging data and technology
- Collaborating across disciplines
- Accountability, adaptability, transparency and engaged leadership
- Investing in our people through education and mentorship
- Delivering quality health care from intake to reentry

YesCare's healthcare delivery model optimizes clinical, psychosocial, and economic outcomes as we address the entire continuum of health interventions including sick call, chronic illness care, infirmary care, specialty care, palliative care, female care, and mental health care. Use of evidence-based, outcome-driven care brings community-based gold standards "behind the fence".

Managed care principles such as appropriate utilization and stewardship of resources drive our methodologies, technology, resource use and internal processes to maximize the amount of beneficial care per dollar spent, from intake to reentry.

In keeping with constitutional standards, Florida Department of Corrections rules and regulations, Health Services Bulletins (HSBs), and ACA and NCCHC published standards, **YesCare will maximize on-site care by bringing as many services "behind the fence" as possible to enhance access to care and improve staff and patient satisfaction while reducing transportation and security resource use.** Methodologies that will be applied include:

- Collaborative Multi-Disciplinary team practice model for successful service delivery
- Evidence-based practice supported by Clinical Pathways, Core Processes and Secondary prevention interventions
- Patient engagement in health goals and self-management
- Quality Improvement and Patient Safety Program tools and audits
- Longitudinal risk assessment tools and dashboard to aid health staff in the tracking and monitoring of defined populations within the system
- Layers of safety through technology, training, and communication
- Innovative, proactive technology with extensive data analytics
- Optimize the EHR and other reporting technology to track and monitor patients within special populations such as palliative care, special housing, pregnancy, high-acuity, infirmary

- Regularly scheduled site self-audits and chart reviews for clinical and operational indicators and programs as well as peer reviews for all licensed professionals.
- Coordination of Utilization Management Services for FDC Inmates housed in non-FDC institutions such as in private prisons, hospitals, psychiatric facilities, and the RMC.

YesCare's innovative use of technology and access to care resources is described in "Value Adds" and will be highlighted within the service area descriptions below. These will include:

1. **Tele-triage:** an enhancement to YesCare's telehealth strategy that will provide upgraded on-call capabilities, peer-to-peer collaboration and sub-acute pre-hospitalization triage.

2. **Mobile Response Clinics (MRCs):** enables expansion of the scope and volume of services performed on-site. Can be fitted for radiology, optometry, disaster response, preventative services and a host of additional services

3. **Objective Structured Clinical Examination (OSCE):** clinical learning and competency training for nursing and providers to improve/expand skills sets.

4. **Health Risk Stratification**: population health management capabilities to identify patients at high, moderate or low risk based on selected criteria.

Nursing Services – *We Love our Nurses!*

Nurses are the heart of our business. Our nurses interface with our patients, our custody partners, our clients, and our broader clinical management team. In addition to driving medical care, they are critical to identifying trends, intervening in crises, and coordinating the appropriate response. Nurses and ancillary staff also make up 80% of our employees. Their perspective is invaluable to the direction of our company. Therefore, we elevated our top two nurse leaders to YesCare's executive committee – Mary Silva, MBA, BSN, RN, NE-BC, CCHP-RN and Leonora Muhammad, DNP, APRN, AGPCNP-BC, CCHP.

Ms. Silva and Dr. Muhammad are advocates for our nurses and collaborate with Human Resources on strategies for recruiting and retention, including training, mentoring, continuing education, and professional development. As the FDC is aware, nursing shortages are nationwide which can impact the successful delivery of patient care.

Not only are nurses our first line of defense in the treatment and prevention of illness and injury, but they furnish a level of care that most Inmates have never encountered. The connections that our nurses make with Inmates form the foundation of effective care which, in turn, influences the culture and safe operation of each facility. Establishing a positive bond with patients, coupled with early identification of health care needs, leads to **prompt intervention and proactive treatment fostering positive health outcomes.**

YesCare's **Nursing Encounter Tools (NETs)** will be used to document patient encounters and guide our nurses on treatment decision-making. The NETs facilitate communication and teamwork, support patient safety, reduce adverse events, and provide explicit direction as to targeted interventions, including when and to whom referrals should be made. Our ***Nursing Encounter Tool Manual*** has a range of training and support tools that provide instruction on NETs usage, applying a consistent protocol to the nurse/patient encounter and nursing care documentation.

Based on the assessment findings, the patient's intervention needs are defined as routine, urgent or emergent. The NETs provide instruction on the specific nurse intervention for each priority care type - emergent, urgent, or routine – as patient presentation indicates. If the condition is urgent, the patient is immediately referred to a provider. If the condition is emergent, the nurse initiates emergency care, notifies the provider and prepares the patient for transfer via EMS. NETs have been created for each of the 24 conditions regularly seen in a sick call clinic. The nurse also uses the NETs to formally document the addressing of routine care needs, including the need for follow-up visits and patient education.

Example of NETs in practice for treatment of Hyperglycemia:

- Patient submits sick call for increased weakness, nausea, vomiting, increased blood glucose
- YesCare licensed nurse sees patient in sick call using the Hyperglycemia NET
- Based on subjective and objective findings, the Hyperglycemia NET guides the nurse to review chief compliant, associated factors, pertinent medical history, and current medications. The NET then guides the licensed nurse to complete FSBG, UA dipstick to check for Ketones and complete appropriate intervention including contact with medical provider
- In this scenario, the licensed nurse appropriately identified the patient was not in DKA (diabetic ketoacidosis) based on negative urine, safely provided observation in medical infirmary thus avoiding emergency room visit and inpatient hospitalization

In addition to the NETs, our manual includes various support documents to assist the licensed nurse with assessment and documentation such as:

- Anatomic Figure Documentation
- Head to Toe Assessment Guide
- PREA Recommended Interventions
- Stroke Assessment Guide and Critical Time Goals

YesCare's proprietary **Emergency Response Tools (ERTs)** guide our healthcare professionals in emergent situations, such as anaphylaxis, chest pain, dyspnea, and naloxone (Narcan) administration for known or suspected overdose. The tools are streamlined to include the most vital subjective and objective data; **the ERTs give the health professional in the emergent situation physician-approved intervention to initiate until provider guidance can be obtained**. Also, to support prompt intervention when needed, selected NETs provide direction to the appropriate ERT.

The ERTs follow the same principles as the NETs; however, they have been condensed to give clear and effective guidance in emergent situations. In addition to condensing the demographic information, subjective data is condensed for quick assessment; objective data is specific to condition presentation, and intervention includes the use of emergent life-saving medication and treatments. **ERTs were developed to allow nurses to practice at the full scope of their license and are proactive protocols that demonstrably save lives and reduce adverse patient safety events.** Every second counts in an emergency and our YesCare nurses are equipped with the tools to safety intervene in this response.

We have compiled an **Intervention Guide** that involves an alphabetical listing of the NETs and ERTs and corresponding approved nursing interventions (medications, treatments, and diagnostic tests). The Intervention Guide will be laminated and posted in key areas for handy referencing, such as intake, sick

call area/room, trauma room, nursing stations, and any other location where an emergent/urgent/routine patient encounter may occur.

YesCare trains nursing staff on the use of our NETs and ERTs as part of our orientation curriculum, designed specifically for nursing and clinical staff. Nurses who are assigned sick call responsibilities participate in additional competency and assessment training to ensure that nursing assessments are conducted accurately and completely and that the NETs are used commensurately for each sick call visit. YesCare's providers are always available at either the facility or on call for assistance.

Access to Care

YesCare ensures all Inmates, regardless of status or security level, will have unimpeded access to correctional healthcare services at a level of care commensurate with the severity of the presenting symptoms and in accordance with all applicable State and federal statutes, Florida Administrative Code, Department procedures, manuals, HSBs, health care directives, and forms. Nursing care will be provided in accordance with national nursing and health care standards including, but not limited to: national Council of State Boards of Nursing, The American Nurses Association Correctional Nursing Scope and Standards of Practice, the American Nurses Association Nursing Scope and Standards of Practice, The American Nurses Association Psychiatric Mental Health Nursing Scope and Standards of Practice, the American Nurses Association Nurses Code of Ethics, and the American Correctional Association.

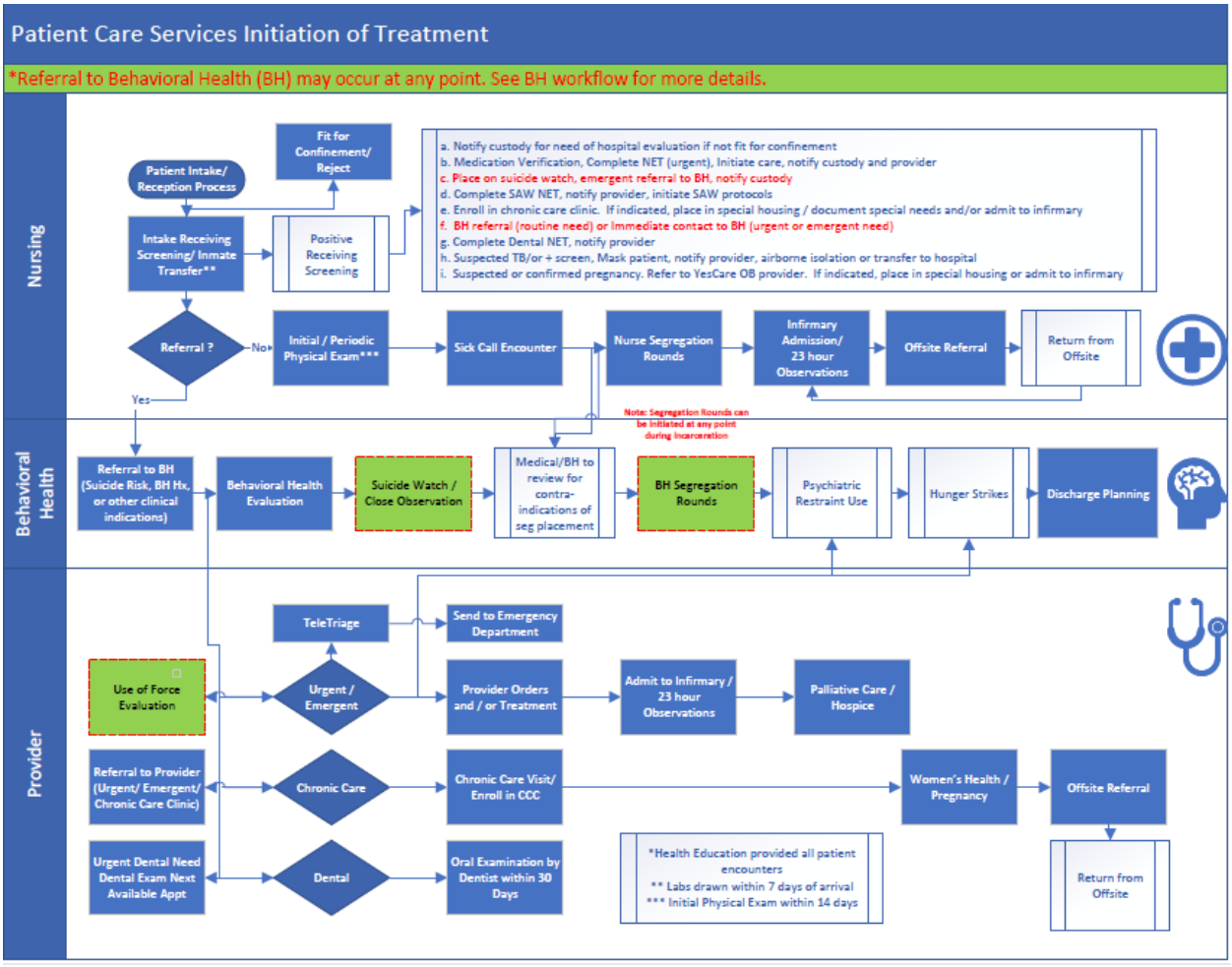
YesCare's healthcare staff will provide a health care services orientation for all Inmates **immediately upon arrival** at an institution (except in-transit Inmates). The orientation will include information on how to access sick call and/or emergency health care, ADA accommodation needs, and the grievance process for medical-related complaints. Additionally, all Inmates will receive a *Health Services Inmate Orientation Handbook*.

Written and verbal information will be furnished in a language understood by the Inmate including American Sign Language or Signed English. When a literacy problem exists, a staff member with the necessary literacy skills will assist the Inmate in understanding the material. Inmates who are physically or intellectually disabled (e.g.: deaf, low-functioning, etc.) will receive orientation based on their individual needs.

YesCare utilizes **AMN Healthcare Language Service** for 24-hour/365 days per year access to interpretation and translation services, which medically qualified interpreters deliver. AMN allows patients to participate more fully in their care by presenting information in a manner patients can understand. Video Remote Interpretation, AMN's flagship offering, is secure, HIPAA compliant, intuitive, and easy-to-use, making quality interpretation the focus of any patient-provider interaction.

The following workflow, describing our multidisciplinary process for initiation of patient care services and treatment, aligns with Department Procedures 401.014, Health Services Intake and Reception Process; 403.008, Inmate Health Services Orientation and Education and HSB, 15.01.06, Health Care Reception Process for New Commitments. Developed by our Patient Care Services Department, the workflow establishes the patient care experience from entry to exit. Our YesCare clinicians and nurses utilize the patient care services workflow from our intake reception area and guides the patient through critical touchpoints until discharge from the facility. Care provided by the nurse, behavioral health staff, and providers is streamlined with proper referrals for care that needs escalation. Following a workflow

reduces human error and oversights, cuts down on redundancies, improves compliance, and improves communication between disciplines.



Intake and Reception Process

The reception and intake process is essential to our integrated healthcare delivery system and is one of YesCare's Core Processes. It is the first encounter between the patient and practitioner and our first opportunity to detect, treat and set baselines for each patient as they enter the FDC system. It also sets the foundation for effective and ongoing integrated care. That is why **our medical intake is conducted by Registered Nurses (RNs)**, which is a **YesCare distinction**. We believe in proactive care, and **it starts with having the most clinically astute nurses in the intake area.**

The receiving screening interview will take place as soon as possible within eight (8) hours upon arrival at any one of the Department's five (5) reception centers to efficiently and effectively meet an Inmate's emergent and urgent medical, dental, and mental health care needs. When an Inmate arrives at a reception center, YesCare nursing staff will review and triage all screening forms and pre-existing medical records if available, to make referrals for appropriate urgent or routine medical, mental health and dental services as required.

In the unlikely instance where an Inmate requires immediate, emergent medical attention upon arrival, a YesCare medical professional will promptly decide whether to direct the Inmate for off-site care or to accept the Inmate into the facility. Inmates diagnosed with infectious disease will be placed in medical isolation until a medical staff member determines that the patient's condition allows for placement into the general population. **Because isolation is a strong contributor to mental distress and suicidal behavior, at all costs we will collaborate with custody to avoid placing patients in single cells. Any patients referred to single cell isolation will be screened for suicidal risk and mental status changes that would warrant a behavioral health referral**.

During intake, YesCare staff have the opportunity to identify serious health needs and provide appropriate care so that potential medical emergencies can be averted. The process also allows for the identification of non-urgent medical concerns that will require further follow-up and/or treatment. **This is why we prioritize the quality of our intake nursing staff. Early intervention matters.**

Our intake screening process evaluates new Inmates and refers them to a proportionate level of clinical intervention, with a focus on recognizing potentially emergent situations, as well as chronic conditions requiring regular treatment. To prevent escalation, reduce severity and its associated costs, we rapidly develop and begin treatment regimens.

A few different approaches to the intake and reception process that set YesCare apart:

Screening the Immediate State: We train our medical professionals to evaluate the immediate condition of the individual so that the urgent/emergent health needs of a patient are identified and addressed in a timely manner. This assessment ensures individuals who present with the following conditions are referred to community facilities for immediate care and for medical clearance: unconscious, semi-conscious, bleeding, mentally unstable, in substance use withdrawal, or otherwise urgently in need of medical attention.

YesCare's proposed tele-triage will be available to the intake nurse for any after-hours intake in which the nurse needs urgent direction from a provider. Tele-triage allows the responding provider to visually assess the patient with the nurse in order to drive appropriate care and disposition.

Intake Screening/Health Appraisal: A RN will conduct an initial screening of each Inmate to include taking their vital signs, checking their weight, and reviewing county jail transfer information, if applicable. The health appraisal will include a thorough social/medical history consisting of:

1. Present illness and health problems
2. Current medications
3. Medical history
4. Mental health history
5. Previous hospitalizations
6. Surgical history
7. History of any sexually transmitted diseases
8. Childhood diseases
9. Chronic conditions;
10. Family history of any significant medical problems (e.g., cancer, tuberculosis, diabetes, heart disease, etc.)
11. Drug and alcohol use, including prior withdrawal and treatment

12. Immunization history

Per HSB 15.03.25, any Inmate identified with an impairment or disability will be scheduled within 48 hours for a focused screening and notification made to the Institutional ADA Coordinator. Additionally, per HSB 15.14.04 Pharmacy Operations and HSB 15.14.02 Prescription Orders, YesCare will implement a process to ensure continuity of medication.

Within seven (7) days of arrival (and prior to the comprehensive health appraisal), YesCare will arrange for the Inmate to receive the required intake testing, and any further clinical testing as medically necessary and determined by YesCare's clinician.

Behavioral Health Screening: As a matter of YesCare standards, the initial intake screening includes obtaining a mental health history, identifying urgent or emergent psychiatric needs, and looking for other key indicators to establish mental health risk. Our intake screening incorporates:

- Suicide prevention screening at every intake
- Immediate referral for persons identified as high risk for self-injury for placement on a suicide precaution status in identified safe and appropriate housing
- Recognition that the continuation of current treatment is imperative for the stabilization of the patient, therefore, the psychiatrist is consulted to continue verified current medications at intake
- Face-to-face assessment of the patient within 5 days if the psychiatric provider initiates treatment upon admission.
- An assessment by a qualified mental health professional (QMHP) of all individuals with a history of mental health treatment or who have certain identified risk factors

Acknowledging that suicide is the 3rd leading cause of death in prisons, YesCare revised our behavioral health and suicide risk screening section of our intake receiving form to include evidenced-informed questions that help identify and assess individuals at risk for suicide. Based on triggers, nursing staff can quickly identify those patients who warrant escalation to a higher level of care, e.g. behavioral health or psychiatry.

Chronic Care and Special Needs: A goal of intake screening is to properly identify patients with chronic care and special needs. These patients are immediately enrolled in an appropriate chronic care or special needs clinic for follow-up with a provider.

The timely identification and enrollment into a chronic care/special need program with the development of an individualized plan of care:

- Establishes goals of care with the patient and evidenced-based interventions to:
  - Lessen the frequency and severity of symptoms
  - Slow disease progression and prevent/decrease complications
- Promotes patient education and engagement in self-care

YesCare employs a specialized chronic care/special needs log so that medical staff may easily identify patients with special needs and a physician or other qualified provider may develop an individualized treatment plan at the time the condition is identified. The Core-4 team (Institution Medical Director, Health Services Administrator, Director of Nursing and Behavioral Health Lead) utilizes the chronic

care/special needs log; it is viewed during team meetings to discuss modifications to the patient's treatment plan, ensuring timely care to the patient.

Knowledge is Power: YesCare encourages our Core-4 team to request 'read-only' privileges from local hospital partners to have more visibility as to a patient's medical history and to facilitate continuity of care. In addition, YesCare has experience working with Health Information Exchanges (HIE) and other healthcare databases such as FLSHOTS to acquire health information of patients within FDC, especially in use with outbreak management involving communicable infectious diseases, such as COVID and Varicella.

Gender-Specific Assessment: The combination of women's health, mental health, and substance abuse issues requires close integration among providers. The intake process plays a central role in the processes of triage and risk stratification. Accordingly, YesCare's intake and screening processes include gender-specific protocols, such as pregnancy testing, pap smears and breast cancer screening.

Dental Screening: An oral screening is performed on all newly admitted patients at intake. YesCare's staff are trained to identify both non-emergent and urgent/emergent dental conditions, and we have regularly updated our Dental Nursing Encounter Tool (Dental NET) to guide staff in determining dental care needs. The intent of the oral screening is to:

- Identify any obvious or gross abnormalities that require an immediate referral to a dentist
- Visually observe the teeth and gums
- Identify urgent issues such as pain and infection that require immediate referral to the provider

In addition to the oral screening, the intake process is a terrific opportunity for healthcare staff to educate the Inmate on best practices for oral hygiene. YesCare's dental education materials includes the rationale for good oral hygiene and instructions on how to properly care for your teeth and gums.

Initial Physical Exam

Patients within the correctional setting have a higher incidence of medical problems compared to the general population. Preventive care requires health assessments, annually for those that are chronically ill and less frequently for healthier patients. The YesCare team will provide a comprehensive examination and review of the healthcare status of patients, enabling our healthcare team to identify, evaluate, and monitor health for the duration of incarceration.

A YesCare RN conducts the initial physical examination during the intake and reception process. Because we understand the critical nature of obtaining pertinent healthcare information from our patients, we expect our staff to perform and demonstrate a level of performance that integrates knowledge, skills, abilities, and clinical judgement in correctional-based care. To ensure clinical competency of our nursing staff, YesCare combines the traditional model of the completion of twenty (20) basic core clinical skills competencies such as blood pressure measurement, visual acuity, IV therapy and EKG application with an Objective Structured Clinical Examination (OSCE) that allows staff to demonstrate their knowledge, skill and critical thinking skills in a simulated clinical setting. With this enhanced knowledge and skill, the RN completes the initial health assessment and physical portion of the exam and any positive findings are referral to the provider for an individualized treatment plan.

The complete physical examination, also known as the Initial Physical Exam (IPE) will be completed within 7-14 days of the Inmate's arrival at the reception center and will consist of:

- A review of systems
- Digital rectal exam, if indicated
- Visual screening
- Audiometric screening (if there is a significant hearing deficit); and
- A female Inmate shall also have the following:
  - Gynecological and obstetrical history
  - Pelvic examination
  - Pap smear done between the ages of 21 and 65 (exception: women who have had a total hysterectomy for non-cancerous reasons)
  - Vaginal and cervical smears for Gonorrhea and Chlamydia
  - Baseline mammography for Inmates aged 50 years or older (the Clinician has the discretion to begin earlier, if clinically indicated)
  - Pregnancy test; and
  - Prenatal referral for all pregnant Inmates.

Chronic Illness Clinics

The YesCare Chronic Care Program uses evidence-based medicine to prevent disease-related complications and progression, monitor condition and compliance, treat, enhance wellness, and educate patients on their chronic disease(s). An educated patient who understands their chronic condition and its impact on their health is better equipped for self-care to make informed decisions. YesCare's chronic illness clinics (CICs) set the table for the provider and health team to exchange information focusing on the specific chronic care needs presented by the patient. Patients with chronic conditions who become active participants in the management of their health have better outcomes.

All Inmates identified with chronic illness conditions are scheduled for an initial evaluation by a medical provider along with return appointments as directed by the provider. Early identification and diagnosis of chronic disease and treatment are of utmost importance. Within the population of the FDC, the importance of secondary preventive models are an important tool to aid in minimizing the burden of late diagnoses, especially with malignancy or cardiovascular disease. Many individuals who have entered the FDC are previous tobacco users or have had minimal to no consistent healthcare prior to incarceration. Screening questionnaires, at intake and with the Periodic Screening exam, are tools that allow stratification of the population for further evaluation.

Combining and analyzing the information gathered from the health screening at intake to nurse and provider visits, and lab values, we can quickly enroll patients in CICs and implement a treatment plan. Chronic care patients will be reviewed by a physician or nurse practitioner monthly or at greater intervals when medically indicated.

In addition to obtaining a focused history with the patient, a visit to the CIC includes:

- Documentation of baseline data
- An examination of the general condition of the patient
- An examination of specific disease indicators as established by YesCare protocol

- The monitoring and correction of any abnormalities present to decrease the rate of disease progression and minimize complications
- Review of any previous laboratory or diagnostic results
- Provider review of other health visits, e.g. sick call, dental, or behavioral health, for coordination of care and identification of comorbidities
- Initiation or updating of the Individual Treatment Plan (ITP), including medications, diets, exercise, housing recommendations (when necessary), treatments, follow-up care, consultant recommendations, and education on disease management
- Additional evidenced based screening questions for suicidal risk

The proposed YesCare OSCE modules include initiation of an ITP as well as chronic illness assessments and interpretation of lab results.

All chronic condition/disease management patients will be enrolled into a CIC according to their diagnosis, with the frequency of the patient's visits determined by the medical provider based on disease specific level of control. Between routine medical provider visits, nursing visits with an RN will be scheduled as clinically indicated for education, monitoring, review of testing, and other nursing interventions as part of a collaborative multidisciplinary approach. CICs will be conducted to enhance the patient's knowledge of the disease and thereby promote self-care and good health practices. YesCare maintains a library of current conditions and clinical pathways that are updated and available for use.

YesCare's proposed tele-triage will be available to the chronic care provider for complex cases that would benefit from a "second set of eyes". Tele-triage allows the responding provider, (or multiple providers, for example, inclusion of the RMD), to visually assess the patient with the on-site provider to provide decision support and guidance.
Based on the ITN requirements, the following on-site chronic illness clinics will be established and conducted in accordance with the requirements outlined in HSB 15.03.05 and the disease specific attachments. YesCare will maintain a list of all patients enrolled in a CIC on OBIS-HS and provide the required reporting.

- Cardiovascular/Hypertension
- Endocrinology
- Respiratory/Asthma
- Neurology (i.e., Seizures, Parkinson's, Multiple Sclerosis, etc.)
- Immunity
- Gastroenterology
- Miscellaneous/General Medical
- Oncology
- Infectious Disease (i.e., HIV, Hepatitis, TB, etc.)
- Diabetes/Endocrine
- OB/GYN

YesCare currently treats chronic care patients from all the above categories. In some categories, individuals may require outside care visits to clinics/facilities, including infectious disease, neurology, OB/GYN, and hematology/oncology.

The YesCare Health Stratification Tool is an additional resource for providers to track those groups of chronic illness patients based on specified indicators and the determination of high, moderate or low risk. For example, if a provider wants to track their diabetic patients who are at moderate risk of complications and/or disease progression, stratification allows that provider to select and view (through a report or the dashboard), diagnosed diabetes with a $HgbA_1c > 8$, who are not on a statin, whose weight is trending upward and who has compliance issues with medications.

Chronic Illness Clinical Care Guidelines

Our **Clinical Pathways Program** includes an extensive program for the most common diseases we manage, including evidence-based tools for evaluation, treatment, and monitoring of specific chronic illness, pharmaceutical and lab management resources, risk reduction strategies, corresponding **Nursing Encounter Tools (NETs)**, patient education, and correctional officer education.

These tools are available for staff through the *MyYesCare* intranet and at the sites to use as a resource or for educational purposes. We currently have the following **Clinical Pathways**:

- Asthma
- Diabetes
- Diabetic Ketoacidosis
- Dyslipidemia
- Gestational Diabetes
- HIV/AIDS
- Hypertension
- MRSA
- PTSD
- Schizophrenia
- HCV
- Seizure Disorder
- Sickle Cell Disease
- TB/LTBI
- Warfarin Management
- ADHD
- Bipolar Disorder
- Extrapyramidal Symptoms
- Major Depressive Disorder
- Substance Abuse Withdrawal
- Gender Dysphoria
- Women's Health

By way of example, the following paragraphs describe how providers use the **Clinical Pathways** for patients found to have the chronic condition of diabetes.

Patients who report a history of, or diagnosed with, diabetes are enrolled in the Diabetes Chronic Illness Clinic to be evaluated by a practitioner This comprehensive evaluation includes diabetes specific indicators as well as review of actual or potential comorbidities. This provides a whole-patient approach rather than focusing solely on one diagnosis.

YesCare's **Clinical Pathway for Diabetes** includes the following tools to provide treatment.

- The provider will assess the information provided by the nursing staff and refer to the YesCare *Diabetes Pathway* for recommended evaluation, treatment, and follow-up. The **Clinical Pathways** also include Corrective Regular Insulin Coverage (CRIC) Instructions, Finger Stick Blood Glucose (FSBG) records for both new intake cases and ongoing monitoring, and a tool for Monofilament Testing.

- The provider then creates/updated the individualized treatment plan (ITP) with goals, orders and patient education and adds Diabetes to the Master Problem List.

- Healthcare staff continues to monitor the patient using the FSBG Record at each blood sugar check, as ordered by the provider. Built into this tool is a mandatory weekly review by the practitioner, ensuring all diabetic patients have close oversight.

- Nursing tools include a Nurse Encounter Tool (NET) for Hyper/Hypoglycemia as well as a resource tool that details symptoms and causes of both hyper and hypoglycemia and preventive measures for both.

Once the patient is enrolled in a Chronic Illness Clinic, YesCare's clinical team begins the ongoing process of disease-specific patient education. **Patient Information Fact Sheets (PIFS)** are made available to assist with on-site support and motivation to make lifestyle adjustments to better control their illness. These teaching tools are used during patient encounters, individual counseling, as well as for the patient to read and reference later. Additional educational material specifically developed for the Correctional Officer is available to assist him or her with management of the patient in population as well as rapid identification of critical health concerns.

Chronic Care Clinical Pathway: DIABETES	
Pathway	
TOOLS	
Provider Tools	CCC Encounter-Metabolic P.O.S.E. Patient Safety Cases CRIC Instructions FSBG-New Intake FSBG Record Monofilament Testing for Diabetes
Nursing Tools	NET-Hyper/Hypoglycemia NET Resource-Blood Glucose Alteration
Patient Education	PIFS-Diabetes General Information PIFS-Diabetes-Long Term Problem PIFS-A1c PIFS-Checking your Blood Sugar PIFS-Taking Insulin
CO Education	COB-Diabetes

Our treatment guidelines for physical and mental health are adapted from nationally recognized evidence-based information such as **InterQual®, HEDIS, UpToDate®,** and **National Comprehensive Cancer Network (NCCN)** protocols which guide the referral process.

Our providers also use clinical guidelines that are adapted from the nationally recognized correctional healthcare sources such as the **American Correctional Association (ACA)**, the **National Commission on Correctional Health Care (NCCHC**), and from guidelines endorsed by recognized national organizations, including, but not limited, to those listed below.

National Expert Guidelines	Link
AACE: American Association of Clinical Endocrinology	https://www.aace.com
AASLD: American Association for the Study of Liver Disease	https://www.aasld.org
ACC/AHA: American College of Cardiologist/American Heart Association	https://www.nhlbi.nih.gov
ACC/AHA: American College of Cardiologist/American Heart Association	https://www.nhlbi.nih.gov
ACC/AHA: American College of Cardiologist/American Heart Association	http://professional.heart.org
ACG: American College Gastroenterology	http://gi.org
ACR: American College of Rheumatology	https://www.ncbi.nlm.nih.gov
ADA: American Diabetes Association	http://www.diabetes.org

National Expert Guidelines	Link
AES: American Epilepsy Society	http://www.epilepsy.com https://www.aesnet.org
Florida Dept of Health	https://www.floridahealth.gov/
American Academy of Psychiatry and the Law	www.aapl.org
American Psychiatric Association	https://www.psychiatry.org
ATS: American Thoracic Society	https://www.thoracic.org
CDC: Centers for Disease Control and Prevention	https://www.cdc.gov/tb
DHHS: Department of Health and Human Services	https://aidsinfo.nih.gov/contentfiles/lvguidelines/AA_Recommendations.pdf
FBOP: Federal Bureau of Prisons	https://www.bop.gov
GOLD: Global Initiative for Chronic Obstructive Lung Disease	http://goldcopd.org
IDSA: Infectious Diseases Society of America	http://www.idsociety.org
NCCN: National Comprehensive Cancer Network	https://www.nccn.org
NICE: National Institute for Health and Care Excellence	https://www.nice.org.uk/guidance/conditions-and-diseases/neurological-conditions
NIH.NHLBI: National Institute of Health. National Heart, Lung and Blood Institute	https://www.nhlbi.nih.gov
NIH.NHLBI: National Institute of Health. National Heart, Lung and Blood Institute	https://www.nhlbi.nih.gov
NKD KDOQI: National Kidney Disease: Kidney Disease Outcomes Quality Initiative	http://www.ajkd.org/content/kdoqiguidelines
Choosing Wisely: An Initiative of the American Board of Internal Medicine (ABIM).	https://www.choosingwisely.org/clinician-lists

These guidelines are the foundation for developing the ITP based upon the disease and degree of control for each patient. The guidelines:

- Provide a framework that is based on community standards for the healthcare team to manage care
- Encourage consistent care for all patients within a disease group that is particularly useful with the incarcerated population
- Define a plan of care that is individualized to the patient and based on the severity index
- Allow the healthcare team to define and measure outcomes of care
- Assist in reducing grievances, deteriorations in outcomes, and litigation

Caring for Patients with Special Needs

Another objective of intake screening is to ensure patients with special needs, such as the elderly, cognitively impaired, intellectually disabled, or those with dementia, are properly identified. The timely identification and enrollment of special needs patients into a chronic illness/special needs program helps reduce the frequency and severity of symptoms, slows disease progression and complications, and fosters improved physical and mental function.

The intake nurse and the QMHP play key roles in identifying and responding to the needs of this population. They are responsible for communicating each patient's needs to other healthcare team members and custody staff to ensure these patients are properly cared for and placed in the

appropriate housing unit. The actions taken at intake set the stage for entering the patient into the appropriate chronic illness/special needs program and ensuring the appropriate care plan is established.

To support this goal, YesCare documents the following:

- Description of the patient's chronic illness/special needs
- Provider orders and completion of orders if applicable
- Custody staff notification
- Special housing and/or accommodations recommendation(s)
- Interventions and times action(s) completed
- Patient education and patient's understanding of education

National correctional health standards require each facility to maintain a list of patients with chronic illness and special needs. YesCare maintains a list of all special needs patients for identification and tracking purposes and reviews the list with the Core 4 team monthly to ensure accuracy and add any changes and/or updates.

Therapeutic Diets

Therapeutic diets will be provided, based on a provider's order (Physician, Clinical Associate, Dentist), to Inmates with diagnosed and documented diseases or conditions, in accordance with Procedure 401.009. Therapeutic diets will be those established by the *Florida Department of Corrections' Diet Manual* and will include prenatal, liquid, puree, mechanical dental, mental health, low fiber, calorie regulated, renal, and allergy or food intolerance diets.

When prescribing a therapeutic diet, the provider will include the type of diet, duration for which it is to be provided, and any special instructions. Inmates who refuse prescribed diets will receive follow-up nutritional counseling by a QHCP. YesCare staff is trained to use patient encounters as opportunities for brief interventions, such as patient-focused education. At the time the diet prescription is written, Inmates will receive education regarding the diet and how to comply with the diet instructions. Additionally, to empower our patients on therapeutic diets to make good choices regarding their own healthcare goals and recovery or wellness plans, YesCare has developed a Patient Information Fact Sheet (PIFS) titled *"Good Nutrition and Weight Control."* Available in both English and Spanish, this PIFS provides patients information on healthy eating and maintaining their goal weight after they are released.

YesCare will obtain and provide, through the medication administration process, nutritive supplements that have been prescribed by a Physician, Clinical Associate, or Dentist to provide to Inmates.

YesCare will maintain a current list of Inmates who require a therapeutic diet, and the diet will be documented in the Inmate's medical record. Data can be sent automated via email, or we can work the FDC's vendor if an interface is deemed necessary.

Periodic Screening Encounter

All Inmates without a chronic illness will receive a Periodic Screening Encounter every five (5) years until the Inmate is 50 years of age and annually thereafter in accordance with HSB 15.03.04 Periodic Screenings. If the patient has a chronic illness, a screening encounter will occur annually as part of a

chronic illness clinic encounter. The periodic screening helps us to monitor patient health conditions over the period of their incarceration.

Secondary preventive measures, such as mammograms, pelvic exams, vaccinations and lab studies will be conducted as clinically indicated and in line with USPSTF recommendations and HSBs 15.03.04 and 15.03.05. Health education will be provided and documented in all patient encounters.

As per HSB 15.03.04, YesCare will arrange for the required diagnostic tests to be performed seven (7) to fourteen (14) days prior to the Periodic Screening Encounter. Diagnostic test results that are already available but do not exceed more than four weeks before the appointment for the Periodic Screening may be used.

In addition to the required diagnostic tests, YesCare preventive screening standards include:

a. A baseline electrocardiogram for patients newly enrolled in a Cardiac Chronic Illness Clinic to be compared in the event of any future cardiac concerns that may arise.
b. Annual low-dose CT scan for Inmates ages 55-80 years of age and who are either a current smoker or quit smoking in the previous 15 years and had a one-pack a day smoking habit for 20 years.

Licensed health care staff will perform and document the Periodic Screening to include the following:

a. Vital signs and weight: measured and compared to previous screening.
b. Review of the Periodic Screening Encounter lab results to confirm the Clinician has made an incidental note on the DC4-701, Chronological Record of Health Care documenting the review and recommendation for follow up.
c. Review for copy of results of electrocardiogram and mammogram (if applicable) and the Clinician's documentation on the DC4-701 of review and recommendation for follow up.
d. Identification of any Inmate health concerns including any ADA needs. Trained Inmate Assistants will assist Inmates with disabilities with their activities of daily living, as clinically indicated.
e. Confirm that tuberculin skin test is current and schedule if needed.
f. Screening for tuberculosis symptoms.
g. Collecting and testing of stool hemoccult cards (if applicable).
h. Review of sick-call access procedures.
i. Provision of required health education as indicated below.
j. Measure level of orientation based on appropriateness of answers and refer to Institution's Medical Director if needed.

Upon identification of a medical or mental health problem requiring immediate intervention, the YesCare nurse will make appropriate referral to a physician for care and treatment as well as follow-up and further evaluation. Should a patient be diagnosed with a communicable infectious disease, the patient will be placed in medical isolation until the physician determines the patient is cleared and allowed to be placed in the general population. However, we will avoid placing the patient in a single cell. If a single cell is the only option, we will screen the patient for mental stress and suicide risk before proceeding.

YesCare's Core Commitment to Preventive Care

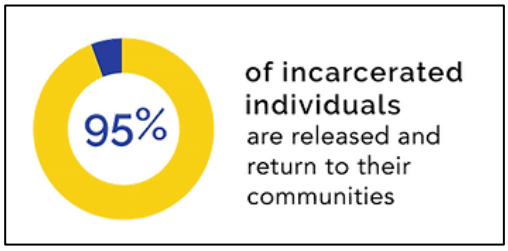
Exceptional correctional healthcare requires a dedication to interventional care. Offsite and malpractice are the biggest variable costs and the most controllable through early action. YesCare nurses are the first line of defense in prevention. The YesCare recovery model begins at intake, when our Registered Nurses thoughtfully gather information to effectively screen for physical and mental health risk factors, including pre-existing and undiagnosed disease. Establishing trust with patients helps in the early identification of disease so that proactive, rather than reactive measures can be taken. We incorporate targeted patient counseling through Inmate education, immunizations, and screenings for infectious and chronic diseases, which include mental disorders, and cancer.

Essential to our care is multi-disciplinary collaboration amongst medical, behavioral health, clinical pharmacists, and other caregivers/providers. Because the YesCare team has over 40 years of experience, we share data from the field for quicker interventions to head off developing diseases. This integrated care model promotes a healthier population from intake to reentry, mitigates the risk of poor outcomes, and decreases off-site visits to hospitals and/or physician offices.

Most of our patients share similar Social Determinants of Health (SDOH), which are conditions arising in the places people live, learn, and work that influence health risks and outcomes. Accordingly, our model considers:

- Healthcare access and quality
- Education access and quality
- Food and water access and quality
- Social and community connections
- Economic resources
- Community connections

Frequently, our patients are an under-served population who come to us having never received regular care. They are more likely to have high blood pressure, asthma, cancer, arthritis and infectious diseases like tuberculosis, hepatitis C and HIV. They are also more likely to have experienced childhood trauma, including physical and sexual abuse. **Our mission is to heal.**



YesCare advocates self-care through interactive patient encounters where we educate patients as to their disease, co-morbidities, risk factors and behaviors, including medication education and benefits of adherence. For example, within behavioral health services, we employ numerous Patient Information Fact Sheets (PIFS). These concise, one-page documents provide critical information regarding a specific mental disorder or condition with actions that support wellness. We encourage patients to participate in developing their own treatment plans and work with them to identify their needs for continuing treatment upon discharge.

Additionally, we offer patients our *Corrections to Community Handbook* to support their independent discharge planning activities. Along with our YesCare Reentry app for access to community resources, this tool empowers the patient to take an active role in planning for their healthcare upon returning to the community.

Supporting patients with education, advocacy, self-directed resources, and advice so that they begin to take responsibility for their own health needs is a large component of the healing process. **Providing attentive healthcare signals to Inmates that their lives matter, essential to a lasting and safe adjustment back to the community**.

Prevention activities are categorized to the following 3 definitions (CDC)

- Primary prevention, intervening before health effects occur, through measures of direct action, such as vaccinations, or education to altering risky behaviors,
- Secondary prevention is screening to identify diseases in the earliest stages before the onset of signs and symptoms, through interventions such as mammograms, regular blood pressure testing, and low dose CT scan for lung cancer. Secondary prevention is directed at diseases where there are measurable risk factors or an abnormal condition that predates the emergence of disease and aims to intervene before the disease arises either by reducing the risk factors or by treating the underlying abnormality.
- Tertiary prevention is managing disease post diagnosis to slow or stop disease progressing, such measures are chemotherapy, cardiac rehabilitation and screening for complications related to treatment interventions.

YesCare primary prevention interventions include:

- **Immunizations** – Influenza, Pneumococcal, COVID-19
- **Sensory Screening** – Hearing and vision screening at initial and periodic screening encounters
- **Sexually Transmitted Illness**: Education on the prevention and treatment of STIs

YesCare secondary prevention interventions include: (USPSTF examples)

- **Cancer Screening**
  - Lung Cancer Screening: Low dose CT scan for people between the age of 55-80yrs of age who have smoked tobacco for at least 20yrs and have not quit over 15yrs.
  - Colorectal Cancer Screening: Screen adults aged 45 – 75 years old. Frequency of testing is based on test selection.

- **Chronic Disease/Lifestyle** – Abdominal aortic aneurysm, assessment for aspirin and/or statin therapy for cardiovascular disease and stroke risk, diabetes mellitus, Hypertension, obesity, osteoporosis, and substance use.
  - Abdominal aortic aneurysm: One time screening abdominal ultrasound in male Inmates 65-75 years of age, who have ever smoked, and selective screening in the same population for those who have never smoked.
  - Diabetes: Screen patients aged 35 – 70, non-pregnant, with a BMI ≥ 25. Screening may include fasting glucose test, $HgbA_1c$ or oral GTT.

- **Infectious Disease Screening** – Hepatitis C, HIV, Syphilis, and Tuberculosis

The YesCare Mobile Response Clinics are a resource available for completing primary and secondary prevention interventions to bring community gold standard care “behind-the-fence” and reduce Inmate movement and custody time.

Our commitment to our patients and preventive care has led us to develop and introduce numerous innovative programs and educational materials designed to constructively impact Inmates' health and behavior. Programs such as **Take Charge,** which was previously awarded NCCHC Program of the Year, educates participants on diet and weight loss and gives them the skills necessary to attain, and subsequently maintain, a healthy lifestyle during and after incarceration. **YesCare's health professionals design programs like this to improve Inmate health while reducing current client costs, as well as the eventual greater cost to society.** Inmate participants in these types of programs have become role models for other Inmates and have been more successful reintegrating into their home communities upon release.

Our new **Self-Directed Wellness Program** guides the patient through the development of a relapse prevention plan, among other activities. This resource supports a patient's recovery from mental illness by developing a comprehensive plan to maintain wellness in the face of stressors. And, as a part of preparing for all outcomes, the tool also guides the patient in the generation of a crisis response plan so that if things do not go as hoped, they are ready to take the necessary action to return themselves to health.

Annual Health Fairs have been an effective way to teach Inmates about personal health and healthy habits. A joint effort by YesCare staff, our clients, and representatives from a variety of community resources, the fairs have included local hospitals and nursing schools, dentists, optometrists, mental health professionals, and a variety of community-based organization that provide educational information and resources on a variety of medical conditions such as cancer, obesity, heart disease and diabetes. YesCare's inclusion of external community resources help develop post-incarceration safety and social networks for a warmer and more successful transition for released individuals.

YesCare's proposed Mobile Response Clinics could be deployed to participate in preventive screening and educational opportunities during community health fairs. This would strengthen relationships with the community and demonstrate the commonalities between healthcare delivery in correctional and community settings.

Sick Call

Sick call constitutes a significant portion of our clinical interactions with the Inmate population and is one of **YesCare's Core Processes**. Because it is a crucial component of care, we have proprietary trainings, guidelines, and tools to assist our staff with successful completion of this process. YesCare's Sick Call Core Process meets both NCCHC and ACA standards and will be aligned with Procedure 403.006, Sick Call Process and Emergencies and the Nursing Manual.

YesCare's Institution Medical Director will work with security to establish a plan for the actual hours of sick call operations by YesCare staff, taking into consideration meal schedules, work squads, count times, and other security factors. YesCare understands that sick call should not interfere with other areas of operations within the institution to the extent possible.

Triaging The Sick Call Request

A YesCare RN will triage sick call requests daily (including all units, confinement, and satellite facilities). Inmates will be seen by the nurse according to triage priority: Emergent patients will be seen immediately, Urgent patients are seen within 24 hours, and Routine patients seen within one week from request.

In addition to this standard triage process, our YesCare RN also follows a sick call tiered escalation process aimed to decrease the prolonging of treatment for the patient and prompting swift nursing intervention and care.

- **Tier 1:** Patient is seen by licensed nurse during sick call encounter for their health care complaint. The nurse uses a NET tool to address the patients concerns using approved nursing interventions.
- **Tier 2:** If the patient reports with the same complaint and no resolution, the provider is contacted for verbal orders or immediate referral for treatment
- **Tier 3:** Sick call requests outside the RN's scope of practice and Inmates who preset to sick call three (3) times with the same complaint unresolved will be referred to a Clinician.

This process ensures that interventions occur quickly, and licensed nursing staff are practicing to the fullest scope of their license, resulting in meaningful and appropriate referrals to provider staff.

Scheduling the Clinical Encounter

- Sick Call will be conducted at least five (5) days per week by a licensed nurse.,
- If a patient is scheduled for a clinic other than nursing (i.e., behavioral health, dental, provider), and they cannot be seen within the required time frame, the patient will be seen in nurse sick call.
- Any patient whose sick call request is triaged as urgent/emergent will be seen by a QHCP immediately.
- Sick Call will be conducted on both the day and evening shifts five (5) days per week. YesCare ensures that a face-to-face triage will be completed withing 24 hours of receipt of the sick call request.

Conducting the Sick Call Encounter

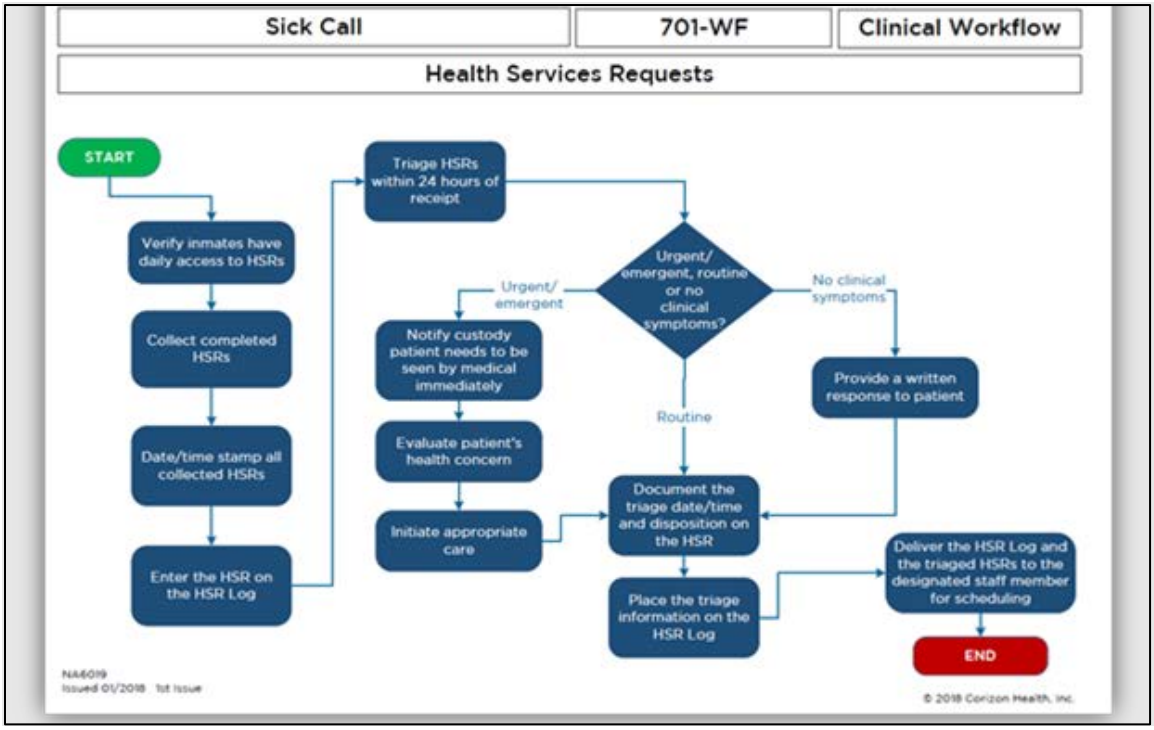
- Sick Call clinics will be conducted by an on-site RN, midlevel practitioner, or physician. YesCare will ensure when an LPN assists with sick call, the NET is reviewed by a RN or Clinician before the end of the shift.
- YesCare will work with security to ensure patients are seen regardless of housing assignment.
- Documentation for each nursing encounter is conducted using YesCare's Nursing Encounter Tools (NETS).
- Refusals of care require face to face education between a nurse and the patient with completion of a refusal of care form.
- Should a patient require additional medical services outside the scheduled sick call rounds in the housing units, referrals are made to the appropriate medical personnel.
- All follow-up care will be provided.

Inmates within Special Housing will have the same access to sick call as the general population and sick call will be available daily.

Nursing staff will conduct rounds daily in Special Housing and take note of any individual's complaints or medical issues. A log system may be utilized to document completion of this function, with patient name, identification number, complaint, disposition, and staff member name and date. Rounds are conducted daily in these areas within the medication administration process. Follow-up care will be provided on a day-to-day basis. YesCare's Institution Medical Director (or designee) will review the

names of Inmates who do on attend scheduled appointments against the roster of Inmates in Special Housing and make arrangements for those Inmates to be rescheduled for a clinic or examination by health care staff.

The following workflow depicts the typical sick call process for YesCare:



Medical exams and procedures are carried out in an appropriate clinical environment and not in open areas, hallways, or corridors where privacy is lacking, and confidentiality is at risk. With the FDC's approval, YesCare's Nursing Encounter Tools (NETs), described above, will be used to document patient encounters and guide our nurses on treatment decision-making. The NETs facilitate communication and teamwork, support patient safety, reduce adverse events, and provide explicit direction as to targeted interventions, including when and to whom referrals should be made.

YesCare's proposed tele-triage will be available to the sick call nurse for any case in which the nurse needs urgent direction from a provider who is not onsite. Tele-triage allows the responding provider to visually assess the patient with the nurse in order to drive appropriate care and disposition.
Tele-triage can also be used by the provider during sick call for cases that would benefit from a peer-to peer assessment of the patient. The peer provider can visually assess the patient with the onsite provider to offer decision support on treatment and disposition.

Emergency Care

Urgent and emergent situations in the correctional environment are those unexpected circumstances and critical events that require immediate healthcare team action. As such, our medical services staff will provide 24/7 on-site emergency service coverage. YesCare recognizes that response and resolution of urgent and emergent situations is essential to facility operations. Unexpected circumstances and

critical events require immediate action by healthcare team members, and our training modules and support tools aid the professional in a swift response. Whether the situation involves a single individual or is a large-scale event, YesCare is prepared to respond.

YesCare's staffing calls for Registered Nursing staff to be on-site 24 hours per day, 7 days per week at each Major Institution A licensed nurse will respond to medical emergencies declared by an Inmate or referred by staff, as soon as possible but no longer than four (4) minutes (Upon response, the nurse may conduct a focused assessment, using the approved emergency Response Tools (ERTs) and initiate first aid or basic life support within their scope of practice. If needed, the nurse will consult with the on-call provider regarding treatment and any indications for escalation of care requiring transport to a local hospital emergency department.

YesCare's On-Call Provider will provide consultation via phone after-hours, on weekends, and State holidays, and if necessary, will return to the institution to provide services.

Health care emergencies with possible loss of life or limb shall be dealt with immediately by the senior health care staff member on-duty and transferred to the local emergency management system (EMS). The Inmate's immediate health care needs will take precedence over any documentation requirements to ensure the nurses' ability to render lifesaving interventions. It is expected that documentation of the event will be completed as soon as the patiently has been safely transferred to EMS care.

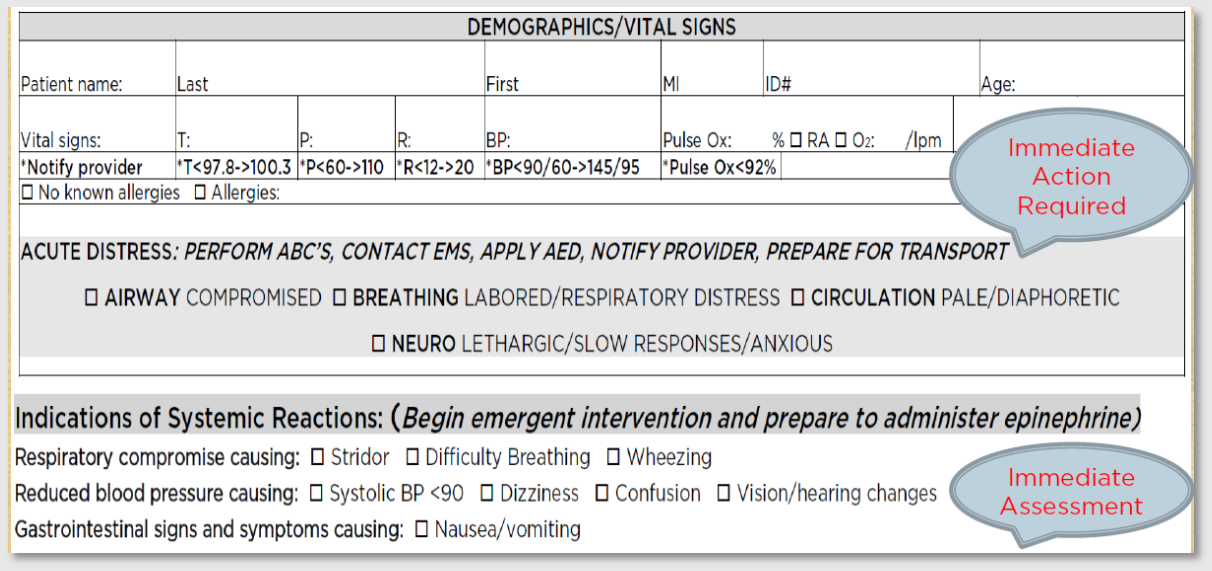
Emergency Transfers: Whenever possible and clinically appropriate, YesCare addresses emergent health needs on site. However, in some instances, the transfer of a patient to an emergency receiving facility for higher level of care or stabilization is required. YesCare's commitment for emergency health care includes the following:

- Urgent/Emergent Core Process for protocols and processes with Emergency Response Tools for nursing direction
- Emergency and non-emergency medical transport services in coordination with FDC staff.
- Agreement(s) with appropriate local hospital(s) to provide emergency services on a 24-hour basis. YesCare understands that some cases from facilities within one hour from RMC, may be transferred to RMC for further evaluation, depending on the level of acuity, to determine next steps in management that may include admission to RMCH or escalation of care to Jacksonville Memorial Hospital Locked Unit or University of Florida for specialized care (ex. Burn Unit).
- 24-hour per day, seven-day per week availability of physician, dentist, psychiatrist, mental health professional, and health care administrator services
- Peer to peer discussion between YesCare team and receiving ER team prior to patient transportation
- Documentation of all medical emergencies, including care provided and disposition of the patient
- Coordination with Utilization Management to review hospital services and return the patient to the facility as expeditiously as appropriate

YesCare's proposed implementation of tele-triage includes contact with a USACS provider prior to sub-acute patients being sent to RMC. The USACS provider can visually assess the patient, collaborate with the onsite provider, make recommendations for onsite diagnostics and/or treatments and if needed, transport to RMC for further care.

Emergency Response Tools: YesCare's Emergency Response Tools (ERTs) were developed to guide our healthcare professionals in emergent situations such as anaphylaxis, chest pain, dyspnea, and known or suspected overdose naloxone (Narcan) administration. They are streamlined to include the most vital subjective and objective data and give the health professional in the emergent situation physician-approved intervention to begin until provider guidance can be obtained. Also, to support prompt intervention when needed, on selected NETs there is direction to the appropriate ERT.

The ERTs follow the same principles as our Nursing Encounter Tools (NETs) described above; however, as shown in the sample excerpts below, they have been condensed to give fast and effective guidance if needed in **emergent** situations. Subjective data is specific for fast assessment, objective data is specific to condition presentation, and intervention incudes use of emergent life-saving medication and treatments.



DEMOGRAPHICS/VITAL SIGNS

Patient name:	Last			First	MI	ID#	Age:
Vital signs:	T:	P:	R:	BP:	Pulse Ox:	% ☐ RA ☐ O_2:	/lpm
*Notify provider	*T<97.8->100.3	*P<60->110	*R<12->20	*BP<90/60->145/95	*Pulse Ox<92%		

☐ No known allergies ☐ Allergies:

Immediate Action Required

ACUTE DISTRESS: *PERFORM ABC'S, CONTACT EMS, APPLY AED, NOTIFY PROVIDER, PREPARE FOR TRANSPORT*

☐ **AIRWAY** COMPROMISED ☐ **BREATHING** LABORED/RESPIRATORY DISTRESS ☐ **CIRCULATION** PALE/DIAPHORETIC

☐ **NEURO** LETHARGIC/SLOW RESPONSES/ANXIOUS

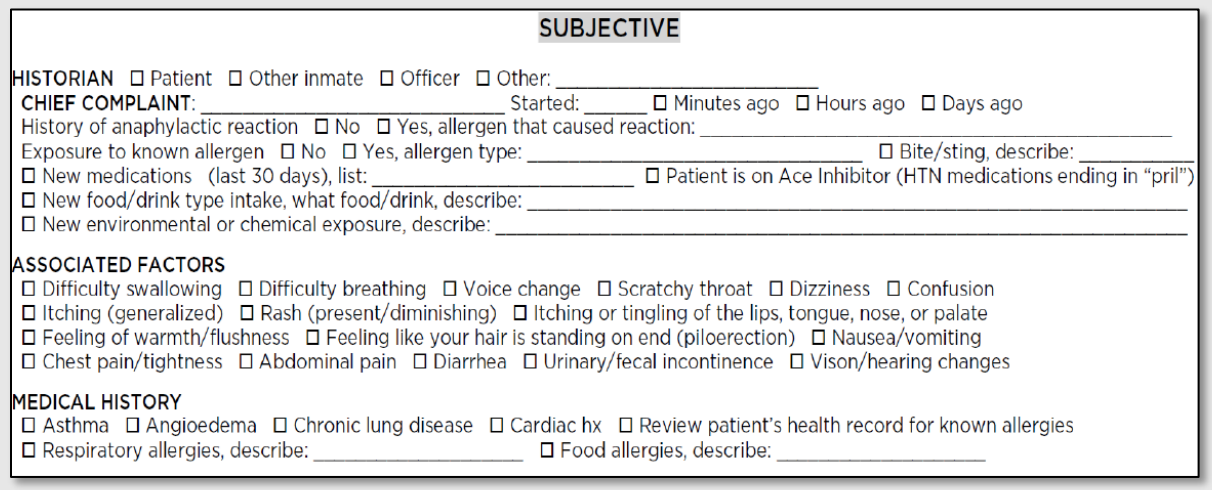
Indications of Systemic Reactions: (*Begin emergent intervention and prepare to administer epinephrine)*

Respiratory compromise causing: ☐ Stridor ☐ Difficulty Breathing ☐ Wheezing

Reduced blood pressure causing: ☐ Systolic BP <90 ☐ Dizziness ☐ Confusion ☐ Vision/hearing changes

Gastrointestinal signs and symptoms causing: ☐ Nausea/vomiting

Immediate Assessment



SUBJECTIVE

HISTORIAN ☐ Patient ☐ Other inmate ☐ Officer ☐ Other: _____

CHIEF COMPLAINT: _____ Started: _____ ☐ Minutes ago ☐ Hours ago ☐ Days ago

History of anaphylactic reaction ☐ No ☐ Yes, allergen that caused reaction: _____

Exposure to known allergen ☐ No ☐ Yes, allergen type: _____ ☐ Bite/sting, describe: _____

☐ New medications (last 30 days), list: _____ ☐ Patient is on Ace Inhibitor (HTN medications ending in "pril")

☐ New food/drink type intake, what food/drink, describe: _____

☐ New environmental or chemical exposure, describe: _____

ASSOCIATED FACTORS

☐ Difficulty swallowing ☐ Difficulty breathing ☐ Voice change ☐ Scratchy throat ☐ Dizziness ☐ Confusion

☐ Itching (generalized) ☐ Rash (present/diminishing) ☐ Itching or tingling of the lips, tongue, nose, or palate

☐ Feeling of warmth/flushness ☐ Feeling like your hair is standing on end (piloerection) ☐ Nausea/vomiting

☐ Chest pain/tightness ☐ Abdominal pain ☐ Diarrhea ☐ Urinary/fecal incontinence ☐ Vison/hearing changes

MEDICAL HISTORY

☐ Asthma ☐ Angioedema ☐ Chronic lung disease ☐ Cardiac hx ☐ Review patient's health record for known allergies

☐ Respiratory allergies, describe: _____ ☐ Food allergies, describe: _____

Tracking Emergency Medical Requests: Emergency medical requests are tracked on our Emergency Response Form, which documents findings and interventions, including the following: Emergent care need(s); Date; Time(s); Persons involved; Provider notification and orders; Specific actions and/or

interventions; Patient's response to actions or interventions; Custody staff notification; Name of the healthcare facility patient being transported to; Any communication with the hospital prior to patient transport; Mode of transportation and time of transport; and Whether transport was for medical or behavioral health care. A copy of this four-page form is available upon request.

Emergency Department (ED) encounters are tracked using our *YesCare Authorization Request & Event System* (CARES), described in our response to section 3.6.7 Utilization Management and Specialty Care Service Area. Additional hospital transfer/ED forms and other supporting documentation is also uploaded to CARES to minimize delays and to track off-site care.

YesCare is also **proposing a Transportation Committee** consisting of FDC, YesCare regional and institution staff. This committee will meet quarterly to review trends with offsite utilization (including ambulance calls). These reviews would include items such as necessity of the offsite encounter, the mode of transportation, and if the patient was admitted or discharged. Also, we will review justifications for additional testing, use of Air Ambulance/Life Flight, documentation of encounters, etc. We will meet with providers to include hospitals, EMS' and others as determined by the findings of the Transportation Committee. Formal minutes will be maintained and forwarded to all committee members. YesCare believes that proactively working with community health resources will reduce and/or eliminate concerns and issues from these groups. We also believe this will reduce unnecessary costs for the FDC, YesCare and our community partners.

Emergency Response Training

YesCare trains our nursing staff and medical providers to address emergency scenarios with designated team members to implement immediate action. Our training better equips our nursing team to provide care within the correctional environment that may resemble acute and subacute "Med-Surg" care that can be found in our infirmary settings. YesCare supports our nursing and clinical staff in obtaining additional certifications in emergency and trauma care (e.g. TNCC or TCRN) through reputable organizations like the Emergency Nurses Association.

YesCare's professional staff receive *Basic Life Support* (BLS) certification training, including Automatic External Defibrillators (AED) training. Any YesCare employee with direct patient care contact will, at a minimum, maintain current BLS certification at the Medical Professional Level of training.
Providers at RMC will be ACLS certified due to the acuity levels and resources within the hospital.
YesCare staff working in the facility but without direct patient care contact (Administrative Assistants, Medical Records, etc.), at a minimum, will maintain a current BLS certification at a Community Member Level of training.

A review of the healthcare aspects of an urgent/emergent care response plan review is part of YesCare's initial orientation of new personnel and of annual training. Urgent and emergent situations may threaten many lives simultaneously and occur on a large scale over an extended period. These situations often require intensive collaboration with government and private agencies for resolution. Recognizing the essential roles and responsibilities of the medical department in these situations, YesCare site leadership and staff are trained with the knowledge, skills, and competencies to assist in urgent and emergent response efforts.

YesCare urgent/emergent care training include standard operating procedures, workflows, SMART cards, and checklists. YesCare OSCE modules will also include emergency response scenarios, disaster preparedness, patient assessment and other emergency care related topics as needed.

Infirmary Care

YesCare will provide 24-hour nursing care in the infirmary for Inmates with an illness or diagnosis that requires daily monitoring, medication and/or therapy, or assistance with activities of daily living at a level needing skilled nursing intervention but not requiring acute hospitalization. Infirmary care will be provided in accordance with HSB 15.03.26, the Nursing Manual, NCCHC and ACA standards, and the Florida Nurse Practice Act.

The Institution Medical Director will lead and, together with site RNs, oversee infirmary care. A physician will be on-call 24 hours per day, seven days per week and will come on-site as needed to make assessments, write orders, or provide care. Infirmary patients will be seen timely based on acuity level of care with even our more stabilized infirmed patients being seen at least every 72 hours by a provider.

The infirmary is under RN supervision 24 hours per day, seven days a week. Daily oversight of inpatient care is provided to include compliance with admission and discharge requirements, collaboration in the development of specialized care plans, and coordination of support services. YesCare nurses are trained to provide care as ordered by the provider and, based on patient need, make adjustments in care and orders as patient care needs and acuity change.

The YesCare Infirmary Manual for nursing care is available for the FDC to review.

Infirmary Admission

- Defined as care provided to patients with an illness or diagnosis that requires daily monitoring, medication and/or therapy, or assistance with activities of daily living at a level needing skilled nursing intervention for 24 hours or more.
- Admission to the infirmary requires a provider's admitting order. The order(s) include the admitting diagnosis, medications, diet, activity restrictions, diagnostic tests required, and frequency of vital signs monitoring if different from the defaults established by policy and the patient code status if the patient is terminally ill
- When a provider admits a patient to the infirmary/medical unit he/she assigns the patient an acuity level
- Acuity levels are utilized to assist in identifying the severity of an illness and determine the level of resources required to provide the care identified
- The determination of patient acuity levels is critical to ensure appropriate care for patients with serious medical, dental and/or behavioral health issues
- Acuity levels determine the minimum amount of monitoring to include provider rounds, vital signs, and nursing evaluations.

The provider and the nurse determine acuity levels at the time of admission. YesCare defines three levels of acuity – acute, sub-acute, and chronic.

- Acute – Requires the highest level of provider and skilled nursing care that can be provided in the infirmary environment. Acute patients would receive frequent care, data collection, and documentation. At a minimum, vital signs and nursing examinations are documented every eight hours.

- Sub-Acute – Requires an intermediate level of provider and nursing care. Nursing care, data collection, and documentation occurs less frequently than the acute level. At a minimum vital signs and nursing examinations are documented daily.
- Chronic – Requires a lower level of provider and nursing care. Nursing care, data collection, and documentation occur less frequently than the sub-acute level. At a minimum, vital signs and nursing examinations are documented weekly.

In addition to the provider's admitting orders as described above, each patient admitted to the infirmary must have the following:

- Within 2 hours of infirmary admission, an initial admission note by a nurse reflecting a summary of the patient's status including vital signs and other appropriate nursing assessments (e.g. Morse Fall Scale, finger stick blood sugar, PEAK flow, etc.) and a comprehensive head to toe evaluation. If the patient is admitted to the infirmary from another facility, a transfer screen must also be completed
- Provider admission orders received upon the patient admitted to the infirmary
- Vital signs are completed based on the acuity of the patient and when warranted by patient presentation.
- Nursing evaluation every 8-hours for acute patients and weekly for chronic care patients (with a nursing SOAPE note on the other 6-days per week)
- A nursing care plan will be completed within eight hours of admission and updated with current care needs and treatments.
- A plan of care, based on the admission history and physical examination completed by the provider
- Progress notes from provider daily each business day for acute patients and at least weekly for chronic care patients.
- Within 72-hours of discharge from the infirmary, a provider's discharge summary which includes a final diagnosis, or resolution of the admitting problem and discharge instructions including medications and follow-up care.

Observation

- Defined as care provided to patients who need medical, dental, or behavioral health care or observation that is provided for 23-hours or less
- The Inmate who is being observed must be placed in observation status only on a provider's order and the order must include the type and frequency of assessments including vital signs, and call orders for the provider
- A nursing evaluation will be completed within 1-hour of a patient being placed in an infirmary observation bed
- Patients may be placed on observation for new or worsening symptoms of a known or suspected condition, test preparation or specimen collection
- The observation period provides health personnel time to determine if a patient needs to be admitted to the infirmary, transferred to another facility or hospital, or discharged back to their housing unit
- At the end of 23-hours, observation status ends and a disposition decision is made. The patient may be released to other housing, admitted to the infirmary, or transferred to a higher level of care.

Sheltered Housing

- Defined as a protective environment for patients that do not require 24-hour nursing care

- Sheltered housing is the equivalent of home care in the community
- Patients placed in sheltered housing in an infirmary setting must have an admission order from a provider
- Collection of baseline data at admission assists with ongoing monitoring for the sheltered housing patient

Special Housing

In addition to following F.D.C Procedure 403.003 Health Services for Inmates in Special Housing, YesCare follows the NCCHC standards that reflect access to care regardless of housing location. These include NCCHC standards P-A-01 Access to Care, P-G-02 Segregated Inmate, P-E-07 Nonemergency Health Care Requests and Services and P-F-02 Infirmary Care (which covers sheltered housing).

YesCare medical staff will conduct and document a health and physical assessment on every Inmate entering Special Housing and will make daily rounds to screen for medical or behavior health needs, through both communication with the Inmate and visual observation. Behavioral health staff will make weekly rounds using both communication with the Inmate and visual observation to screen for mental health concerns. All rounds, medications and care provided will be documented on required F.D.C forms.

YesCare staff will be active participants in the Multidisciplinary Services Team to support appropriate patient placement, treatment, ADA accommodations and as needed, development and implementation of an individualized service plan.

Continuity of care will be maintained through medication pass, sick call clinics, chronic care clinics and mental health encounters availability within the special housing units. YesCare staff will coordinate with custody for Inmate scheduling, movement and/or ADA accommodations.

Inmate Transfers

A qualified healthcare professional will perform a transfer screening on all transfers. Transfers are managed differently based on whether the site is *initiating* or *receiving* the transferred Inmate. This screening will be performed in accordance with Procedures 401.017, Health Records and Medication Transfer and 401.016, Medical Transfers, and the Department's Nursing Manual.

Initiating the Transfer

1. A medical evaluation is completed and documented to determine suitability for travel, ensuring that the patient is not a medical hold and granting communicable disease clearance.
2. Coordination with custody staff for mode of transportation and if needed:

    - Written instructions for transporting officers regarding the Inmate's medication or health interventions that are required enroute are separate from the medical record

    - Specific precautions to be taken by the transporting officers such as standard universal precautions and the use of mask and/or gloves

3. For patients with impairments and/or disabilities, YesCare medical staff will contact medical staff at the receiving location to verify access to appropriate accommodations, programs and services.
4. Continuity of care is a priority with patient transfers. YesCare requires a healthcare transfer form, along with the FDC DC4-760A and other pertinent medical records, be sent with the patient in a sealed envelope to maintain confidentiality of medical records.
5. If applicable, KOP medications will be sealed and sent with the patient.
6. Transferring medical staff will be available to respond to questions from the receiving facility as needed.

Receiving the Transfer

1. The receiving medical staff will:
   - Accept report from the transferring facility. This gives the opportunity to ask questions, verify ADA accommodation availability, and discuss risk factors such as infectious disease, suicide ideation or self-injurious behavior risk.
   - Perform a review of the medical records and forms sent with the patient. Including current medical and mental health diagnoses and treatment plans, medications, allergies, outstanding onsite/offsite appointments, and any additional health care needs.
   - Evaluate the patient and complete the receiving section of FDC DC4-760A
   - Orientate the patient to the facility health services and provider other patient education as needed
   - Implement transfer orders, schedule for chronic illness clinics as applicable, make appropriate disposition based on acuity and coordinate necessary care with custody.
   - Follow-up with transferring facility as needed.

Interstate Compact Transfer Process: YesCare will also work in synchrony with other DOC systems that house FDC patients and/or DOC patients within FDC to ensure that healthcare delivery meets our high-quality standards.

This process includes, prior to receipt of patients being transferred into the FDC system, mandatory collegial discussion between YesCare clinical leaders, inclusive of nursing, with transferring clinical personnel. The YesCare team will provide written correspondence to the FDC UM Director with the results of the pre-transfer discussion and future action plan(s) involving continuity of are related to receipt of the patient.

The goal is to allow enhanced tracking of care outside of the FDC while also expecting evidence-based, cost-effective healthcare be delivered to all shared patients involved within the Interstate Compact process.

Palliative Care

The Palliative Care program as outlined in HSB 15.02.17 can be enhanced with tools that YesCare is able to bring to this contract. Palliative care, defined as supportive care for an individual with one or more life limiting conditions, which left untreated would be up to 24 months. It would be a value add to expand the program to include a specific Hospice program, which is palliative care focusing on the end of life. As the growth of the aging segment of the incarcerated population continues, we will see that age will independently drive utilization of healthcare. With increased utilization of services related to chronic illness, malignancies or medical frailty it is important to have realistic expectations for outcomes

of procedures, and treatments. Palliative and Hospice care are integral in the continuum of patient care and offer community standards of whole person care.

In 2021, over 25% of the FDC's total population was over 50-years old. Within this population, there is a significant sub population of individuals reaching into their 8th and 9th decades. Chronic conditions of Diabetes, Hypertension, Cardiovascular Disease, Dementia, Malignancies are present in many and contribute to overall physical and mental decline. To this end, enhancing geriatric medicine, and care to the medically frail populations are important. To improve access to palliative care, integrating guidelines from the Medicare Hospice Benefit and the National Hospice and Palliative Care Organization will support education of what can be achieved with this approach to care. Use of national guidelines also support Provider: Patient decision making for best plan of care.

YesCare's Palliative and Hospice program – CHOICES (**C**hoose **H**ealth **O**ptions **I**nitiate **C**are **E**ducate **S**elf) – supports patient centered decision making, provider education and involvement, as well as additional training for FDC staff, -Impaired (or Inmate Assistants), Providers, and patients. CHOICES is similar to the FDC's program; however, it allows for additional options for end-of-life patients to include:

1. "Dog Program" Therapy Dogs to provide support to those on (Hospice) who resides at facilities that utilize and train therapy dogs. Often an Inmate in the CHOICES program can benefit from having a dog visit. Usually, the visits are weekly and last for 15 to 30 minutes.

2. Special foods. Soup and Ice Cream were added to the diets for those on Hospice in our past programs. Often at end-of-life solid foods are no longer desired, so adding "comfort type foods" was an important change to what the correctional dietary service was able to provide prior. The medical condition of the patient would be reviewed during the Interdisciplinary meetings to determine when soup and Ice cream would be added.

Topics for education include Pain Management behind the bars, a session that looks at the multidimensional nature of pain, during this session, use of Chaplaincy to help the patient understand "what is the meaning of pain" and to also assist in assessing for existential/spiritual pain and suffering. It is well known in the hospice industry, that the person is more than their body and illness. Emotional, social, psychologic, and existential (spiritual) ideologies are reviewed during interdisciplinary team meetings to determine the plan of care. Pain management in corrections is more than opioid use, though judicious use, in appropriate facilities will be used.

Identification of the Zephyrhills' facility, with the care of the aging and infirmed population is best served to model an improved delivery of Palliative care. Reviewing the continuum, from Palliation during the treatment for malignancy, congestive heart failure, or dementia treatment it is important to incorporate for patient's overall well-being. This supports the Provider-Patient relationship. Patient centered tasks, while on palliative care, include Provider: patient discussions on determining their goals of care, reviewing benefit and burden of treatment/ diagnostic testing, and acknowledging when it is indicated to move onto hospice care. During this time, patients will be given opportunities to discuss their desires around advance directives, and Do Not Resuscitate Orders (DNRO). Durable Power of Attorney (DPOA), identifying next of kin and if needed, Guardian services, are important to identify while a patient is able. As the patient moves into the hospice portion of care, Interdisciplinary team members, through regular meetings, collaborate in assisting patients in completion of these tasks, so they may achieve a safe and comfortable life closure.

As the patient's condition begins to progress and the goals turn to comfort, with understanding the benefit and burden of previous treatment options, then there should be a review of the advance directive with movement toward a DNRO is indicated. Increased medication use may be necessary for pain and symptom management. Education of staff and Inmate aides on expectations at end of life, including uncontrolled symptoms of agitation, restlessness, and pain are addressed during the IDT meetings, with plans for appropriate treatment.

Initiation of palliative care, and transition to hospice allows for dignity of the individual, as well as the time needed to address existential concerns, reuniting with family, etc. When patients can be educated on progression of disease and end of life, they develop a realistic expectation. This assists with decreasing emergent hospitalizations, as the patient can understand that they will be cared for, and that symptoms will be controlled.

Allowing providers the experience and opportunity of a continuum of care across all aspects of a patient's condition will improve health care delivery. Improved symptom management through education to dispel myths of medications used at end of life is key to how YesCare can support all involved. Topics on end of life and symptom management would be included in biannual training for providers. Patient education via webinars on tablets, can be provided for general topics that can promote education and better patient/provider relationships is one of YesCare's many goals for the FDC. Specific training for staff and Inmate Assistants directly involved at the site would be available.

YesCare has access to additional training and oversight from a major university system. **With the FDC's approval we would like to introduce this training for the Inmate Assistants** to include but not be limited to: *Concepts of Death and Dying*, *Letting Go* (video), *Communication Skills* (verbal, nonverbal, listening, dealing with a difficult patient), *Spiritual Communications* (prayer), the *Bereavement Process*, *A Time for Grief* (video), *Care and Comforting the Patient*, *Spiritual, Physical and Psychosocial Dynamics of Death and Dying*, *Review of Obituaries*, and *Managing Personal Stress*.

Should the FDC need to compassionately release a patient but desires a nursing home placement for hospice or other reasons, YesCare, through Geneva Consulting, owns and has **access to 157 nursing homes across the State of Florida able to accept releasing patients.** Our experience has shown that nursing homes will not accept Inmates with a history of sex crimes, violent history, or infectious diseases such as HIV or HCV. However, our relationship with Geneva will largely dissolve this barrier for FDC's patients.

Specialty Care and Ancillary Services

YesCare's Clinician will refer Inmates to a specialty clinic when the Inmate's medical condition requires specialty care. We oversee relationships with providers to ensure that each specialty care encounter is high quality, efficient, cost effective, and risk mitigating. The Clinician will only refer patients to an off-site specialist when medically necessary care cannot be provided in a timely manner within the confines of the facility. Specialty services



are subject to YesCare's utilization management/pre-authorization process.

YesCare recently purchased nine **Mobile Response Clinics (MRCs)** which include technology that enables us to expand the scope and volume of services performed on site. Our MRCs:

- Can be outfitted for mobile radiology, optometry, and a host of other services depending on need.
- Will significantly decrease the demand for correctional officer staffing for off-site transport and
- Will help us clear any backlogs in primary and chronic care.
- Can be used to transport appropriate staff for the provision of primary care services as needed.
- The reduction in escorts will allow the FDC to utilize custody staff elsewhere within the institutions for other duties. In addition to being able to re-deploy custody staff and saving on overtime, reducing outcounts will also avoid the security risk of off-site transport, as well as decreased fuel charges and wear and tear on vehicles.

Dialysis Services: YesCare will provide dialysis care through our national partnership with **CharDonnay Dialysis, Inc. (CharDonnay). CharDonnay is a certified Women Business Enterprise (WBE).** With over 20 years of experience in bringing dialysis on site within the correctional community, CharDonnay is recognized as the industry's leading and premier on-site dialysis provider for correctional facilities across the county.

YesCare will provide a board-certified nephrologist to supervise/oversee the operation of the Dialysis Clinics at RMC, Florida State Prison (FSP), Lowell CI and any other alternate locations as determined by the Department. Our dialysis services program also includes the following for our dialysis patients:

- Monitoring and care provided by a board-certified nephrologist
- An initial assessment of each dialysis patient
- An individualized care plan for each dialysis patient
- Monthly follow-up visit for each dialysis patient (or more frequently if medically indicated)
- Assessment of renal function to determine the need for dialysis

EKG Services: YesCare will provide EKG services and equipment through our national agreement with **CompuMed, Inc.** using licensed or certified medical personnel. These services will be provided by trained staff at the major institutions and annexes at all times:

- On-site staff orientation
- Printed report of EKG with rhythm strip capability
- Equipment maintenance and service within 24 hours
- Computerized EKG records that allow for comparison printouts

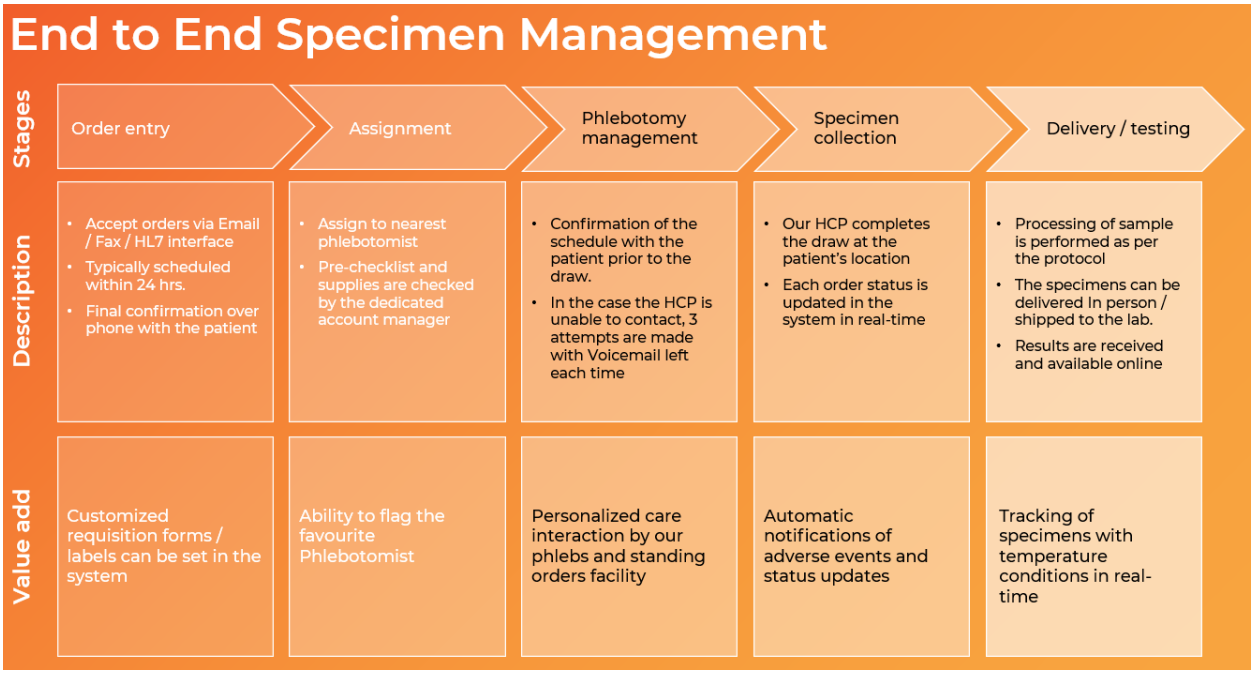
YesCare nurses will obtain EKG results and the site physician will read and interpret the EKG upon test completion. If the site physician deems necessary, an order for an over-read by a cardiologist will occur. A routine over-read will be returned within 24 hours while a STAT over-read (chest pain, new abnormal EKG results, unchanged abnormal with new or increasing symptoms, and abnormal vital signs) and will be returned Immediately. EKG test results and related over-reads will reside in the patient's medical record. The site physician will determine further follow-up and treatment plans.

Laboratory Testing Services: YesCare will provide all medical laboratory services, including provisions for STAT services and for the pickup and delivery of specimens through **Eccolab Group** (Eccolab). Based in Miami, FL, Eccolab Group is a full-service clinical laboratory that provides clinical tests and services to a wide array of healthcare providers such as research organizations, skilled nursing facilities, assisted living facilities, hospitals, and sub-acute care facility providers, as well as physician offices. Eccolab has laboratory testing facilities throughout Florida. Of note,

- Eccolab will establish a lab within RMC that will assist in providing more resources and STAT labs for the RMC facility.
  - Ex. Cardiac Troponins to determine next level of care, which may assist in establishing continuous cardiac monitoring within RMC Hospital.
- Eccolab has the ability to serve as STAT lab for the Region 2 facilities in close proximity to the RMC.
- For institutions outside of the RMC facility, Eccolab has the capability to result routine labs within 8 hours after receipt of specimen.
- Eccolab has relationships with local hospitals for STAT labs with turnaround times between 2 and 4 hours from time of receipt of specimen across the state of Florida.

YesCare's site providers will review, initial and date all laboratory reports to indicate the results have been assessed for the indicated follow-up care or next appropriate diagnostic step within 24 hours. In the event the laboratory report and clinical condition of the patient do not correlate, the provider will reorder the test or take other appropriate measures. Results will be placed in the Inmate's medical record upon receipt. Abnormal results will be reviewed promptly and initialed by the provider, with a follow-up plan of care outlined and communicated to the Inmate.

The following flowchart provides an overview of Eccolab's specimen management process.



All Eccolab's services are complemented with automated LIS, which provides hassle free scheduling and reporting with HL7 interfacing capability. This includes:

- Fully integrated paperless workflow from Electronic HL7 orders to custom barcode labels
- Supports eConsent, chain of custody audit with pictures and notes
- Real-time GPS based tracking
- Real-time updates available to review cumulative results
- Track the status of lab orders
- Track specimen location and temperatures
- Generate patient letters
- Receive alerts for abnormal results
- Receive alerts for missing/delayed specimen
- Instant notification of alerts and patient results

Radiology Services: YesCare will provide radiology services to include x-rays, ultrasounds, mammograms, CT, MRI, and nuclear medicine through TridentCare. TridentCare is the only national provider of mobile diagnostic services and has a wide network of board-certified radiologists and technicians offering consistency and economies of scale that regional providers cannot provider.

All x-rays will be provided by Board-certified Radiologists and will be taken by a registered technician. A written report of all findings and recommendations will be provided within 24 hours of the exam via fax. Emergent radiology services or for procedures beyond the capability of the on-site equipment will be provided at the nearest hospital.

Critical findings will be called directly to the site by the radiologist using a designated contact number. Results can be received by a medical provider, medical mid-level practitioner or nurse. If a nurse receives the results, they are responsible for notifying the prescribing or on-call provider.
All test results, notifications and interventions will be documented in the Inmate's medical record.

Female Health

Female patients present a distinctive set of healthcare needs. Many have had significant academic or educational difficulties, are survivors of child abuse (sexual and/or physical) or domestic violence and may have history of substance use disorder. It is not uncommon for a female patient's involvement in the justice system to trigger a reliving of past traumatic events, which may cause them to present with symptoms of post-traumatic stress disorder (PTSD).

Female patients also have higher rates of mental illness than males and women involved in the criminal justice system are more likely than men to enter because of drug-related charges. According to the Bureau of Justice Statistics, almost half of the women in prison reported committing their offense under the influence of drugs or alcohol.

The period of incarceration provides an opportunity for us to improve the health status of incarcerated women. Because of this, and because of Dr. Bisma Beg's educational series described below, **we are proposing the use of gender-specific group therapy programming such as Dr. Stephanie Covington's pioneering for women's issues including *Beyond Trauma, Helping Women Recover*, and *Beyond Anger and Violence.***

Helping Women Recover and *Beyond Trauma* sessions use cognitive behavioral skills training, mindfulness meditation, experiential therapies (e.g., guided imagery, visualization, art therapy, and

movement), psychoeducation, and relational techniques to help women understand the different forms of trauma, typical reactions to abuse, and how a history of victimization interacts with substance use to negatively impact lives. The intervention is delivered through 90-minute sessions that occur once or twice each week.

YesCare's proprietary **Women's Health Education Program** (WHEP) curriculum educates incarcerated women about their bodies. Founded in partnership with the Maryland Department of Public Safety and Correctional Services (DPSCS), the program is led by YesCare's own Dr. Bisma Beg, our Women's Health Educator/Coordinator at the Maryland Correctional Institute for Women (MCIW). Known for her commitment to health and wellness, Dr. Beg uses the latest research and health information for an evidence-based women's health curriculum that is offered to all women at MCIW. YesCare is pleased to be able to offer the program to women housed at Lowell CI.

WHEP's goals are:

- **Short-term:** To empower women in custody by educating them with relevant and actionable health information
- **Long-term**: To improve the overall health (including reproductive health) and well-being of incarcerated women to prepare them for life outside prison.

Patient Information Fact Sheets (PIFS) are made available in English and Spanish on topics specific to female patients. Examples of these PIFS are available upon request.

- Menopause
- Pelvic Inflammatory Disease
- Labor and Delivery
- Bacterial Vaginosis
- Genital Herpes-HSV 2
- Genital HPV- Human Papilloma Virus
- Birth Control
- Chlamydia
- Vaginal Yeast Infection

Recognizing the special characteristics of women's health, YesCare has implemented specific policies and procedures for female patients, including pregnant women. These policies and procedures differentiate treatment for women during the intake assessment, routine health examinations, STD evaluation and treatment, pregnancy, mental health care, and health education.

YesCare has created multiple clinical pathways to address the care spectrum and progression of women's health beginning with well care visits and US Preventive Services Task Force (USPSTF) screening considerations to prenatal, pregnancy, postpartum care, and postpartum depression to menopause.

Preventative screening, based on the USPSTF and other leading medical organizations' recommendations, include mammograms, cervical cancer screens, and osteoporosis screening. From an operational perspective, the intersecting nature of women's physical health, mental health, and addiction issues requires close integration between providers, with the medical provider serving a central role in the process of triage and risk stratification.

Considering these factors, YesCare has incorporated a female-specific standardized intake and screening process, gender-specific treatment and care management protocols, and provides extensive staff training to manage the women's health services program.

Our program of care for female patients will be under the direction and supervision of a Florida-licensed and board-certified obstetrician/gynecologist and includes the following elements to ensure a healthier female population from intake until the patient returns to the community:

- All laboratory testing, medical examinations, and other diagnostic testing (ultrasounds, sonograms) within the timeframes specified by the OBGYN.
- Cytology (pap smear) testing for cervical cancer will begin at age 21 and continue to age 65. This test will be performed every three (3) years if the previous test is normal. If a hysterectomy has been performed for non-cancerous reasons, no pap smear will be performed.
- A yearly breast examination of each female Inmate performed by a physician or clinical associate. Routine screening mammograms will begin at age 50 and will continue biennially until age 74. At the Clinician's discretion, screening mammograms may begin earlier or be performed more frequently. Mammograms will be provided for all Inmates with suspicious breast masses or lumps.
- Other preventive health care services include:
  - Colposcopies
  - Endometrial biopsies
  - Loop Electrosurgical Excision Procedure (LEEPS)
- Additional gynecological examinations will be performed as deemed medically necessary by the Clinician.

Additionally, our program of care for female patients includes the following:

- Utilization of gender-specific intake screening and health assessment tools
- Specialized, evidence-based medical management protocols addressing the range and complexity of health and mental health needs of incarcerated women
- Risk stratification based on clinical indicators
- An in-service training program for nursing and clinical staff addressing topics such as the fundamentals of women's health, co-occurring disorders, the interaction of trauma and post-traumatic stress disorder (PTSD) with overall health of women
- An integrated model of patient education reflecting the complexity of the medical and psychosocial needs of incarcerated women
- Specialized and coordinated systems of reentry and medical discharge planning, with emphasis given to women in particularly high-risk groups

Healthy Moms = Healthy Babies

YesCare's health care staff takes very seriously the special circumstances surrounding a pregnancy. Due to the high-risk factors previously mentioned, including substance use and chronic illness, pregnant women are often at a substantially higher risk for complication during and in the months after pregnancy. Our intake process is designed to identify pregnant women entering the facility and provide these women with comprehensive perinatal, obstetric and after care. All Inmates who are confirmed to be pregnant will be transferred to Lowell CI for the duration of her pregnancy.

Prior to providing any medical care associated with high-risk and/or normal-risk pregnancies, all pregnancies are confirmed with a urine or serum HCG test or verification of fetal heart tones. We educate pregnant patients regarding the dangers of HIV transmission to the infant during pre and post-test counseling. Throughout a woman's pregnancy, the YesCare care staff provides a prenatal management program that focuses on the prevention and management of conditions that lead to poor outcomes and assist pregnant women in making better dietary choices and creating health plans – for themselves and for their child.

YesCare uses **American College of Obstetrics and Gynecology (ACOG)** standards for our prenatal care program which includes the following:

- Vital signs and weight
- Laboratory testing, including routine urine testing for proteins and ketones
- Medical examinations
- Diagnostic testing such as ultrasounds, sonograms, etc.
- Assessment of fundal height and heart tone
- Dietary supplements
- Observation for signs of toxemia

Results of the prenatal screening tests will be documented in the patient's health record.

Opioid exposure during pregnancy has been linked to some poor health effects for both mothers and their babies. Some complications include maternal death, preterm birth, still birth or birth defects. When a pregnant female is admitted to the facility with a history of opiate use, or dependence (including methadone and buprenorphine) YesCare staff recognize this as a high-risk pregnancy and take swift action. Our Institution Medical Director, or his/her designee, will work closely with an obstetrics specialist in order to assess and carefully treat the opiate dependence. The Health Services Administrator will keep the FDC apprised of high acuity/high risk patients, to include pregnant patients with an opiate use disorder.

Vitamins and Dietary Needs: YesCare's health care team closely monitors pregnant patients to ensure that dietary requirements, vitamin supplements, education, and clinical oversight are provided. A medical provider will order prenatal vitamins and if medically indicated prescribed meals, at the patient's initial intake physical examination.

As part of our quality improvement activities, we assess adequacy of received prenatal care for our prenatal clinic patients, individually. Our emphasis on prenatal, perinatal gynecologic, and self-care, eases the return of our patients to the community having generated a better understanding of themselves and the healthcare system.

Diabetes in Pregnancy: Screening for diabetes in pregnancy is a routine part of our prenatal care. YesCare recommends diabetes testing routinely at the first visit for pregnant females who indicate the following:

- Are older than 35 years
- BMI ≥ 25 And one of the following
  - Have had gestational diabetes
  - Have had a baby greater than 9 pounds

  - Have a close relative with diabetes
  - Had problems in a previous pregnancy (such as stillbirth)
  - Hypertension
  - Cardiovascular disease
- Known diabetic
- Suggestive signs and symptoms

In the absence of the above-listed risk factors, diabetic screening will take place at 24–28 weeks of pregnancy. This is consistent with ACOG recommendations "*Updated ACOG Guidance on Gestational Diabetes - The ObG Project*" and experience in the field. Management of pregnant women with diabetes is coordinated with the OB-GYN specialist.

Because women with a history of diabetes and/or pre-eclampsia in pregnancy have a greatly increased subsequent risk for diabetes, we will screen them for diabetes 4 to 12 weeks after delivery using standard and emergency care for ob-gyn services.

Post-Partum Care: As the post-partum woman's body transitions to its non-pregnant state, the medical provider uses comprehensive models integrating physical and mental health to determine care. We anticipate that labile emotions from the normal hormonal changes of the post-partum period can be further complicated by incarceration. Because of this, YesCare's nurses are trained in the use of sick call protocols, including our Nursing Encounter Tools, which assist our nurses in locating the right resources to address emotional distress, depression and other issues stemming from the post-partum condition. Our mental health staff closely monitors female patients after delivery for signs of post-partum depression or suicidality; a mental health clinician sees all post-partum women within five days of their return from the hospital.

Health Education = Empowerment: Supporting Self Care and Disease Education: YesCare offers education during virtually every health care encounter, including intake. In the earlier stages of pregnancy, general educational topics are designed to provide information regarding what to expect during pregnancy, and self-care tips designed to promote a healthy pregnancy. Some topics such as proper levels of activity, nutrition, and safety throughout the term of pregnancy are individualized as needed. We also ensure that pregnant women in our care recognize the signs of and have the techniques to deal with labor.

Coordination with Community Programs and Social Services: While discharge planning is vital for all Inmates, the process of coordinating post-release care for women presents a discrete set of challenges. YesCare's Reentry Division is prepared to handle issues that require special attention when coordinating care between the facility and community agencies such as:

- The presence of dependent children
- Domestic violence
- Generally higher rates of mental disorder and addiction
- Co-occurring disorders

Youthful Offenders

Primary preventive screening and education are valuable with youthful offenders, especially in regard to tobacco use cessation and healthful lifestyle choices, i.e. diet, activity, sleep.

Health education including Sexually Transmitted Diseases, Tuberculosis, Blood Borne Pathogens, infectious diseases, personal hygiene, exercise, weight control and nutrition will be offered at all institutions with Youthful Offenders (YOs).

In one of our contracts with youthful offenders, our nurse identified **cognitive deficiencies in many youthful offenders. YesCare offers a variety of patient teaching topics directed toward youthful offenders**, such as safe sex, sexually transmitted diseases, hygiene, maintaining health, maneuvering through stressful periods like a pandemic, smoking cessation, illicit drugs, and alcohol, to name a few. YesCare has a wide range of regularly updated library materials from which to draw patient learning materials.

Use of Force Examinations

YesCare understands the significance of the principles of the Use of Force. YesCare will integrate the following actions into the Multidisciplinary Services Team (MDST) infrastructure to provide supportive measures and patient care when physical force has been used:

- A working group of Custody leadership, Medical and Nursing leadership, and others who would meet regularly (weekly or monthly) to review the episodes where force and restraints were used.
- In the initial review, viewing video footage of the event(s), determining etiologies and triggers, and determining compliance with current protocols.
- After review and discussion, action plans for educating custody staff, medical, and nursing would be determined.
- Improve patient outcomes to avoid untoward consequences of using lethal force and restraints.

In our contracts, healthcare delivery partners with custody to review Inmates who, due to their behavior, could be identified as potentially receiving force. The Inmate's underlying medical condition(s) are reviewed to determine the potential adverse effects of using force tools. This information is provided in general terms to custody to avoid HIPAA violations.

Example: Use of pepper spray with an Inmate who has asthma or COPD would not be recommended due to the potential for exacerbation of their respiratory conditions

Example: Using a taser on an Inmate with significant cardiac disease for the potential adverse reaction to the heart's electric conduction system

These types of medical conditions can be placed in the medical records during intake and/or in other patient encounters during chronic care encounters to ensure that any person with access to the EMR can identify if there are any contraindications related to the use of pepper spray, taser, or any other agent to assist in controlling a patient/Inmate.

This initiative should improve FDC's staff understanding and comprehension of the role of our healthcare staff in situations where force is used while improving patient outcomes.

The YesCare team has invested in crisis de-escalation training with a focus on active listening, building trust and understanding for both our staff and custody partners. The program includes annual training for all staff, specialized training for specific staff, multidisciplinary team review of events, and early

assessment and intervention by mental health professionals. Through this program, YesCare facilities have realized an improvement in patient outcomes, reduction in off-site visits and reduction in staff injuries.

Post Sexual Battery Examination

YesCare staff will work in a coordinated manner to support all victims of sexual battery in compliance with the Prison Rape Elimination Act of 2003 (Federal Law 42 U.S.C. 15601 et. seq.), all applicable Federal PREA standards, HSB 15.03.36 and other relevant policies and guidance documents related to prison rape.

If an Inmate or staff member reports an Inmate as the alleged victim of sexual battery, YesCare's nursing staff will perform all assessments, screenings, follow-ups, documentation, and reporting to ensure compliance with and complete documentation in accordance with PREA and FDC HSB requirements. Institution- specific policies and procedures for treatment of anyone reporting sexual assault include the following:

- Prophylactic treatment and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, hepatitis B) are offered to all victims, as appropriate.
- There is an evaluation by a qualified behavioral health professional for crisis intervention counseling and follow-up.
- A report is made to the correctional authorities to affect a separation of the victim from the abuser in their housing assignments.
- Behavioral health referrals are initiated on an emergent basis for victims of sexual assault.

We are exceptionally proud to announce that YesCare trains a selection of specialty nurses as Sexual Assault Nurse Examiners or SANE nurses. A SANE is a nurse who holds a special certification. The certification process requires forensic nurse education training.

- The SANE nurse is trained to collect evidence and provide specialty care. The SANE nurse is considered an expert witness in the courtroom. Our SANE nurses are required to undergo a 40 hour online clinical certification program in addition to a hands-on competency exam.
- Our SANE nurses are trained to assess victims of sexual assault. Most patients who have been sexually assaulted, will not have physical injury unless excessive physical force was utilized. Often patients may have trauma fatigue or behavioral changes. Our SANE nurses are trained to identify these behaviors. SANE nurses understand that the absence or presence of injury or behavioral changes are not indicative whether sexual assault did or did not occur.
- When a sexual assault is suspected, our SANE nurses will:
  - Complete examination and collect evidence per established protocols
  - Detailed documentation of examination and care provided
  - Maintain evidence collection and chain of command per established protocols
  - Testify as an expert witness regarding your assessment

- We would strategically place certified SANE nurses around the state to ensure coverage among sites, with employee incentives for on call responsibilities

- Each infirmary throughout the state, will be assigned a SANE nurse to better enhance coverage of these high-level events in house. This partnered with other emergency and trauma trained nurses deliver a powerful team of nursing staff to address patient care needs.

- Benefits to the FDC include:
  - Having specialized SANE nurses eliminates the need to transport patients from facility to offsite medical facilities for assessment and treatment.
  - Addresses community needs as there tends to be a shortage of SANE nurses outside of corrections, in which our staff are an additional resource.
  - Allows the patient to be assessed in a more comfortable secure environment, where not only do the patient feel more comfortable with our staff members conducting the assessment, but also allows for more open communication on reporting the rape and providing details to help facilitate the investigation that you as our client partner are conducting.
  - Onsite SANE exams help protect patient's privacy, reducing the disincentive to reporting that comes with stigmatization or fears of violent reprisal.
  - Reduces facility staffing requirements by having to coordinate members of the custody staff to transport patients from facility to infirmary for extended care, producing an atmosphere where your staff can continue provided the needed services within the facility.
  - Sets the FDOC apart from other department of corrections, as the FDOC invests in ensuring that patients not only are secured within the facility, but we are also dedicated to keeping them safe.
  - Through partnership with the FDOC Sexual Assault Response Team (SART), we would develop a statewide SANE prison program specifically to fit the needs of Florida patients. Will partners with Florida Investigation Units to provide training for our staff in photography training for evidence collection.
  - SANE nurses are equipped to train select members of custody staff on easy identification of patients who may be at risk for sexual assault, signs and symptoms to look for in patients who may have been assaulted and address any secondary trauma for the correctional officers who may have witnessed or been part of a sexual assault investigation.
  - Minimizing off-site Inmate transportation increases public safety.
  - Additional trauma to the victim is minimized by removing the need to be restrained for several hours.

Resources available to our site staff include our **PREA Nursing Encounter Tool (NET)** and our **PREA-Recommended Interventions NETs Resource Document.**

PREA training is provided to YesCare staff through our orientation program as well as on an annual basis to ensure our staff is trained to detect, assess, and respond to signs of sexual abuse and sexual harassment, preserve physical evidence of sexual assault, and notify the Health Services Administrator and Institution Medical Director of any sexual battery occurrences.

Self-Harm Observation Status

YesCare will provide care pertaining to Self-Harm Observation Status in accordance with Procedures 404.001, Suicide and Self-Injury Prevention and 404.002, Isolation Management Rooms and Observation Cells and HSB 15.05.18, Outpatient Mental Health Services. Please see our response to section 3.6.4 Mental Health Services for a detailed explanation of our suicide prevention program.

Suicidal and Non-Suicidal Self- Injurious Behavior (NSSIB) creates substantial and ongoing management challenges for the facility, medical, and behavioral health teams. Many studies link self-harm behaviors to a history of trauma and maladaptive coping strategies that arise. A large percentage of the correctional population has been traumatized by events in childhood, including physical, sexual, and emotional abuse. Many experience periods of incarceration throughout their life due to risk taking, impulsive behaviors, and substance use, and can benefit from interventions addressing prior trauma.

YesCare endorses the use of the *Columbia Suicide Severity Rating Scale* (C-SSRS), which is one of the most widely researched and utilized suicide screening tools available. The C-SSRS is also one of the tools the NCCHC's 2019 *Suicide Prevention Resource Guide* identifies for utilization. Beyond the extensive research supporting C-SSRS use, YesCare recognizes the unique stressors associated with incarceration and added nine additional questions specific to suicide risk in corrections. Together, we have taken an effective and efficient screening tool (the C-SSRS) and combined it with a series of additional items to create a resource we expect will identify patients at risk while screening out those who are not, thereby ensuring resources are allocated where they are needed most.

For those patients for whom previous risk mitigation strategies have not been wholly effective (e.g., repeatedly placed on suicide/safety observation), **YesCare will deploy our Safety/Risk Management Plan.** This tool builds off Risk Assessment by guiding behavioral health professionals through the process of assessing a patient's triggers (i.e., what prompted the patient's actions) and motivators (i.e., what does the patient hope to achieve?) for engaging in high-risk behaviors, existing coping strategies, and confidence utilizing them. It also guides the development of interventions to reduce triggers, address motivators, and reinforce/build coping skills. Additionally, it prompts the professional to develop a crisis response plan (e.g., what the team should do if the patient engages in high-risk behaviors). In our experience, custody plays an important role in the efficacy of our Safety/Risk Management plans, and as such, YesCare staff will routinely meet with our custody partners to incorporate their feedback and observations into our plans.

Creation of Crisis Hotline: By nature of housing individuals whose criminal cases are being adjudicated, detention centers are transitory, uncertain, and often tense environments. It is a combustible dynamic, which is why prisons have a suicide rate over three times that of the general community. Often triggered by a bad phone call with a loved one or an unexpected outcome in court, violent reactions resulting in self-injury, injury to others and suicides can be prevented. YesCare's approach to prevention is rooted in awareness and communication. We all have a role to play in preventing crises and we are committed to increasing everyone's ability to do so. For this reason, **YesCare is pioneering the development of a crisis hotline**. The crisis hotline is made available to anyone interacting with an incarcerated individual as a mechanism to inform YesCare's dedicated team of crisis interveners who will triage incoming calls and alert our site-level care providers to patient's need for immediate intervention. By leveraging the collective ability of all intersecting systems that interact with the incarcerated population, we can reduce self-harm and, potentially, the harm of others.

Psychiatric Restraint Use

YesCare endeavors to avoid utilizing restraint. During moments of crisis, YesCare team members utilize the least restrictive intervention possible and escalate as necessary. During rare instances where restraints and seclusion are deemed necessary, they are used in the most humane manner possible. Our goal is to ensure the patient and others are protected from harm. Our approach is consistent with NCCHC and best practice standards of care. Use of psychiatric restraints will comply with Florida State laws and regulations and HSB 15.05.10 and will not be used as punishment or in lieu of staff supervision.

YesCare staff will be trained in appropriate use of psychiatric restraints including indications, applications, positioning, monitoring, assessment, safety precautions, and documentation requirements before participating in this intervention.

The use of psychiatric restraints and seclusion will be provided in an appropriate treatment setting in which health care and/or behavioral health staff members are available. YesCare's Core-4 will work collaboratively to ensure that when restraints are used for clinical or custody reasons, the Inmate is not harmed by the intervention. Justification for use of psychiatric restraints and seclusion will be documented in the patient's medical record.

YesCare requires the provider's orders for restraint and seclusion to specify:

- Where the patient is to be placed
- The type of clothing or covering the patient may wear
- Medications, if appropriate
- Duration of restraint or seclusion, initial order not to exceed four hours for adults and one hour for juveniles
- Behavior-specific with a stated goal

Serenity/Escalation Interruption Room (i.e., Blue Room): YesCare recommends transitioning one room into a "serenity/escalation interruption room'" to help stem potential crises from escalating by fostering a patient's innate ability to calm themselves when tensions rise. Findings from a recent study by long time behavior researchers Jay Farbstein, Melissa Farling, and Rich Wener show that views of nature help reduce stress levels of Inmates and staff. It is probable that views of nature also reduce tension and the likelihood of aggressive behavior and destruction of property. Lower stress is also likely to result in improved physical and mental health, a reduced need for sick call visits, and perhaps less staff turnover.

While views of "real" nature are considered best, the study showed that where windows with views are not possible, as was the case in the place of the study, that murals of nature also have a very positive impact on reducing stress. Additional studies by ecologist Nalini Nadkarni showed that there was **significant reduction in use of force incidents for super-max Inmates who were allowed to use nature imagery as a means of de-escalation in stressful situations**.

YesCare proposes the use of a soothing-colored paint, or murals or other images of nature to assist with stress reduction. YesCare will work with FDC to identify an appropriate location to convert into a serenity/escalation interruption room to help stem potential crises from escalating by fostering the patient's innate ability to calm themselves when tensions rise and possibly avoid the need for psychiatric restraint.

Pre Release Discharge Planning

Pre-release planning will be provided for all Inmates, including temporary releases for special purposes (i.e., furloughs, ICE/detainers) and end-of-sentence releases in accordance with HSB 15.03.29. During the planning process, special consideration will be given to Inmates with hearing, vision, and mobility impairments/disabilities, to ensure their accommodation needs will be met and that they have immediate access to appropriate supportive care and resources as they transition back to the community.

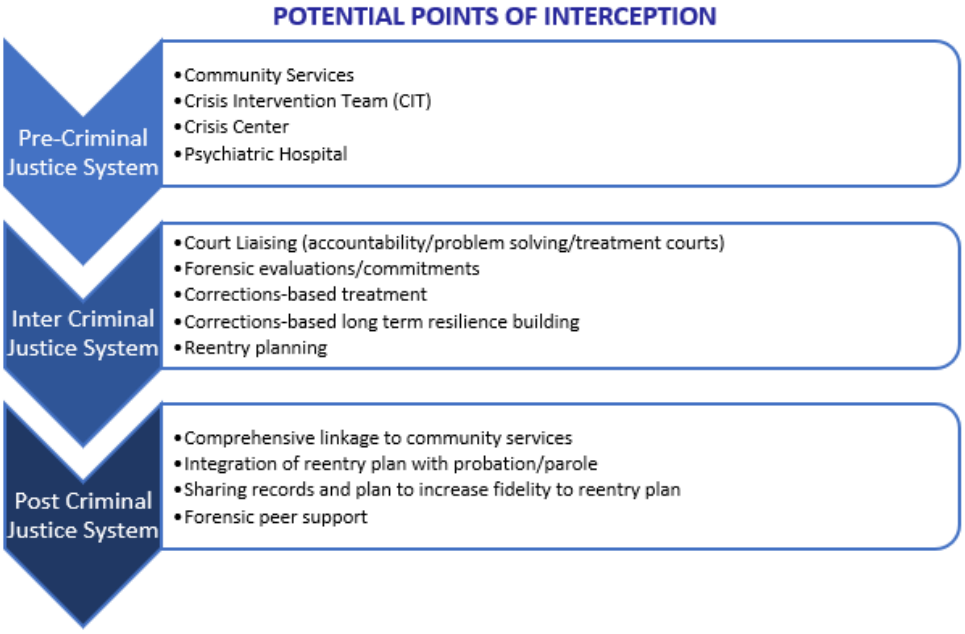
YesCare's CORE-4 at each institution will be the responsible for coordinating and completing all pre-release planning activities, including notifying the Department of Health to ensure continuity of care for Inmates currently receiving treatment for TB or infection and establishing an appointment at the local county health department or community provider for HIV positive Inmates. All Inmates will be tested for HIV prior to the end of their sentences. All pre-release planning will be coordinated with designated Department staff.

YesCare's strategic goal to is to reduce recidivism and its associated costs; our approach ensures that Inmates are given the resources they need to break the cycle of arrests and incarceration. It is well documented that a high percentage of those being released from incarceration have chronic medical, mental health, and substance use issues that, if left untreated, are contributing factors to higher rates of recidivism. By identifying potential risks and developing a plan to mitigate those risks, successful release, discharge, re-entry, and transitional planning (discharge planning) can help reduce an Inmate's risk for recidivism. It is necessary to begin with an accurate diagnosis of the Inmate and the development of appropriate treatment plans within and outside of the correctional environment.

The primary objective of our discharge planning program is to safely transition the patient into the community with linkages to resources to continue treatment and avoid criminality. The development of effective intervention programs is imperative. Because of this, the following are fundamental goals for the discharge planning process are to improve public health and safety and reduce recidivism.

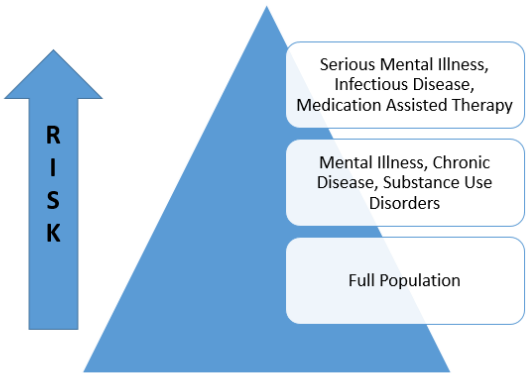
YesCare has developed evidence-supported, standardized tools to enhance our reentry programs and improve community reintegration results for our patients. YesCare can provide reentry services, informed by the Sequential Intercept Model and Risk-Need-Responsivity Principle, tailored to meet the needs of each institution.

YesCare employs the **Sequential Intercept Model (SIM)** to assess available resources, determine gaps in services, and plan for any potential changes within the community to support public health and safety. In line with SIM's philosophies, YesCare believes this is best accomplished by developing and maintaining a team of community stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, corrections, housing, health, and social services.



YesCare has modeled our reentry program with these multiple points of intervention in mind. We utilize the **Risk Needs Responsivity (RNR) Principle** to help identify the individual's needs when developing a reentry plan. The RNR Principle aims to advance rehabilitative goals by understanding how high **risk** an individual is for reoffending, what criminogenic and health **needs** drive an individual's risk, and identification of effective strategies to **respond** to an individual's unique circumstances.

- **Risk**: Identifying WHO to treat
- **Needs**: Identifying WHAT to treat
- **Responsivity**: Identifying HOW we treat

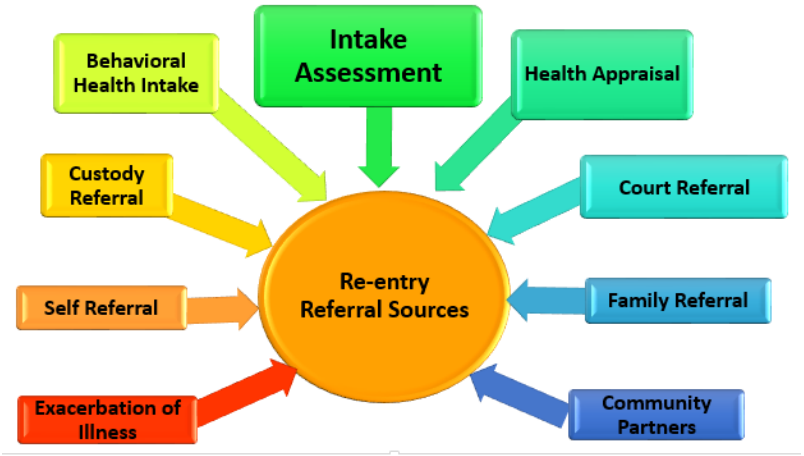


YesCare's team will craft interventions that are individualized and based on someone's unique risk and needs. YesCare recognizes that like the needs of our patients, the reentry needs of each client partner is different, and thus our reentry program will be adaptable to the FDC's needs.

Working in collaboration with the Department's staff, our transdisciplinary staff, which includes nurses, behavioral health staff, physicians, and midlevel providers, will create reentry planning to address the needs of the individual. Components we consider when developing our plans include:

- Life skills the patient may need to develop to succeed in the community
- Insight the patient has into their illness and mechanisms to enhance awareness:
  - Symptom/illness management needs to maintain the highest level of functioning after release
  - The patient's knowledge of the community resources available
  - The patient's criminal history and needs to support lawful behavior

YesCare's approach to reentry begins at intake. Our screening process identifies high risk individuals (i.e., those who have identified serious mental illness (SMI), an infectious disease, and/or are receiving MAT). This population group is the highest risk population and is the only population group referred for reentry planning as part of our standard discharge planning services. As discharge approaches for Inmates, our clinical teams develop comprehensive plans to address the needs of the Inmate and, when possible, provide a warm hand-off to providers in the community to which the Inmate is returning.



It is important to note that a referral can be triggered as early as intake or at any point other throughout someone's incarceration based on how/when someone is identified as 'high risk' and, depending on resources and proximity to anticipated discharge. Research demonstrates that treatment is most successful when the patient feels like an active participant. As such, YesCare developed the Patient Self-Assessment to engage the patient in the process by screening for select reentry needs. This is typically the initial step after a patient is identified for referral to discharge planning screen.

Research demonstrates that treatment is most successful when the patient feels like an active participant. As such, YesCare developed the Patient Self-Assessment to engage the patient in the process by screening for select reentry needs. This is typically the initial step after a patient is identified for referral to discharge planning screen. Several of the domains included in the Patient Self-Assessment are:

- Known or Anticipated release date
- Job skills
- Education level
- Housing plan
- Learning style
- Anticipated job status on release
- Veteran status/services

Upon receipt of the self-assessment, the QMHP or the reentry planner, will meet with the patient and will complete our Community Needs assessment. This assessment includes, but is not limited to:

- Historical utilization of community resources
- Insurance status
- Housing needs
- Substance use treatment needs
- Peer/family support
- Reentry goals
- Financial Assistance needs

- Medical needs
- Educational or vocational needs
- Identification needs (e.g., Driver's License)



YesCare

COMMUNITY NEEDS ASSESSMENT

1. What resources have you previously used successfully in the community?

2. Are there people who are reliable sources of support for you in the community?

☐ No ☐ Yes Who? _____

3. Are there places that have been reliable sources of support for you in the community?

4. What are your goals upon re- entry?

1st priority:	2nd priority:	3rd priority:
☐ Basic Services (Food/clothing/etc.)	☐ Basic Services (Food/clothing/etc.)	☐ Basic Services (Food/clothing/etc.)
☐ Healthcare (Insurance/Medical/MH care)	☐ Healthcare (Insurance/Medical/MH care)	☐ Healthcare (Insurance/Medical/MH care)
☐ Housing	☐ Housing	☐ Housing
☐ Other	☐ Other	☐ Other
☐ Peer/Social supports	☐ Peer/Social supports	☐ Peer/Social supports
☐ Substance use treatment	☐ Substance use treatment	☐ Substance use treatment
☐ Vocational/Educational	☐ Vocational/Educational	☐ Vocational/Educational

Information collected in the Self-Assessment and Community Needs Assessment are utilized to develop the individual's reentry plan. Because an individual's circumstances may change during incarceration, the reentry plan is reviewed and updated as needed at the patient's routine follow up appointments with the QMHP, medical provider, or discharge planner.

Community Engagement

Community collaboration is a key component for successful re-entry programs and is an integral component of YesCare's embracing of the Sequential Intercept Model. Because of this, we work towards:

Identification of Community Resources: Initial and ongoing review of services in the community which can deliver care to offenders as they reenter the community, to include but not limited to, behavioral health providers, primary care and specialty providers, housing assistance, and vocational resources. Vetted agencies will also be added to the FDC reentry website.

Organization of a Stakeholder Group: Engage with appropriate community partners to meet on routine basis to review reentry pathways, increasing the success of an offender's transition back to the community.

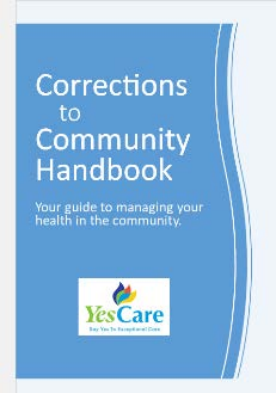
Development of Transitional Management Strategies: To assist patients with reentry, YesCare uses a multidisciplinary team approach to develop strategies to prepare for reintegration. Correctional, medical, and mental health staff members work in a coordinated effort to identify and communicate about cases in which reentry programs might be considered and subsequently coordinate with community partners to facilitate transition.

Sharing Community Resources: A list of appropriate community resources is provided to the patient for the discharge planning process.

Providing Inmate-Patient Education: Provide patients with educational material, posters, or videos on disease management, stress reduction, behavioral management, building coping skills, etc. We have found that many community resources have posters and brochures available for use each facility.

Providing Individual Assistance: Assistance is provided to patients with limited reading and writing skills in the treatment and discharge planning process.

YesCare also has a variety of proven reentry resources to supplement the FDC's discharge planning:



Corrections to Community Handbook: Released early this year, our ***Corrections to Community Handbook*** is designed to assist low risk/needs patients with accessing healthcare upon release. It can be given to all patients at any time during their incarceration (e.g., within 90 days of release for prison patients) while recognizing that those in high (and in some cases moderate) categories are receiving additional support.

Expanded Discharge Medications: YesCare understands the unfortunate reality that released patients may have to decide between lifesaving medications and basic items such as food. YesCare wants to make life easier for released patients in transition. In addition to the release medication required by the ITN ((IC-067), **YesCare is proposing an additional 60 days of a selected medications to be provided to qualified released Inmates who have been enrolled in mental health chronic care clinics, while at the FDC.** This bridge medication program will be offered through YesCare's partnership with **Rx Outreach**, a 501-C3 non-profit pharmacy and will be available in the first year of the new contract.

Adherence to medications is a critical issue for Inmates being released. To address this issue, YesCare is partnering with **Softbir Medical Software Solutions to provide Softbir's Medication Reminder System** which sends a text, call, and/or email to remind released Inmates to take their mental health medications. Each reminder will request an affirmative action by the recipient. If no confirmation or positive response is provided, the designated individual or agency supporting or supervising the Inmate is notified. Softbir will run its unique **CatchMed** platform 45 –60 days upon discharge as an additional safety check. Through this application, confirmation for filling prescriptions is provided as an additional indicator that the individual remains compliant with the prescribed medication.

Capstone Health Network: We have partnered with **Capstone Health Network** to offer a supplemental healthcare program to releasing Inmates and their families. The patient can enroll for $15 for individuals and up to $30 for a family plan. **Neither the State nor YesCare is responsible for payment**. This program is an affordable alternative for released Inmates and families who may not qualify for Medicaid/care services.

Reentry Website and Mobile Reentry App: YesCare proposes implementing a Florida**-specific reentry website.** Similar websites YesCare developed have received a considerable positive reaction from Inmates, their families, the community, and our clients. Please visit (https://corizonreentry.com/). In addition to the reentry website, **YesCare is in the process of developing a mobile reentry app**. Our app will be available to the FDC and will assist the released Inmate (or their family) locate the nearest needed service to their current location.

f. Successful Service Delivery

Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery

Successful service delivery is a hallmark of YesCare's commitment to providing quality care to the right patient in the right setting at the right time. This is accomplished through:

- Engaged, accountable leadership from the site level to the corporate level with oversight responsibility

- Transparent communication with our staff and our client partners using routine meetings, discussion, reporting and dashboards
- Self-auding, proactive approach to opportunities for improvement with early deployment of resources
- Flexible and adaptable to the realities of site level care and client needs
- Proactive innovation in response to identified gaps in service delivery including mobile response clinics, SNF access, suicide prevention, tele-triage
- Promoting layers of safety through technology, accountability, communication and auditing
- Building and maintaining positive community relationships for hospital care, specialty care and reentry services
- Embracing Lean Six Sigma to identify and reduce waste
- Investing in our people through onboarding, continuing education, OSCE competencies, mentorship, career pathways and leadership academies

g. Cost Efficacy

Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service

Strategies to minimize off-site usage and the associated costs include compliance with NCCHC and ACA standards, national evidence-based medical standards for providing prompt access to sick call and nurse triage with standardized tools such as YesCare's NETs (described above) to assess and manage health needs quickly, before the condition progresses to the point of requiring specialty care.

YesCare's nine **Mobile Response Clinics (MRCs)** which include technology that enables us to expand the scope and volume of services performed on site. Our MRCs can be outfitted for mobile radiology, optometry, and a host of other services depending on need. Cost efficacy of the MRCs is demonstrated with the ability to provide service at the point of care:



- Decreased transportation and custody need to take Inmates off site
- Specialists can provide care within the MRC instead of having to enter the facility
- Fully equipped clinic for additional primary care services to manage patient care backlogs
- Provide timely diagnostic services: CT scans, Ultrasounds, specialty x-rays

YesCare proposes **tele-triage** as an extension of the comprehensive YesCare telehealth strategy. Using existing telehealth equipment, YesCare tele-triage establishes next level decision support for nurses and providers prior to sending patients for offsite evaluation and treatment tele-triage has the added benefits of supporting staff through on-call video capabilities, providing a safety-net for complex case management, improving pre-offsite care, and decreasing preventable offsite emergency room visits, which reduces Inmate movement and transportation needs.

Tele-triage is another tool to meet the YesCare goal of the Providing the Right Care, in the Right Setting, at the Right Time.

h. Value-Added Services

Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost

YesCare offers these Value-Added Services to the FDC as a partner with solutions to your issues and concerns. We believe these additions will benefit the Inmate population as well as the custody and healthcare staff at all FDC institutions and build on the success of the current program.

Skilled Nursing for Medically Fragile Patients: We understand that medical furloughs are denied more than they are approved thus creating additional burdens to the FDC and the healthcare providers. YesCare and Geneva Consulting can assist the Department when releasing patients who need access to nursing homes or long-term care facilities. In most cases, releasing patients are denied access to nursing homes due to their history of violence, sex offenses or their infectious disease status such as having HIV or HCV.

We have access to 157 nursing home facilities in all four (4) regions in Florida, with the capacity to house thousands of people. This would be of benefit to the state for discharging patients who need nursing home placements. We also own **Longevity Health Plan**, a Florida-based managed care company that accepts reduced Medicaid funds.

Additional Training for Inmate Assistants: YesCare has access to additional training and oversight from a major university system. **With the FDC's approval we would like to introduce this training for the Inmate Assistants** to include, but not be limited to: *Concepts of Death and Dying*, *Letting Go* (video), *Communication Skills* (verbal, nonverbal, listening, dealing with a difficult patient), *Spiritual Communications* (prayer), the *Bereavement Process*, *A Time for Grief* (video), *Care and Comforting the Patient*, *Spiritual, Physical and Psychosocial Dynamics of Death and Dying*, *Review of Obituaries*, and *Managing Personal Stress*.

Mobile Response Clinics (MRCs):
The commitment to providing exceptional care is a priority for YesCare, as demonstrated by our investment in nine Mobile Response Clinics (MRCs). These units are equipped with technology to provide service in regions that are not easily able to access the RMC. Each MRC will be dedicated to similar and individual specialty services.



Utilization may include:

- Telehealth services (specialist care, primary care, and tele-triage)
- Allowing offsite specialist to provide services onsite within the MRC
- Vaccine blitzes
- Assisting with backlog management
- Stabilizing a patient awaiting EMS services

- Mobile imaging services (after hours x-rays for fractures/dislocations, ultrasound for AAA screening, low dose CT Scan screening for lung cancer, mammography)
- Audiology
- Optometry

Besides being able to bring care to the facilities, especially in Regions 1, 3 and 4, the MRC can be utilized as a very important component in Hurricane preparedness around the state of Florida. MRCs can assist in healthcare delivery during inclement weather (ex. Hurricanes), when hospital services are diverted or not available due to limited or lack of resources (ex. Power outage, Flooding, or damage to medical facility). The ability to bring care, where it is needed during a weather emergency is critical to maintaining health and well-being of Inmates in the FDC.

Tele-triage: As an extension of the comprehensive YesCare telehealth strategy, the proposed tele-triage process has the added benefits of supporting staff through on-call video capabilities, providing a safety-net for complex case management, improving pre-offsite care, and decreasing preventable offsite emergency room visits, which reduces Inmate movement and transportation needs. Tele-triage is another tool to meet the YesCare goal of the Providing the Right Care, in the Right Setting, at the Right Time.

Using existing telehealth equipment, YesCare tele-triage establishes next level decision support for nurses and providers prior to sending patients for off-site evaluation and treatment:

1. **On-call coverage to support site staff resources**. An upgrade to general on-call services, tele-triage provides visual access to the patient for complex cases such as wound, respiratory, and cardiac EKG assessments. Nurses and clinical staff can utilize this service for complex cases in the intake reception area, sick call, infirmary, and behavioral health units. For example, a patient presents after hours with a laceration. The site nurse contacts the tele-triage provider who is able to visually assess the laceration to determine if the patient needs infirmary level care, emergency room treatment, or if care can be provided on site.

2. **Peer-to-peer provider network allows for a "second set of eyes" to evaluate a patient and discuss treatment options.** For example, a patient presents with complex, non-acute symptoms. Onsite provider uses tele-triage with the RMD for decision support on treatment and disposition. The RMD is able to visually assess the patient with the primary provider. Based on RMD knowledge and experience, he/she collaborates with the primary provider and makes recommendations for onsite care or emergency department referral.

3. **Prior to sub-acute patients being sent to RMC, the USACS on-call provider can assess the patient, collaborate with the onsite provider, make recommendations for onsite diagnostics and/or treatments and if needed, transport to RMC for further care**. For example, a patient with epilepsy presents to medical post brief seizure. Tele-triage with the USACS provider allows for a joint assessment of the patient and decision support for treatment and disposition. Initial tele-triage results may include placement in observation, increased medications and fluids. If the patient continues with worsening symptoms/seizures, tele-triage with the USACS provider may include recommendation to transfer to RMC. This proactive communication and assessment allows the RMC to properly prepare for the patient's arrival.

Transportation Committee: Consisting of FDC, YesCare regional and institution staff. This committee will meet quarterly to review trends with offsite utilization (including ambulance calls). These reviews would include items such as necessity of the offsite encounter, the mode of transportation, and if the patient was admitted or discharged. Also, we will review justifications for additional testing, use of Air Ambulance/Life Flight, documentation of encounters, etc. We will meet with providers to include hospitals, EMS' and others as determined by the findings of the Transportation Committee. Formal minutes will be maintained and forwarded to all committee members. YesCare believes that proactively working with community health resources will reduce and / or eliminate concerns and issues from these groups. We also believe this will reduce unnecessary costs for the FDC, YesCare and our community partners.

Objective Structured Clinical Examination (OSCE): Clinical learning and competency training for nursing and providers to improve/expand skills sets. **YesCare is proposing implementation of OSCE (Objective Structured Clinical Examination) for our clinical staff.** Our CMO, Dr. Ladele will provide guidance to this initiative which will result in standardizing encounters, improved clinical learning sets for our staff and establishing a relationship with area nursing and medical schools. This initiative will allow us to gain access to these educational institutions which will aid our recruitment of clinical staff into the FDC programs.

OSCE are learning and competency examinations that includes a variety of skill sets including:

- Physical examination
- Documentation and care planning
- Interpretation of diagnostic tests
- Secondary prevention
- Multidisciplinary care
- Geriatric assessment

YesCare proposes completion of new-hire OSCEs as part of the standard nurse physician onboarding program. Position specific OSCEs will also be available (ex. pregnancy, palliative care, wound care). In addition, semi-annual OSCEs with topics determined by auditing of care and community assessment, will be offered to all nurses and physicians as part of their continuing education requirement.

OSCEs are commonplace among medical schools and universities to assess competency and opportunities for improvement in a structured training environment. For example, Florida State University and UF requires OSCEs, including differential diagnosing, confidentiality, effective communication, and interpretation of findings, prior to graduation.

3.6.3. Dental Care Services

a. Acknowledgement & Acceptance: Requirements

Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs

YesCare acknowledges and accepts each requirement as listed in ITN section 3.6.3. Dental Care Services.

b. Acknowledgement & Acceptance: Performance Measures

Acknowledge acceptance of each Performance Measure (PM)

YesCare acknowledges and accepts each Performance Measure (PM) as listed in ITN section 3.6.3. Dental Care Services.

c. Exceeding Performance Measures

Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified

- **PM-IDC-001:** Emergency dental treatment will be rendered within 24 hours with the additional modality of Tele-Dental services that will involve an on-call dentist and/or dental specialist that may assist our YesCare nursing after-hours for advisement on step in management.

- **PM-IDC-002:** With dental sick call triaged within 72 hours of receipt of the sick call form, YesCare proposes integrated electronic sick call request forms into the Fusion EMR that will allow greater efficiency with triage and identification of urgent vs routine cases.

- **IDC-011:** YesCare IT team will explore Health Information Exchange (HIE) within the state of Florida that may link previous medical history provided via other healthcare networks within the state.
  - Will offer earlier detection of disease process or history of previous oral surgery.
  - Proven effective in another DOC system, which has minimized wait times for medical record requests that has drastically reduced the delay of care issues related to awaiting receipt of medical records by previous provider.

- **IDC-012:** YesCare provides healthcare delivery based upon evidence-based practices, which allows for earlier detection of disease via primary, secondary, and tertiary prevention strategies. This is especially due to the increase of head and neck cancers secondary to Human Papilloma Virus (HPV) and other etiologies, which has led to additional screening for oral cancers being strongly recommended at least twice yearly for high-risk patients.

- **IDC-022:** YesCare's extensive history in Utilization Management offers several areas of efficacy with expediting consults. YesCare now uses a document for "Outpatient Services subject to Abbreviated Review", which consist of referrals/consults that are fast-tracked through the UM process for most commonly submitted consults.
  - Ex. ORIF for Mandibular Fracture
  - Ex. ECHO for recently diagnosed Bacterial Endocarditis
  - Ex. Imaging for Retro-pharyngeal abscess.

- Additional medical/dental experts are available during the UM process to assist with complicated cases as an additional resource, especially with cases highly suspicious of malignancy.
- Dentists will have the added resource of tele-dental via AmplifyMD to have virtual consultations for "curbside" consults regarding cases that may require expertise to reduce the number of ATPs created from not exhausting all available resources within the FDC system.

- **IDC-020**, **IDC-33** and **REP-IDC-02:**
  - YesCare will submit "Oral Surgery Log" to FDC Statewide Dental Director that will be submitted monthly statewide outside of Dental UM reports.
  - In our Maryland contract, this has been implemented for approximately three years and has fostered stronger relationships with academic institutions for expedited care with our patients requiring dental specialty care. For example, minimized most additional consultations (ex. Pain Management) and preventable secondary surgeries that were caused from on-call Plastic surgery and ENT surgical intervention.

- **PM-IDC-008**
  - Use of Mobile Response Clinic (MRC) which is a mobile clinic that has a variety of capabilities to provide care.
  - Will assist in providing dental care that can reduce the timeframe of completion of care within the allotted time, especially with FDC institutions that reside in remote areas of the state.

d. Proposed Modifications: Performance Measures

Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings)

YesCare is not proposing any modifications to the identified PMs as listed in ITN section 3.6.3. for Dental Care Service Area.

e. Plan for Providing Services

Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place

YesCare will provide comprehensive dental services, in accordance with NCCHC, ACA and American Dental Association (ADA) standards in compliance with FDC requirements. With the goal of providing dental care onsite, the dental program will be under the direction and supervision of the Director of Dental Services. In this role, the Director is a full-time employee, who holds an active unrestricted Florida Dental License and will oversee all clinical dental care services, inclusive of dental utilization management, dental equipment repair/purchasing, supplies, staffing, and laboratory issues.

Routine, urgent, and emergent dental services will include the provision of services necessary to diagnose, treat, and manage oral health care needs via all appropriate delivery methods including:

- Onsite dental clinics
- Mobile dentistry
- Tele-dentistry
- Off-site services (as clinically indicated)

Our goals for the dental services program are as follows:

- Provide quality treatment with emphasis focusing on preventative dental practices, as required by the contract's scope of services and the expectations of YesCare and FDC, which will be in accordance with ADA, ACA, NCCHC and community standards of practice.
- Prioritize treatment as required with scheduled treatment according to priority and deliver that treatment within the guidelines specified by the regulatory standards and requirements cited in the preceding paragraph.
- Perform routine ongoing dental care, address dental complaints as they arise, and follow through on all treatment required, based on each Inmate's treatment plan.
- Provide adequate and required management reports to monitor operational status and performance.

YesCare will ensure compliance with FDC Rule 33-402.101, F.A.C, Dental Services and the HSB 15.04 series of documents. As part of this, an Inmate's level of care will be designated, and each sick call request will be evaluated and assigned a priority status (emergent, urgent, or routine).

Emergency Dental Services

YesCare will provide emergency dental services on a 24-hour basis with an assessment being provided immediately upon notification of the situation. Stabilizing dental care would also be initiated at the time of the assessment. An on-duty dentist will be used during working hours. A Tele-dental assessment will be completed during non-working hours and only for emergencies that are not life threatening. In the event a dentist is not available, and for true life-threatening conditions, the emergency will be referred to and cared for by the on-duty YesCare medical staff. Definitive treatment, based on severity, would be provided within 24 hours of the occurrence. Though not common, the possibility exists that only stabilizing care is available on-site and that the emergency would need to be treated in an emergency department.

In accordance with HSB 15.04.13, Supplement H, the following conditions are classified as dental emergencies:

- Dental problems relating to a current trauma situation or injury
- Fractures – generally of the mandible, maxilla, and/or zygomatic arch
- Visible swelling/cellulitis that is of a life-threatening nature or causing facial deformity
- Uncontrolled bleeding from the oral cavity
- Acute abscesses and other symptomatic acute conditions; and
- Post-operative complications from recent dental treatment.

YesCare also considers the following conditions emergent:

- Avulsed dentition
- Extremely painful condition that is non-responsive to the implementation of dental treatment guidelines; and
- Intraoral laceration requiring intervention (ex. Suturing) to include the vermilion border of the lips.

To ensure dental staff are available to assist with dental emergencies, additional incentives above standard wages will be offered to dentists and oral surgeons for providing after-hour emergency care. Back-up dental coverage will be arranged when an institution's assigned dentist is not available. The on-call list will be regularly updated and easily accessible for reference by staff and provided to the FDC Dental leadership.

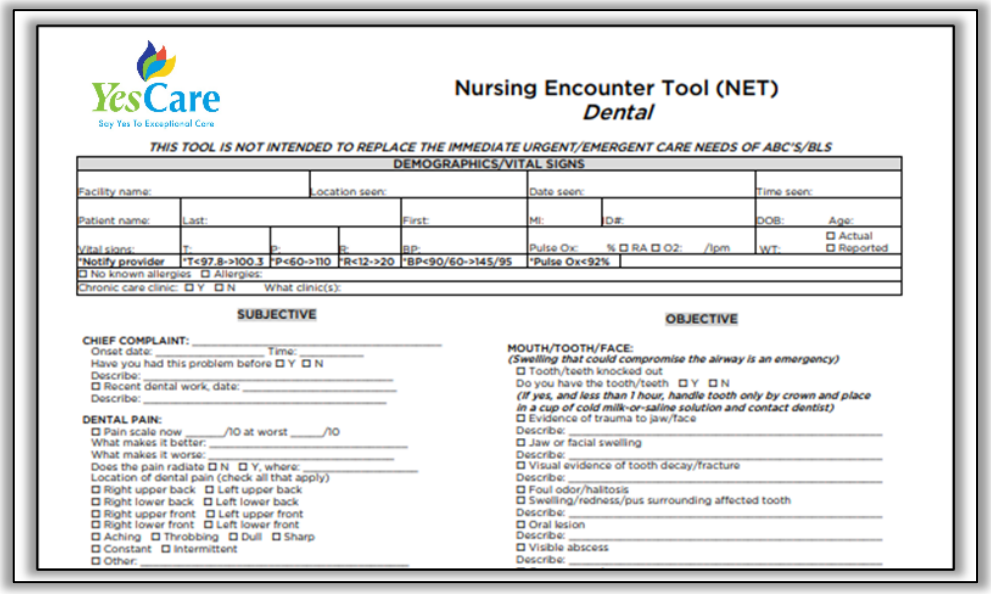
In YesCare's experience, emergent dental treatment provided by oral surgeons has more favorable results and lower complication rates than similar treatment provided by ENTs or Plastics in an ER setting. Therefore, every effort will be made to form relationships with local oral surgeons within proximity of FDC facilities for the provision of this care.

HSB 15.04.13, Supplement H, classifies the following conditions as being urgent in nature:

- Toothaches
- Chronic abscesses
- Fractured and broken teeth
- Teeth that are sensitive to hot and cold temperature
- Missing fillings
- Ill-fitting dentures; and
- Other acute or chronic conditions which are symptomatic.

Dental Sick Call

For institutions staffing at least one (1) full-time dentist, urgent dental sick call shall be provided five (5) days per week, Monday through Friday. Institutions who do not have a full-time dentist assigned shall provide dental sick call a minimum of three (3) days per week. If there is not a dentist on-site three (3) days per week, arrangements will be made for an alternate dentist to complete sick call through Tele-dental and/or onsite presence for implementation of care.



YesCare
Say Yes to Exceptional Care

Nursing Encounter Tool (NET)
Dental

THIS TOOL IS NOT INTENDED TO REPLACE THE IMMEDIATE URGENT/EMERGENT CARE NEEDS OF ABC'S/BLS

DEMOGRAPHICS/VITAL SIGNS

Facility name:			Location seen:		Date seen:		Time seen:	
Patient name:	Last:			First:	MI:	D#:	DOB:	Age:
Vital signs:	T:	P:	R:	BP:	Pulse Ox: % ☐ RA ☐ O2: /lpm		WT:	☐ Actual ☐ Reported
*Notify provider	*T<97.8->100.3	*P<60->110	*R<12->20	*BP<90/60->145/95	*Pulse Ox<92%			
☐ No known allergies ☐ Allergies:								
Chronic care clinic: ☐ Y ☐ N What clinic(s):								

SUBJECTIVE

CHIEF COMPLAINT: _____
Onset date: _____ Time: _____
Have you had this problem before ☐ Y ☐ N
Describe: _____
☐ Recent dental work, date: _____
Describe: _____

DENTAL PAIN:
☐ Pain scale now _____/10 at worst _____/10
What makes it better: _____
What makes it worse: _____
Does the pain radiate ☐ N ☐ Y, where: _____
Location of dental pain (check all that apply)
☐ Right upper back ☐ Left upper back
☐ Right lower back ☐ Left lower back
☐ Right upper front ☐ Left upper front
☐ Right lower front ☐ Left lower front
☐ Aching ☐ Throbbing ☐ Dull ☐ Sharp
☐ Constant ☐ Intermittent
☐ Other: _____

OBJECTIVE

MOUTH/TOOTH/FACE:
(Swelling that could compromise the airway is an emergency)
☐ Tooth/teeth knocked out
Do you have the tooth/teeth ☐ Y ☐ N
(If yes, and less than 1 hour, handle tooth only by crown and place in a cup of cold milk-or-saline solution and contact dentist)
☐ Evidence of trauma to jaw/face
Describe: _____
☐ Jaw or facial swelling
Describe: _____
☐ Visual evidence of tooth decay/fracture
Describe: _____
☐ Foul odor/halitosis
☐ Swelling/redness/pus surrounding affected tooth
Describe: _____
☐ Oral lesion
Describe: _____
☐ Visible abscess
Describe: _____

At minimum, sick call will be completed within 72 hours of receipt of the HSR and will result in an evaluation and treatment. It is preferred that definitive treatment be provided the same day. However, if this is not possible, definitive treatment for urgent conditions shall be completed no later than 5-10 days from the date the sick call appointment was held.

YesCare has a ***Nursing Encounter Tool (NET)*** to help guide the nurse through the clinical encounter when dental complaints are present.

f. Successful Service Delivery

Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery

YesCare will be responsible for coordinating all dental care for Inmates during the reception process and at permanent FDC institutions. Dental care will be provided in a manner that meets or exceeds HSB 15.04.13, including all supplements and attachments.

Level I: Inmates within the reception process will receive an intake dental examination according to the timeframe outlined in IDC-010. The level of care provided will comply with the Level I requirements of HSB 15.04.13, Supplement C, Section B. At this time, a provisional treatment plan will also be developed. During the intake examination, emergency dental treatment, soft tissue pathology, Class II or other required extractions will be annotated, scheduled, and treatment performed as stipulated by IDC-010.

Level II: Inmates who have been incarcerated under FDC care for less than six (6) months will continue to qualify for and receive all necessary Level I care as outlined in the preceding paragraph.
Dental treatments performed will also be expanded to include at minimum: temporary restorations for reversible pulpitis, repair of existing complete and partial removable prosthetics, and gross debridement of symptomatic periodontal areas with an ultrasonic scaler.

As an adjunct to the placement of temporary restorations another potential options could involve use of silver diamine fluoride (SDF), which functions well as a desensitizing and "off-label" antimicrobial agent and could be used on easily accessible carious lesions to help minimize bacterial spread and provide additional relief from sensitivity. The selective application of SDF was implemented in YesCare's Wyoming contract during the COVID-19 pandemic with favorable results for selected patients. Use of a consent form is generally recommended prior to SDF being applied as there is a risk of acute gingival irritation and staining of the affected tooth structure. The consent form would be provided by YesCare. Clinical use of SDF and the accompanying consent would only be implemented with written authorization from the FDC.

Inmates who formally request dentures during their initial six (6) months of incarceration with FDC and present with one or both arches being completely edentulous will have any timeframe requirements waived and will be placed on their permanent facility's appointment waitlist.

The repair and fabrication of removable prosthetics, as well as other Level II care, will remain subject to the requirements outlined in HSB 15.04.13, Supplement C.

Oral hygiene instruction will continue to be provided by the dentist, dental hygienist, and/or dental assistant. In person verbal and visual instruction will be provided during Level II care dental appointments as deemed necessary by the treating dentist. An instructional hygiene handout would also be available and provided to the Inmate.

Medical referrals shall be treated in accordance with HSB 15.04.13, Supplement C.

Level III: Inmates who have been continuously incarcerated under FDCs care for six (6) months or longer will continue to qualify for and receive all necessary Level I and Level II care as outlined in the preceding

paragraphs. It is recognized and accepted that Level III care continues to expand the level of dental services provided. Level III care will focus primarily on tertiary prevention of oral health conditions including comprehensive dental examinations, restorative care, periodontal treatments, select endodontic procedures, and the fabrication of removable prosthetics. All Level III care will be provided in a manner that complies with HSB 15.04.13, Supplement C.

Level IV: Inmates who have successfully completed their Level III dental treatment plan and meet eligibility requirements will be provided advanced dental services on a case-by-case basis. It is recognized that advanced dental services vary by dental specialty and many procedures require consultation with FDC's Chief of Dental Services prior to beginning treatment. All Level IV care will follow the requirements specified in HSB 15.04.13, Supplement C.

g. Cost Efficacy

Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service

YesCare Multidisciplinary Approach to Prevention

The correlation between many oral conditions (generally soft tissue pathology) and systemic disease is well documented. However, the role periodontitis plays still lives in the nascent stages, although new research is continuously being published associating periodontitis to a variety of conditions such as, Diabetes, Cardiovascular disease, COVID-19, and others.

YesCare is very interested in this topic as chronic systemic disease is highly prevalent in the incarcerated population. The possibility exists that by improving the oral health of a patient, several chronic conditions could also improve, potentially less need for pharmacological intervention, fewer maintenance appointments, and an overall better quality of life. A bi-directional relationship between periodontitis and diabetes has already been identified with relation to glycemic control. A study published in the *July 2022 edition of the "Archives of Oral Biology"* claims that diabetes affects the microhardness of tooth enamel and dentin – which the authors postulate is why more severe caries disease is seen in people with diabetes. While additional research is needed, prevention and control of periodontal conditions appears to be key.

Our YesCare multi-disciplinary approach will interconnect chronic illness encounters and dental care to provide an additional area where oral hygiene and chronic conditions are simultaneously assessed and addressed with aggressive deployment of preventative measures and treatments to optimize overall care of the patient. For example:

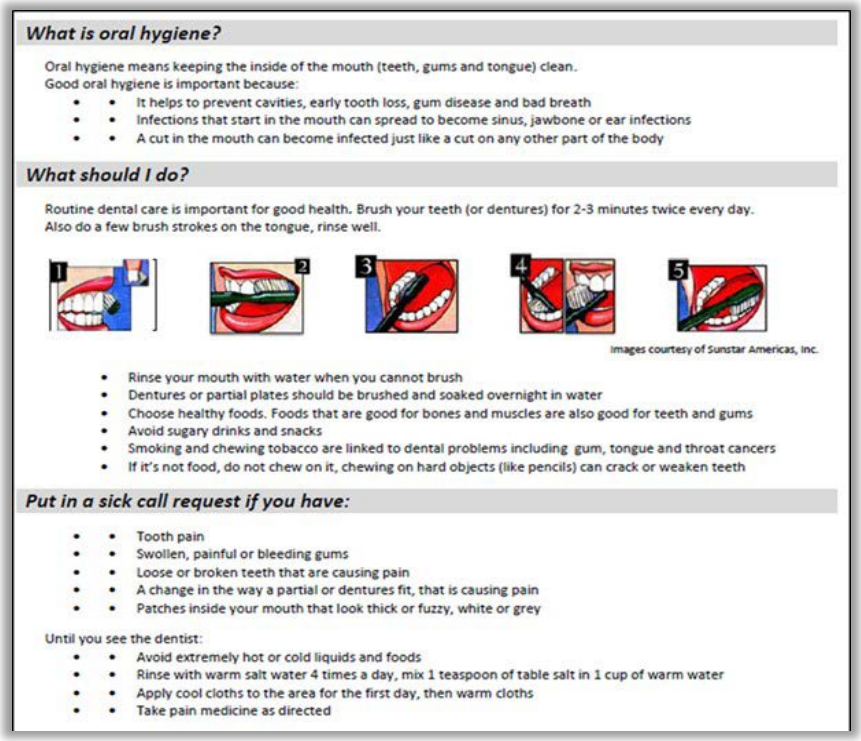
- Screenings for oral cancers during dental exams with high-risk patients
- During chronic illness clinics, medical providers can refer patients to dental with poorly controlled DM, CAD, or malignancy for evaluation (this is vital as radiation for malignancy may be delayed until all infectious processes in the oral cavity have been resolved, which usually includes extraction.

YesCare Patient Education

For patient instruction and hygiene practices, YesCare focuses on primary and secondary prevention strategies. YesCare patient education focuses on proper oral care and the effects poor oral health can

have on overall health. Patient education begins during the intake process and is consistently reinforced as treatment is provided.

Various instructional formats are available for patient education including YesCare's Patient Information Fact Sheets (PIFS), instructional videos, and individual personal instruction and demonstrations.



What is oral hygiene?

Oral hygiene means keeping the inside of the mouth (teeth, gums and tongue) clean.
Good oral hygiene is important because:

- It helps to prevent cavities, early tooth loss, gum disease and bad breath
- Infections that start in the mouth can spread to become sinus, jawbone or ear infections
- A cut in the mouth can become infected just like a cut on any other part of the body

What should I do?

Routine dental care is important for good health. Brush your teeth (or dentures) for 2-3 minutes twice every day.
Also do a few brush strokes on the tongue, rinse well.

Images courtesy of Sunstar Americas, Inc.

- Rinse your mouth with water when you cannot brush
- Dentures or partial plates should be brushed and soaked overnight in water
- Choose healthy foods. Foods that are good for bones and muscles are also good for teeth and gums
- Avoid sugary drinks and snacks
- Smoking and chewing tobacco are linked to dental problems including gum, tongue and throat cancers
- If it's not food, do not chew on it, chewing on hard objects (like pencils) can crack or weaken teeth

Put in a sick call request if you have:

- Tooth pain
- Swollen, painful or bleeding gums
- Loose or broken teeth that are causing pain
- A change in the way a partial or dentures fit, that is causing pain
- Patches inside your mouth that look thick or fuzzy, white or grey

Until you see the dentist:

- Avoid extremely hot or cold liquids and foods
- Rinse with warm salt water 4 times a day, mix 1 teaspoon of table salt in 1 cup of warm water
- Apply cool cloths to the area for the first day, then warm cloths
- Take pain medicine as directed

Prevention

Primary prevention includes controlling exposure to the causes of caries and periodontitis and intervening to prevent the development of oral disease.

Secondary prevention deals with minimizing the effects of already established disease in asymptomatic patients. Secondary prevention relies on identifying the initial stages of disease and working to slow or reverse the disease process. The overall goal is to arrive at a point where disease does not recur
In addition to patient education, primary and secondary prevention methods that YesCare promotes and will work with the FDC on approval and implementation include, but are not limited to:

- Water fluoridation
- Mouth rinses
- Caries risk assessments with diet counseling
- Placement of sealants
- Use and promotion of prescription strength fluoride toothpastes
- Increased frequency of exams and hygiene services.

Tertiary prevention deals with reducing the impact of existing disease. This requires prompt treatment of progressing lesions and maintaining or improving a person's functional status.

YesCare proposes an emphasis on dental hygiene services by increasing the frequency of periodontal treatments, and possibly treat it as a chronic condition under ACA and NCCHC guidelines where three (3) or six (6) month maintenance appointments would be required.

YesCare also recognizes that while preventative instruction and services form a critical role in oral health, success is ultimately dependent on each individual to properly maintain their teeth and gums.

Dental Anxiety

A recurrent theme that dentists and dental hygienists encounter is that of dental anxiety and/or dental phobia. YesCare recognizes this as a potential barrier to the dental health of our incarcerated patients.

YesCare has experience addressing these conditions. Implementation involves coordinated cross-discipline care with mental health and training for dental staff on anxiety management strategies.

Research is promising in relation to using Eye Movement Desensitization and Reprocessing (EMDR) and exposure therapy to treat dental anxiety/phobia. YesCare is open to exploring a partnership with the Nova Southeastern University College of Psychology's Trauma Resolution Integration Program to provide EMDR and exposure-based therapy services for the treatment of dental anxiety/phobia.

h. Value-Added Services

Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost

YesCare's dental program is designed to provide the majority of dental services on site; however, we recognize that there are instances when higher level dental treatments are indicated.

Mobile Response Clinic (MRC): To minimize transportation related concerns, YesCare is willing to deploy one of our Mobile Response clinics (MRCs) that can be outfitted to include operatories tailored for the specialized dental needs of FDC's incarcerated population. Operatories designed for oral surgery, endodontics, and periodontics would be explored based upon the past and future dental needs expressed by FDC Dental Leadership. Oral surgery staff or contracted oral surgeons would then be able to provide services on-site in the mobile clinic outside of RMC and especially in the more remote areas in Region 1 and Region 3. This would be even more of an asset to the FDC, when inclement weather occurs and/or when the demand of dental care exceeds the supply of dentists or specialists available due to any unforeseen reasons.



Electronic Dental Sick Call Request: Within FDC's EMR, YesCare will evaluate the dental workflow and documentation level currently in use. Based on this evaluation, YesCare will develop, or update, an electronic sick call request platform with an expanded dental specific form that would be implemented to allow for more accurate triaging of an Inmate's dental concern leading to expedited treatment for higher priority conditions. The form(s) would include descriptive terms relating to the location and the type of symptoms being experienced.

This would also include additional YesCare specialized training with Nursing for better understanding of the necessary triage of dental cases and the specific resources (Ex. Tele-Dental) available for recommended next steps in management.

Tele-Dental: This is an area of YesCare's services that will better manage dental care after hours. With the use of current telemedicine equipment to assist in an audio-visual discussion between Nursing and Dentist for next step in management of patient care is timely and appropriate.

In addition, YesCare will partner with AmplifyMD, as a resource that can provide dental specialists (and sub-specialists) as an additional tool when subject matter expertise is required. This will play a significant role in establishing new and existing partnerships with dental school programs across the

state as well as with YesCare and FDC's demonstration of a more academic environment with diverse clinical panel discussions related to patient care "behind the fence".

Outpatient Services subject to Abbreviated Review: YesCare's experience with UM services spans greater than 40+ years and what differentiates our system from our competitors is the following:

- The onsite UM team is also supported by additional remote Florida licensee and based UM Medical Directors (UMMD) with each having at least five years of correctional experience. These UMMDs will provide secondary review on outpatient consults to ensure that all labs and treatment regimens have been completely exhausted onsite prior to approval.

- The ability of our providers to engage in dialogue with our remote UMMD and other resources (Ex. AmplifyMD) to review care and consult referral considerations, prior to initiation of a consult, improves the approval process and minimizes the need for Alternate Treatment Plans (ATPs).

- Abbreviated Review – Outpatient Services List is an ever-expanding list (currently at approximately 70+ diagnoses/conditions) that has been created via our providers in the field for commonly submitted consults that are part of routine or urgent standard of care for healthcare delivery (for example, Oral Surgery consult for ORIF for mandibular fracture) within this environment. This has drastically increased our turnaround time for these consults, while simultaneously teaching our providers the need for development of a differential diagnosis with other necessary components of a completed consult for review and future approval.

3.6.4. Mental Health Services

a. Acknowledgement & Acceptance: Requirements

Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs

YesCare acknowledges and accepts each requirement as listed in ITN section 3.6.4. Mental Health Services.

b. Acknowledgement & Acceptance: Performance Measures

Acknowledge acceptance of each Performance Measure (PM)

YesCare acknowledges and accepts each Performance Measure (PM) as listed in ITN section 3.6.4. Mental Health Services.

c. Exceeding Performance Measures

Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified

YesCare has read and understands FDC's 12 Health Services Bulletins (HSBs) for mental health services. The YesCare team has significant experience meeting and exceeding performance measures, whether they have been established by clients or judicial order. For example, our work at Rikers Island, NY, led to significant reductions in self and interpersonal injury.

YesCare is excited about the opportunity to collaborate with the FDC to deliver exceptional care while using our experience to meet or exceed all performance measures. We are committed to open and candid communication, collaboration, consistent, ongoing, and multiple layers of communication, and a shared dedication to correctional healthcare excellence.

As stated above, YesCare is experienced working within programs that require significant oversight in order to close gaps and meet benchmarks for compliance. A select few of these correctional facilities were subject to consent decrees. As the contracted healthcare provider and through meeting all and exceeding some performance measures, the YesCare team helped the states of Indiana (IPAS) and Alabama (Baker) resolve onerous mental health related consent decrees. Alabama, who recently selected YesCare as its partner going forward, is currently under judicial oversight for mental healthcare which was not resolved under Wexford Health Sources, Inc.

Techniques for Exceeding Performance Expectations

YesCare adjusts and pivots when challenges arise. With the tactical and operational deployment of the "new" **YesCare Lean Improvement Program (YCLIP)**, our staff has reimagined the approach to process improvement. YCLIP strives to improve clinical quality and patient safety through a standardized process improvement modality. We are educating all staff members to incorporate process improvement as integral to their routine practice and risk reduction. **YCLIP uses a combination of Lean and Six Sigma techniques which are extensively used in the healthcare and manufacturing industries.** Lean improvement is utilized to remove waste and reduce variations in the processes at our sites and minimize constraints. By removing process defects and other forms of waste, we achieve a higher level of quality, safety, and operational excellence within each Institution. YCLIP is further described in section 3.6.4.6.

YesCare has also adopted Design Sprint approaches to process changes. First developed by Google, Design Sprints are an intense 5-day process where user-centered teams tackle design problems. Working with expert insights, teams ideate, prototype and test solutions on selected users**. YesCare's unique adaptation of the Design Sprint model to healthcare is proactive and allows our teams to rapidly identify and respond to any challenges our teams encounter.** We are well-equipped to analyze processes and implement upgraded protocols to resolve concerns and have the capacity to intervene rapidly, if necessary, particularly when it pertains to significant safety issues.

Additionally, YesCare has developed resources for our leaders in the field to standardize care, which reduces workarounds and subsequent errors. As an example, YesCare has developed a Specialized Behavioral Health Unit Operations Manual Template. This tool is designed to ensure processes are clearly detailed and reliably adhered to on each specific BHU (i.e., inpatient unit). By parsing out requirements detailed in HSBs (e.g., 15.05.05 Inpatient Mental Health Treatment Services), by accrediting bodies, and in YesCare standards of care and detailing procedures for admission criteria, processes, therapeutic activities, etc. for each designated unit, we are able to more reliably ensure adherence to expectations.

To illustrate, the tool supports the BH leader in the development of a unit schedule, which would be designed to ensure the CSU, TCU, and CMHTF each offer at least the minimum out-of-cell structured therapeutic services required per week. Additionally, such critical documents as the Access to Personal Property and Activities in Mental Health Units that details how the level system influences access would be included in the manual appendix. Resources such as this promote excellence in care delivery that empowers teams to exceed expectations.

YesCare believes that our plan for delivery of mental health services will afford us the opportunity to exceed the identified performance measures for FDC. Some of our strategic initiative for FDC, include:

1) **Trauma Informed Care:**

Trauma-informed care is an approach that refers to the comprehensive assessment and individualized care designed to promote a healing process for those identified as trauma victims. YesCare's approach to trauma-informed principles aligns with FDC's HSB 15.05.11 Planning and Implementation of Individualized Mental Health Services section IV.A expectation that providers are vigilant in their efforts to avoid traumatizing or retraumatizing incarcerated individuals.

We know that approximately 90% of juvenile offenders in Florida who were at high risk to reoffend also reported multiple Adverse Childhood Events (ACE) (i.e., traumas) (Baglivio et. al 2014 *The Prevalence of Adverse Childhood Experiences (ACE) in the lives of juvenile offenders.*) In another study, a sample of male patients in a forensic hospital in New York City indicated that nearly 50% of the patients' met criteria for a diagnosis of PTSD and 100% had been exposed to at least one traumatic event (Varendra, Stiffler, Frascoia, Ford, 2016, *Life Stressors and Posttraumatic Stress Disorder in a Seriously Mentally Ill Jail Population)*

However, there are also important differences between the genders in terms of the source of the trauma, their behavioral responses to these experiences and the treatment needed. For example, childhood sexual abuse, followed by intimate partner violence is the most common traumatic experience for women. For men, the most common traumatic experience is witnessing someone being killed, followed by physical assault and child sexual abuse.

A trauma-informed approach has at its core the goal to recognize trauma and related symptoms and respond in a manner that avoids re-traumatization and promotes recovery. To achieve this, we propose training correctional staff to be aware of the impact of trauma, minimizing re-traumatization, and a fundamental "do no harm" approach that is sensitive to how institutions may inadvertently reenact traumatic dynamics.[1] More information on our plan to incorporate TIC, and its value to FDC is located below in sections 3.6.4.5 and 3.4.4.7.

Incorporating TIC in our approach will ensure we can exceed PM-MH-010, PM-MH-019, PM-MH-020, and PM-MH 025-038.

2) Suicide Prevention & Self Injurious Behavior Management:

Suicidal and Non-Suicidal Self- Injurious Behavior (NSSIB) creates substantial and ongoing management challenges for the facility, medical, and behavioral health teams. Many studies link self-harm behaviors to a history of trauma and maladaptive coping strategies that arise. A large percentage of the correctional population has been traumatized by events in childhood, including physical, sexual, and emotional abuse. Many experience periods of incarceration throughout their life due to risk taking, impulsive behaviors, and substance use, and can benefit from interventions addressing prior trauma.

YesCare has adopted a comprehensive approach to preventing suicide and self-injurious behaviors. One of our measures has been the implementation of our Suicide Prevention Task Force. Our Suicide Reduction Task Force analyzes data for and identifies triggers related to suicide events for all patients entering the correctional system. Additionally, our Suicide Prevention Task Force monitors the Department of Justice national benchmarks for suicides in Jails and Prisons and sets goals with specific action plans to assist our sites with the continuous reduction of suicide rates. This YesCare multi-disciplinary Task Force has developed processes that involve suicide prevention with rounding in all quarantine/isolation areas. For example, the incorporation of a suicide prevention screening, pulled from a valid, reliable instrument, into all chronic care visits for quarantine/isolation patients has been critical to our enhanced interdisciplinary approach to suicide prevention. This will act as another checkpoint for a mental health assessment with immediate triage to a behavioral health professional for intervention, if deemed warranted.

An unfortunate consequence of the current pandemic has been limited access to care in the community. National data indicates that suicidal ideation is reported to be at levels significantly higher that seen in the past. As a result, individuals are being incarcerated when in more acutely distressed states, which is then compounded by illness anxiety. In addition to individual site reviews, YesCare is continuously reviewing data from across our system of care to understand how these unique variables affect risk and determine what we can do to effectively reduce it with our partners.

The data analysis conducted by our task force highlighted the increased risk associated in the period surrounding intake during the pandemic. While HSB 15.05.17 Intake Mental Health Screening at Reception Centers notes that the Beck Hopelessness Scale may be omitted at the

[1] Miller, N., and L. Najavits. (2012). Creating trauma-informed correctional care: A balance of goals and environment. European Journal of Psychotraumatology, 3, DOI: 10.3402/ejpt.v3i0.17246.

discretion of the clinician if testing was administered within the past 90 days with acceptable results, YesCare proposes utilization of a more truncated screening tool in such instances, such as the Columbia Suicide Severity Rating Scale.

YesCare introduced our Suicide Reduction Task Force in 2019. In our first year, we realized a 10% reduction in suicides across our network of care, despite a significant rise in suicides within correctional institutions nationally. In 2022 and in response to the rising rates of suicide nationwide, we reconvened our task force to look at data across our facilities to determine what we can do better to:

a) identify suicidality and
b) to prevent self-harm.

Responding rapidly, YesCare implemented a media campaign that included multiple posters for clinics and housing areas, expanded suicide prevention rounding into multiple new housing areas, established interdisciplinary interventions in Nursing and Primary Care, and sent a letter to each client highlighting our initial findings and followed up operationally at each contract. We also expanded our definition of a behavioral health sentinel event, are enhancing our evaluation of patients post self-injury, and are implementing a new Nursing Intake tool that includes a more sensitive suicide prevention screening section (including the Columbia Suicide Severity Rating Scale) and behavioral health screening section.

We are committed to reducing the number of completed and attempted suicides and are building best-in-class tools and programs to support our professionals in the field while establishing partnerships with cutting-edge companies to address suicide risk with novel, yet proven, interventions. One such partnership is with **Oui Therapeutics**, a company that provides digital therapeutic products and accompanying telehealth services that have reduced suicide attempts by 60% in the military and general population. We believe that our approach to suicide prevention and SIB will lead to exceeding PM-MH-031-034 and PM-MH-040.

3.) Risk Management

YesCare understands the challenges correctional facilities face when managing offenders who demonstrate aggressive, assaultive, or maladaptive behaviors. A proactive approach is key to managing and extinguishing behaviors that are disruptive to the environment and create high risk events for patients and staff. We develop risk mitigation strategies for any individual enrolled in our care who is identified as being at risk. Coordination with custody is key to the success of any risk mitigation strategy, and as such, YesCare will routinely communicate with our custody partners, both informally and during formal meetings to identify issues and stage interventions whenever practicable.

As mentioned previously, YesCare has developed a Risk Assessment, which helps us identify both dynamic (changing) and static (unchanging) risk factors for the patient, as well as coping mechanisms. This aids in our ability to target our interventions based around the strengths of the individual, while keeping in mind the factors/triggers that may contribute to the changing risk level of a patient.

For those patients for whom previous risk mitigation strategies have not been wholly effective (e.g., any patient subjected to psychiatric restraint, consistent with HSB 15.05.10.), YesCare developed a

Risk Assessment tool as well as a Safety/Risk Management Plan. Our Safety/Risk Management Plan guides the behavioral health professionals through the process of assessing a patient's triggers (i.e., what prompted the patient's actions) and motivators (i.e., what does the patient hope to achieve?) for engaging in high-risk behaviors, existing coping strategies and the patient's confidence utilizing them. It also guides the development of interventions to reduce triggers, address motivators, and reinforce/build coping skills. Additionally, it prompts the professional to develop a crisis response plan (e.g., what the team should do if the patient engages in high-risk behaviors).

When a Safety/Risk Management Plan is implemented, YesCare will meet at a minimum on a weekly basis with the medical and FDC staff to review the efficacy of the plan, and update strategies to help ensure adherence to the plan across all disciplines. In our experience, the more engaged and involved the entire team, including custody staff, can be in the plan, the more likely it is the plan will succeed. Similarly, the patient also needs to be aware of the expectations set forth within the plan and be held accountable for their actions. Our approach to Risk Management will ensure we will exceed PM-MH-015, and PM-MH-041.

YesCare is committed to partnering with FDC to take all possible steps to improve the safety and wellness of the incarcerated population confronting mental distress and disorder. Part of that commitment means delivering interventions during moments of crisis, when risk may by elevated and the potential for adverse outcomes is heightened. One potential adverse outcome we aim to avoid through best-in-class care is a Disciplinary Report. However, recognizing that infractions are a given within the population, when a patient with mental illness is infracted, we embrace FDC's expectation in HSB 15.05.13 Mental Health Staff on Disciplinary Teams that written input by a psychologist or psychiatrist is required for patients in special housing areas, such as inpatient units.

Understanding that risk is elevated in restricted environments, YesCare is committed to the provision of treatment in confinement, protective management, or close management status units as detailed in HSB 15.05.08. FDC's HSB 15.05.08 reflects the reality that settings where access is restricted increases risk for adverse outcomes, such as self-injury and death by suicide. As noted, YesCare's Suicide Reduction Task Force recently conducted a systematized review of data across our network of care and implemented additional suicide prevention mechanisms in these settings, including incorporation of the first two questions of the Columbia Suicide Severity Rating Scale into all Nursing and MH rounding activities. While MH codes 1-5 detailed in section II.D. of HSB 15.05.08 provide a guide to next steps after contact with the patient during rounding, we believe that systematizing the rounding process increases the likelihood of appropriately triaging patients into the most appropriate code. We are confident that this, combined with the FDC expectations of mental status examinations detailed in II.I.1-3, will enhance our ability to screen, assess, and appropriately mitigate risk in these settings.

Clinical Alternative to Punitive Segregation (CAPS) Unit at Rikers Island, NY

The New York City jail system is the nation's second largest, and while YesCare served as medical and mental health provider there, approximately 12,000 persons and 80,000 annual admissions constituted the average daily population. A study to better understand Inmate acts of self-harm was conducted, and data was analyzed to review all admissions over a 22-month period. The data indicated two primary contributing factors for incidents of self-injury:

- Diagnosed serious mental illness (SMI)
- Patient was housed in Segregated housing at the time of the incident

YesCare worked with the New York City jail system, which modified its practices. As a result of the study, Inmates with mental illness who violated jail rules were moved to more clinical settings. Restricted housing for those with serious mental illness was eliminated.

The Clinical Alternative to Punitive Segregation (CAPS) unit was a therapeutic unit designed for patients with SMI who violated jail rules and historically would be placed in isolative environments. The CAPS units offered a full array of clinical services, including individual and group therapy; adjunctive therapies, such as art therapy; medication counseling; and community meetings.

There was no lock-in and the unit included evidence-based clinical programming throughout the day. As a result, injury rates (self-injury and use-of-force) decreased. In addition to the CAPS Units, the jail system opened Restricted Housing Units (RHU). Patients with less serious mental illness who violated facility rules would be referred to the RHU. These units combined lock-in periods with some clinical programming.

The CAPS approach was adapted and introduced to other jail mental health units to assist with reduced behavioral infractions and improved clinical outcomes. The results are published here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772202.

While overall the program was a success, barriers were encountered in the project's initial implementation phase. There were concerns, principally among custody staff, that potentially dangerous patients would be in an open milieu. These concerns were addressed through a 40-hour joint training of custody and health staff selected for their competency and openness working in the new unit. The training focused on developing a knowledge of mental illness, the processes on the unit, and team communication. Additionally, staff received 40-hour Crisis Intervention Team (CIT) training to further build capacity and shift attitudes toward the population.

More information about this program can be obtained from the National Institute of Health (NIH) published results in *From Punishment to Treatment: The "Clinical Alternative to Punitive Segregation" (CAPS) Program in New York City Jails (nih.gov*).

Use of Force Initiative, Passaic County, New Jersey

YesCare worked with our client at the Passaic County, New Jersey jail, to address use of force incidents in the facility. In 2008, the Sheriff's Office was sued by the ACLU over the amount of use of force incidents, particularly amongst patients with a serious mental illness. The total patient population with a SMI was approximately 12%, however, the number of patients with SMI involved in Use of Force incidents was over 50%. In 2011, the Sheriff's Office entered a settlement agreement, and began to work towards a reduction in use of force incidents. A major component in the approach to reducing Uses of force was implementing a comprehensive education program aimed at helping officers and other staff better deescalate critical situations, consistent with the expectation detailed in HSB 15.05.05.

YesCare's psychiatrist and behavioral health lead worked with our client to establish a multidisciplinary team that reviewed all Use of Force reports to determine how many individuals with SMI were involved in these incidents. The team also worked to develop recommendations for how to better respond to incidents in the future. YesCare is prepared to partner with FDC in a similar manner, likely beginning in

the inpatient units and expanding outward as indicated, with the aim of achieving similarly positive outcomes.

Following the implementation of joint CIT training with our client partner in Passaic County, New Jersey, data reflected:

- 24% reduction in total use of force
- 33% reduction in use of force incidents with MH patients
- 24% reduction in use of chemical agents (OC spray)
- 60% reduction in use of restraints
- 66% reduction in planned use of force incidents

Additional Examples of YesCare's Ability to Exceed Performance Measures

YesCare will support the FDC by providing healthcare resources and self-auditing expertise to assist with reviewing and improving healthcare delivery and programming. Our experience with overcoming challenges with other client partners, coupled with our knowledge and performance in FDC in the past uniquely positions YesCare to readily step in, deliver care, and collaborate with you on solutions to address any challenges. Our experience, reflected in the examples below, speaks to our commitment and capacity to deliver exceptional care and demonstrates our experience exceeding performance measures.

Arizona Department of Corrections Rehabilitation and Reentry

We are proud to have delivered highly effective and compliant mental health programming for the ADCRR. During our previous tenure, we **met 142 of 143 compliance measures (99%).** When we assumed the contract on an emergency basis in March of 2013, compliance with the CGAR performance measures was less than 60%.

Idaho Department of Corrections

In 1984, the Court identified several areas requiring remediation in the matter of Walter D. Balla et al., v. Idaho State Board of Correction (Balla). In 2011, the Court appointed a special master to evaluate compliance with the nearly 30-year-old order. Based on the report the special master issued, plaintiffs' counsel and the IDOC were required to agree upon modified compliance plans.

As its healthcare partner, YesCare worked closely with the IDOC for over a year to finalize the compliance plans and continue to support the IDOC during the required monitoring period. On a monthly basis, YesCare gathered and reported to the IDOC medical-related data specific to 14 defined categories of the compliance plan. In fact, Corizon Health developed a robust reporting system with which the IDOC was so pleased that it emulated the approach to meet its own reporting requirements. YesCare tracked compliance since November 2012, and by January 2013, YesCare met the 95% compliance threshold in all 14 categories, achieving 100% compliance in 10 of the categories. Further, Idaho State Correction Institute received full NCCHC accreditation in 2017 and again in 2019. In 2019, IDOC moved to terminate the matter. On May 30, 2020, after finding that IDOC was in full compliance, the Court granted the motion and dismissed the case.

d. Proposed Modifications: Performance Measures

Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings)

YesCare is not proposing any modifications to the Performance Measures listed in ITN section 3.6.4.4

e. Plan for Providing Services

Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place

YesCare is committed to recovery-oriented behavioral health programming. We will provide mental health care that meets or exceeds FDC HSBs, ACA, NCCHC, and constitutional guidelines for the care of incarcerated individuals. For over 40 years, the YesCare team has been refining our delivery of mental healthcare for evolutions in evidence-based care and empowering our patients to more successfully manage their mental health. YesCare endorses an integrated physical and behavioral health system, which will assist the FDC in reducing recidivism, while focusing on Inmate strengths and building resiliency**.** Not only does this approach improve individual patient outcomes but we believe it ultimately reduces downstream health and criminal justice expenditures.

Key elements of YesCare's Mental Health services include:

- A continuum of care focused on acute symptom remission and risk reduction, with the establishment of individualized, and sustainable recovery plans (PM-MH-002). Our commitment to a robust continuum of care is aligned with FDC as reflected in the levels of inpatient care detailed in HSB 15.05.05 and HSB 15.02.18 Outpatient Mental Health Services
- A team-based approach to care that incorporates our client partners (PM-MH-005, PM-MH-027, PM-MH-03-037,PM-MH-048)
- YesCare's Core Processes, policies, and procedures for management of behavioral health
- A collaborative approach to suicide prevention, between behavioral health staff, medical staff and our custody partners (PM-MH-005, PM-MH-027, PM-MH-03-037,PM-MH-048)
- Focus on risk assessment and management (PM-MH-015, PM-MH-041)
- Data-driven care
- Innovation
- Continuous improvement by engaging the collective expertise across our national network of care (i.e., engaging site level staff in projects)

As a leading provider of correctional behavioral health care, we are keenly aware that over the past twenty years our jails and prisons have become in part the *de facto* public mental health system. We are aware of the necessity to provide evidence-based practices (EBP) consistent with evolving professional correctional practice guidelines and to deliver positive outcomes. Our partners experience the highest Behavioral Health patient safety records in the industry. YesCare is also proud to be on the forefront with community reentry, working to reduce recidivism and to restore productive lives.

Our behavioral health program is based on early and thorough screening, assessment, referral and treatment planning consistent with community, NCCHC, and ACA standards. FDC's comprehensive approach to Intake Mental Health Screening as detailed in HSB 15.05.17 provides an excellent springboard to detailed treatment planning and care provision. Enabled by comprehensive initial assessment, we deliver our behavioral healthcare services while considering the unique needs gender, cultural influences, diagnostic category, substance use, and cognitive functioning. This attention to the factors that influence mental wellness begin at Nursing Intake and are woven throughout YesCare's

Primary Care and Nursing interventions. Every interdisciplinary team member shares in the responsibility of screening patients for distress and collaborating toward their recovery from mental disorder.

YesCare will provide evidence-based, specialized, and comprehensive FDC mental health services and programs compliant with NCCHC, ACA, FDC, and state and federal requirements. Consistent with national standards and clinical practice guidelines, our mental health services program is designed to **maximize on-site care using evidence-based and evidence-informed clinical guidelines and protocols**. This includes our emphasis on an interdisciplinary and integrated approach to mental health care and working collaboratively with all disciplines (medical, pharmacy, dental, and custody) as well as the FDC custody and administrative staff. This team-based approach to care aligns with the expectations noted in several HSBs (e.g., HSB 15.05.05 Inpatient Mental Health Treatment Services).

The FDC has established a broad continuum of mental health care. This aligns with YesCare's belief that outcomes are optimized by establishing mental health treatment units specific to the needs of various populations. Critical to maintaining the progress achieved as a patient transitions from one setting to the next is the handoff process. FDC outlines the procedure for operationalizing these transitions in 404.004 (Mental Health Inpatient Multidisciplinary Treatment and Services). The detailed expectations provided within the procedure reduce the risk of error during the transition and we are confident that we can further improve outcomes with our clinical tools that are designed to further facilitate the process, such as our BHU Discharge template.

Multidisciplinary communication means coordination amongst all parties including but not limited to Mental Health Staff, Psychiatry, Medical, Nursing, Pharmacy, Reentry, and Custody, so we can appropriately intervene and have the best opportunity for success with the patient. YesCare embraces FDC's Multidisciplinary Service Team (MDST) approach to treatment planning and care provision, particularly as it relates to the inclusion of custody personnel on the inpatient MDST as detailed in HSB 15.05.11 Planning and Implementation of Individualized Mental Health Services. Our collective, team-based approach, particularly in high acuity settings, empowers us to create safer and healthier facilities, patients, and staff. This was essential to our previously referenced success on the Rikers CAPS units.

Our holistic approach to mental health care addresses co-morbid conditions, works to manage psychotropic medication costs, provides an ongoing focus to prepare Inmates for a permanent release to the community, and supports custody in their engagement with patients experiencing mental distress. We achieve these results through an "individual differences" approach, taking into consideration both specific cultural values and cultural identities in the diagnosing, treatment and re-entry needs of each Inmate.

Team based care is the keystone to effective YesCare MH programming. The complexities of the setting combined with the often-high expressed emotion of the incarcerated population and the inherent risk providing treatment to them necessitates close collaboration and team-based decision-making consistent with HSB 15.05.11 Planning and Implementation of Individualized Mental Health Services. Furthermore, as detailed in IV.E. of the HSB, YesCare professionals encourage Inmate input in drafting, reviewing, and revising the Individualized Service Plan (ISP). **Actively involving the patient in the treatment planning process reinforces buy-in and promotes recovery**.

Our comprehensive program will include a variety of evidence-based treatment modalities to address

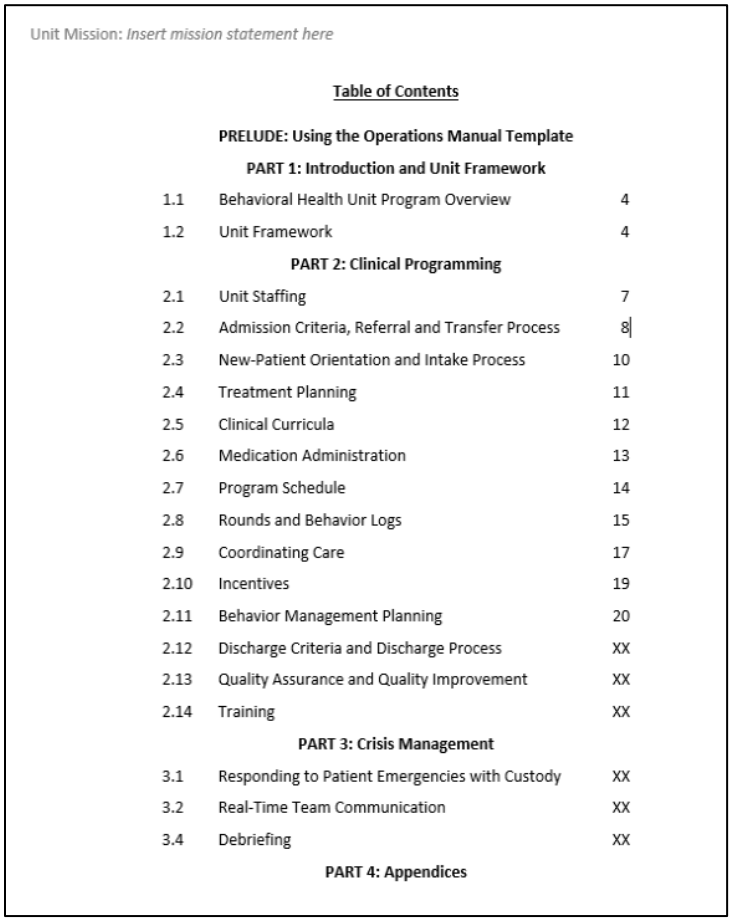
the emotional needs of those Inmates in receipt of such services through the FDC's eight (8) major levels of care:

1. Reception Evaluations
2. Crisis Intervention
3. Crisis Stabilization Units (CSU)
4. Corrections Mental Health Treatment Facilities (CMHTF)
5. Transitional Care Units
6. Residential Continuum of Care Units
7. Outpatient Services
8. Case Management and Reentry planning

We will provide screening, observation, assessment, evaluation, treatment plans, education, and medication management of mental illness, and neurodevelopmental disorders. Our comprehensive program will include (but not be limited to) the following:

- Initial screening and appraisal
- Comprehensive evaluation
- Psychological and neuropsychological testing
- 24-hour emergency services
- Crisis prevention, intervention, and stabilization (including PREA-related intervention)
- A comprehensive suicide prevention program that addresses acutely suicidal and non-acute suicidal offenders
- Case management, individual and group therapy; treatment in co-occurring mental health and substance abuse disorders
- Psychiatric services, including (but not limited to) psychiatric evaluation, follow-up
- psychopharmacologic management, and referral
- 24/7 psychiatric availability for emergency consultation, order clarification, and general consultation from mental health and primary care staff
- Mental health treatment programs for the CSUs, TCU, RCCUs, CMHTFs
- Referral for inpatient hospitalization
- Re-entry planning (post release)
- Treatment modalities to promote mental health, including the following
  - Cognitive Behavioral Therapy
  - Psycho-educational group activities dealing with mental health issues
  - Skill building groups focused on increasing-pro-social behavior
  - Trauma-informed and gender responsive care
  - Programming for Inmates in segregation

As patients transition up and down through the continuum of care, teams in the receiving and discharging level will meet to review the treatment plan and recommendations for care, and the receiving team will complete a new assessment and update the treatment plan. To assist us with this, YesCare developed a Behavioral Health Unit Operations Manual template. This manual is customizable to each behavioral health unit (i.e., inpatient unit) and standardizes the procedures for transitioning patients through the continuum of care. The manual serves as a guide for staff to ensure all patients admitted to a specific unit receive the same level of care and that the same criteria for admission and discharge are considered. A partial snapshot of the table of contents for the manual is included below:



Unit Mission: *Insert mission statement here*

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PRELUDE: Using the Operations Manual Template

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PART 4: Appendices

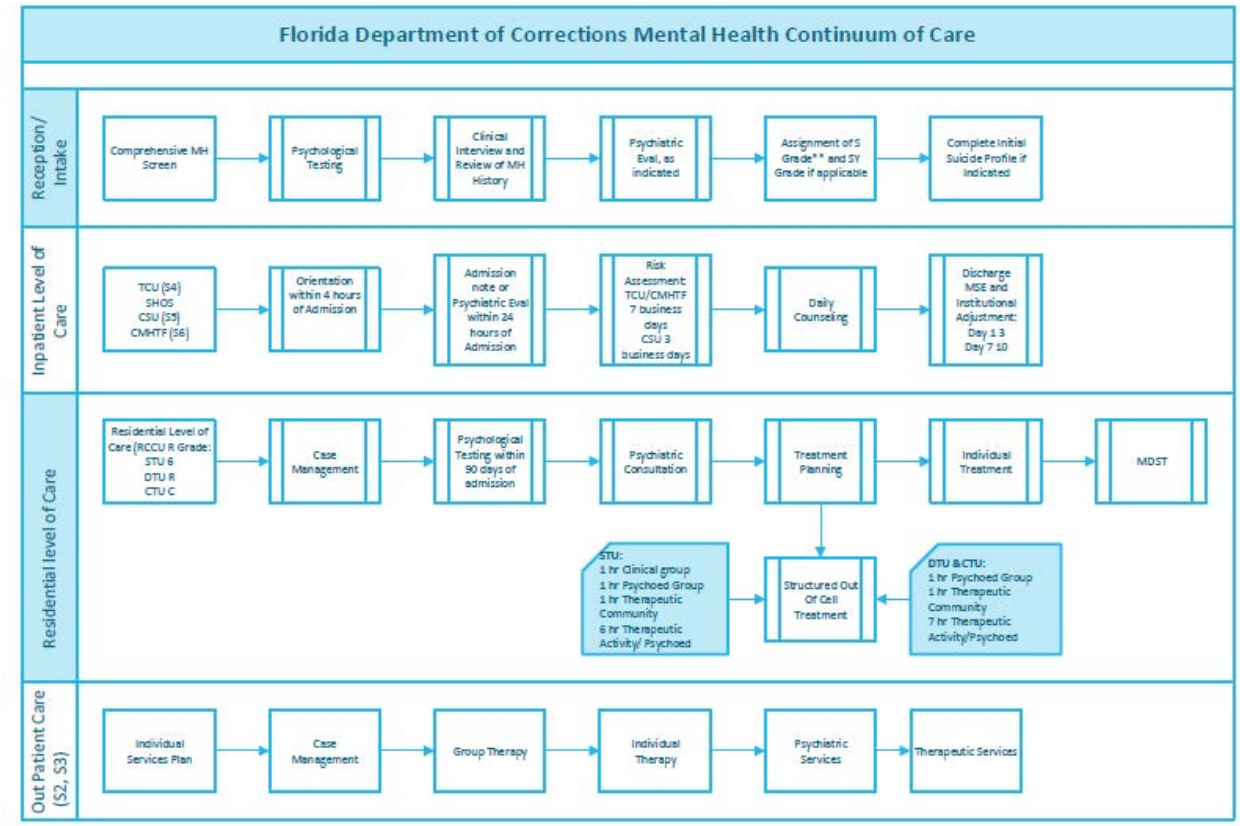
Our objective is to treat mental distress and disorder and help patients optimally manage their mental health issues within the correctional environment, productively **transitioning them to the community setting upon release, with the ultimate goal of reducing recidivism**. Accomplishing the required objectives may include, but not be limited to, the following:

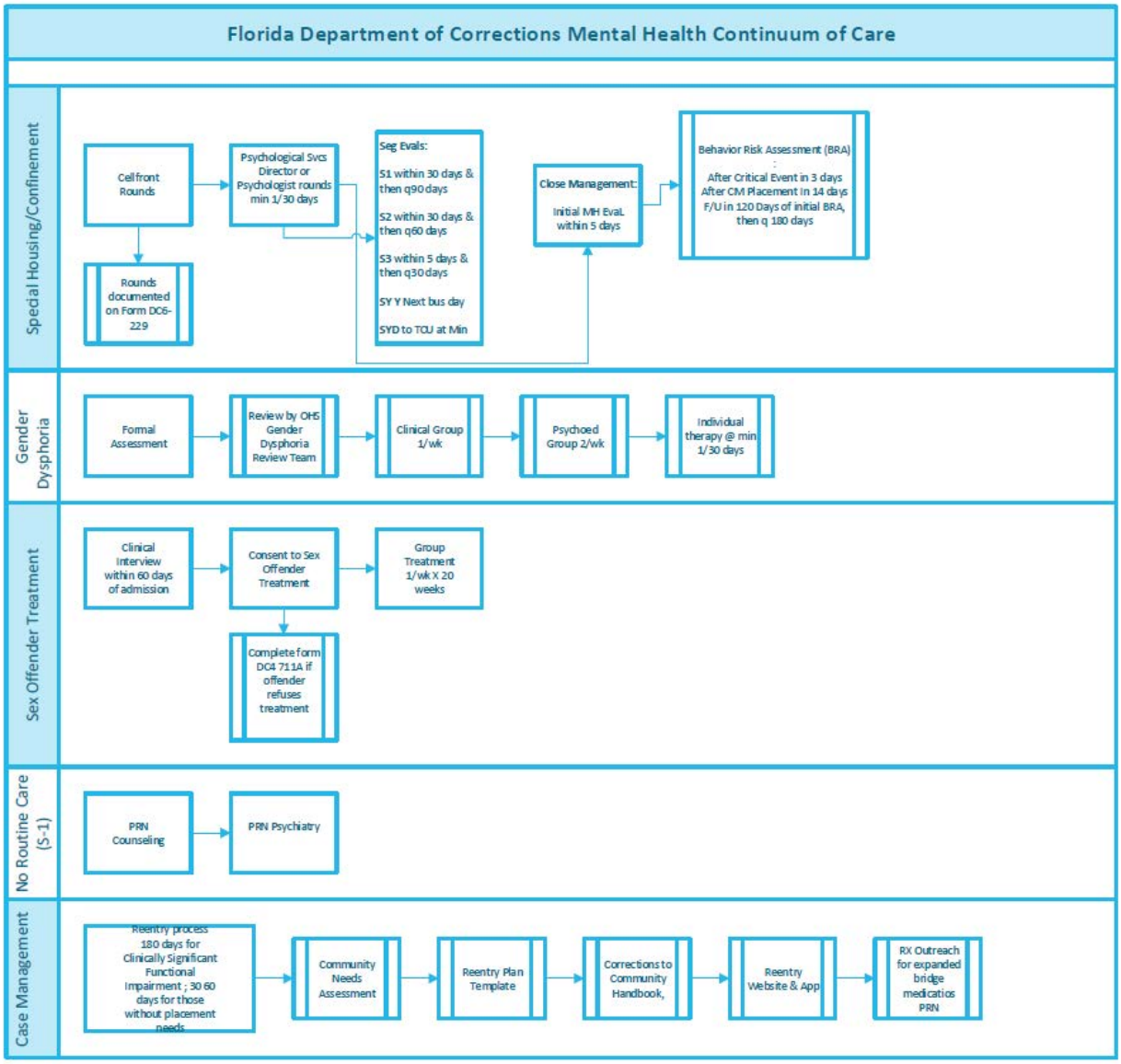
- Complying with APA, ACA, NCCHC, FDC, and constitutional standards
- Providing a written mental health care plan with clear objectives
- Implementing mental health-specific policies and procedures
- Complying with Florida state licensure requirements
- Maintaining acceptable levels of staffing
- Maintaining full reporting and accountability to the FDC
- Utilizing a collaborative team practice model
- Utilizing evidence-based and evidence-informed practice parameters
- Employing longitudinal risk assessment tools
- Incorporating cognitive-behavioral curriculum
- Employing evidence-based interventions, including dialectical behavior therapy (DBT)
- Using motivational interviewing
- Accessing self-management tools to help patients gain the knowledge and skills necessary to manage their mental illness
- Allowing participation of mentally ill Inmates in the Specialty/Chronic Care Clinics
- Incorporating crisis intervention and suicide prevention
- Using Residential and Specialized Treatment Unit activities and programming

- Using Out-of-Cell Evidence-Based and Informed Practices for mentally ill Inmates in CSUs, TCUs, CMHTFs and RCCUs
- Employing Gender Dysphoria management appropriate for the corrections environment and consistent with community standards and FDC policies
- Providing pharmacy management, using psychotropic monitoring and other YesCare behavioral health pharmacy resources for psychiatrists designed to minimize reliance on psychotropic medication as a sole modality, while optimizing other modalities of care and reducing polypharmacy
- Delivering case management services to enhance Inmate management within the corrections setting and ensure successful re-entry into society
- Utilizing Quality Safety Improvement Program tools
- Making use of process and outcome quality program indicator measurements and root cause analyses
- Conducting regularly scheduled site audits and chart reviews
- Automating data management
- Adapting YesCare's Self-Directed Wellness Program, built on established wellness and recovery programs, for the correctional environment

YesCare understands the essential need to have thorough knowledge of FDC facilities. Upon contract award, our teams will conduct a baseline Gap Analysis using YesCare's Operations Checklist to identify the current state of all healthcare programming, including behavioral health, and determine the relevant steps we will take to reach the future state described throughout our proposal. This type of analysis is part of our broader Quality Improvement and Patent Safety (QIPS) program – setting a baseline, making improvements, assessing, adjusting, reevaluating and refining (leveraging technology, advanced systems and team-based coordination). YesCare will also develop an action plan to meet the future state of the contract, aligning YesCare initiatives with FDC objectives. **YesCare is committed to transparency with the FDC**. All of our planning, process improvements and/or proposed implementation of changes to programming or approach will be fully reviewed and discussed collaboratively.

To demonstrate YesCare's understanding of and commitment to the FDC Behavioral Health continuum of care, we have depicted our intended workflow and plan below:


Florida Department of Corrections Mental Health Continuum of Care
Reception/ Intake
Comprehensive MH Screen
Psychological Testing
Clinical Interview and Review of MH History
Psychiatric Eval, as indicated
Assignment of S Grade** and SY Grade if applicable
Complete Initial Suicide Profile if indicated
Inpatient Level of Care
TCU (S4)
SHOS
CSU (S5)
CMHTF (S6)
Orientation within 4 hours of Admission
Admission note or Psychiatric Eval within 24 hours of Admission
Risk Assessment: TCU/CMHTF 7 business days CSU 3 business days
Daily Counseling
Discharge MSE and Institutional Adjustment: Day 1 3 Day 7 10
Residential level of Care
Residential Level of Care (RCCU R Grade: STU 6 DTU R CTU C
Case Management
Psychological Testing within 90 days of admission
Psychiatric Consultation
Treatment Planning
Individual Treatment
MDST
STU: 1 hr Clinical group 1 hr Psychoed Group 1 hr Therapeutic Community 6 hr Therapeutic Activity/ Psychoed
Structured Out Of Cell Treatment
DTU &CTU: 1 hr Psychoed Group 1 hr Therapeutic Community 7 hr Therapeutic Activity/Psychoed
Out Patient Care (S2, S3)
Individual Services Plan
Case Management
Group Therapy
Individual Therapy
Psychiatric Services
Therapeutic Services



YesCare is proposing for your consideration the following six (6) strategic initiatives. When implemented, these initiatives will add value to the current behavioral health program and, at the same time, constitute a roadmap to best practices in correctional behavioral health. We are prepared to partner with the FDC to offer our expertise to translate these initiatives into a focused, accountable plan that will establish a clinically effective and operational efficient behavioral health care delivery system built on a foundation of best practices and targeted cost saving strategies. We fully recognize that the only way we can achieve these initiatives is through a collaboration between and amongst YesCare, OHS, FDC, and community providers.

We are eager to work with the FDC to refine and implement these initiatives, and any other initiatives identified along the way that may enhance the current mental health program.

We commit to use the strengths, resources, and expertise of our company to foster the development of a powerful working relationship within the framework of the multi-disciplinary health care team. We will work diligently each day to meet and surpass your expectations for the mental health program.

These strategic initiatives are highlighted on the following pages:

1. Trauma-informed Treatment and Gender Responsive Programming
2. Behavioral Management Programming for Segregated Inmates
3. Self-Care for Corrections Officers
4. Behavioral Health Training Academy
5. Enhanced Suicide Prevention & Self-Injurious Behavior Management
6. Education & Programming Interventions for Inpatient & Residential Populations

1. Trauma-informed Treatment and Gender Responsive Programming

Trauma-informed care is an approach that refers to the comprehensive assessment and individualized care designed to promote a healing process for those identified as trauma victims. According to the Substance Abuse and Mental Health Services Administration's National Center for Trauma-Informed Care (NCTIC) about one-fourth of state prisoners and jail Inmates with mental health problems reported past physical and sexual abuse – a source of trauma for both male and female Inmates. However, there are also important differences between the genders in terms of the source of the trauma, their behavioral responses to these experiences and the treatment needed. For example, childhood sexual abuse, followed by intimate partner violence is the most common traumatic experience for women. For men, the most common traumatic experience is witnessing someone being killed, followed by physical assault and child sexual abuse.

A trauma-informed approach has at its core, the goal to accurately identify Inmates and related symptoms, training correctional staff to be aware of the impact of trauma, minimizing re-traumatization, and a fundamental "do no harm" approach that is sensitive to how institutions may inadvertently reenact traumatic dynamics.[2]

Correctional staff training about trauma and strategies to effectively respond to trauma symptoms is an important aspect of the correctional Qualified Mental Health Professional's (QMHP's) responsibilities. It fosters successful outcomes when non-clinical and clinical staff work toward common goals and understand each other's roles. Most offender interactions can then focus on safety, supporting good coping skills, and reinforcing treatment gains.

A Cognitive-Behavioral and psycho-educational approach with the incarcerated trauma survivor tends to be compatible with the correctional culture, fostering accountability, responsibility, and consistency.[3] Such an approach is present-focused and does not require that the Inmate explore distressing memories, which is not recommended for the incarcerated population. It is important to incorporate such a focus to care into the QMHP's treatment plan as well as into the Behavioral Management Plan (BMP). A few points that will facilitate this focus are listed below:

- Recognize the pervasiveness of trauma and its effects on the Inmate while incarcerated.
- Educate lay staff to the potentially "triggering" correctional environment.
- Take into account the individual's specific trauma history and promote recovery and growth by providing trauma-specific treatment.

[2] Miller, N., and L. Najavits. (2012). Creating trauma-informed correctional care: A balance of goals and environment. European Journal of Psychotraumatology, 3, DOI: 10.3402/ejpt.v3i0.17246.
[3] Ibid.

- Develop linkages to community resources.

In order to evaluate the efficacy of implementation of holistic trauma-informed care, we propose evaluating injury rates (self, interpersonal, and use-of-force related) pre- and post-intervention. Based on results, after successful plan-do-study-act cycles, we then would work with FDC to consider additional settings to which to expand the program.

Trauma Focused Therapies

YesCare's mental health professionals consistently take a trauma-informed approach to care and utilize trauma-focused materials, such as *Seeking Safety*. These tools can assist our mental health professionals as they work with individuals to minimize the impact and consequences of experiencing trauma.

We recognize individuals who have experienced trauma are at an elevated risk for substance use disorders, mental health problems (i.e., depression and anxiety symptoms or disorders, impairment in relational/social and other major life areas, and other distressing symptoms); and physical disorders and conditions, such as sleep disorders. We provide a trauma-informed environment across the continuum of care. Key steps include the following:

- Collaboration with custody to meet Inmate needs in a safe, collaborative, and compassionate manner
- Preventing treatment practices that re-traumatize patients with histories of trauma who are seeking help or receiving services
- Building on the strengths and resilience of the patient in the context of correctional environments
- Endorsing trauma-informed principles across disciplines (i.e., with medical services, custody staff, and outside agencies) through support, consultation, and in-service training

Some evidence-based treatment interventions YesCare QMHPs employs in the context of trauma-informed care include:

Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients [Inmates] to explore and resolve ambivalence. The working assumption is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change. Examining and resolving ambivalence is a key goal.

Motivational Enhancement Therapy is an adaptation of MI that includes one or more client feedback sessions in which normative feedback is presented and discussed in an explicitly non-confrontational manner.

Trauma Recovery and Empowerment Model (TREM) is a fully manualized group-based intervention designed to facilitate trauma recovery among women with histories of exposure to sexual and physical abuse. Drawing on cognitive restructuring, psychoeducational, and skills training techniques, the gender specific 24 to 29 session group emphasizes the development of coping skills and social support. It addresses both short term and long-term consequences of violent victimization, including mental health symptoms, especially posttraumatic stress disorder (PTSD), depression and substance use. TREM has been successfully implemented in a wide range of service settings and among diverse racial and ethnic populations.

Transtheoretical Model (TTM)-Based Stress Management Program targets adults who have not been practicing effective stress management for six months or longer. TTM is a theory of behavior change that can be applied to single, multiple, and complex behavioral targets. TTM's premise is that behavior change is a process and that as a person attempts to change a behavior, he or she moves through five stages aligned with Prochaska and DiClemente's stages of change model: precontemplation; contemplation; preparation/planning; action; and maintenance. The application to stress management focuses on increased regular relaxation, exercise, and social support activities. The intervention helps participants develop new strategies that can promote progress to the next stage of change in the adoption of effective stress management practices.

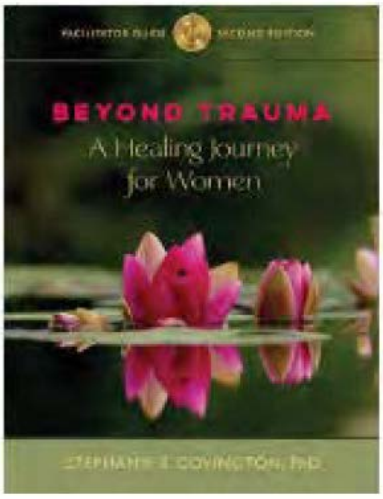
Dialectical Behavioral Therapy (DBT) is a CBT-based treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes.

Mental Health Care for Female Offenders

Women who are incarcerated often have experienced victimization, unstable family life, substance use and mental health problems. Social factors, such as poverty, minority group members, or single motherhood, also marginalize participation in mainstream activities and contribute to incarceration. For this reason, YesCare believes that additional specialized care is often indicated for the female population.

Helping Women Recover

While it is not uncommon for Inmate's involvement in the justice system—male or female—to trigger a reliving of past traumatic events, females are a diverse group. Many are ethnic minorities, have had significant academic or educational difficulties, are survivors of child abuse (sexual, physical, and/or emotional) or domestic violence, and have histories of substance use.

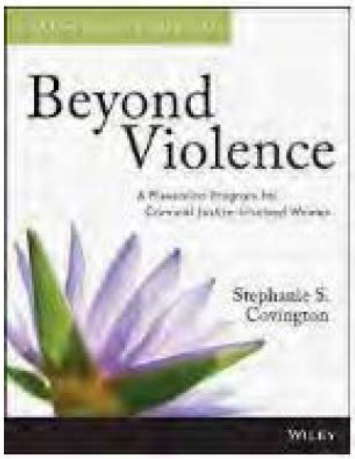


Incarcerated females have higher rates of mental illness than men. In addition, females involved in the criminal justice system are more likely than men to enter because of drug related charges. According to the Bureau of Justice Statistics, almost half of incarcerated women reported committing their offense under the influence of drugs or alcohol. As medical or behavioral health providers, taking these patient histories into consideration directs the course of treatment for each patient. For example, over the last 15 years, the number of incarcerated women has increased dramatically.

Offenses related to illegal drugs account for nearly 40% of this increase. The commingled nature of women's mental health and substance use issues require close integration for treatment planning. In addition, incarcerated women seem to demonstrate a higher rate of post-traumatic stress disorder (PTSD). In previous contracts with Missouri and Tennessee, this program was well received by the patient population.

Despite these challenges, the period of incarceration provides an opportunity for us to improve the health status of this population. Thus, YesCare offers gender-specific group therapy programming, such as Dr. Stephanie Covington's pioneering work in the area of women's issues, including *Beyond Trauma*, *Helping Women Recover* and *Beyond Anger and Violence*.

Helping Women Recover and *Beyond Trauma* sessions use cognitive behavioral skills training, mindfulness meditation, experiential therapies (e.g., guided imagery, visualization, art therapy, and movement), psychoeducation, and relational techniques to help women understand the different forms of trauma, typical reactions to abuse, and how a history of victimization interacts with substance use to negatively impact lives. The intervention is delivered through 90-minute sessions that occur once or twice each week.



The *Helping Women Recover* program consists of 17 sessions organized around four domains: (1) Self, (2) Relationship/Support Systems, (3) Sexuality, and (4) Spirituality. The *Beyond Trauma* program consists of 11 sessions organized around three domains:

1. Violence, Abuse, and Trauma;
2. Impact of Trauma; and
3. Healing from Trauma.

These group programs provide an opportunity for women to support one another and develop skills in such areas as interpersonal relationships, communication, and leadership.

Trauma Recovery and Empowerment Model (TREM)

TREM is a fully manualized group-based intervention designed to facilitate trauma recovery among women with histories of exposure to sexual and physical abuse. Drawing on cognitive restructuring, psychoeducational, and skills training techniques, the gender specific 24 to 29 session group emphasizes the development of coping skills and social support. It addresses both short term and long-term consequences of violent victimization, including mental health symptoms, especially posttraumatic stress disorder (PTSD), depression and substance use. TREM has been successfully implemented in a wide range of service settings and among diverse racial and ethnic populations.

2. Behavioral Management Programming for Segregated Inmates

Until recently, correctional systems throughout the country have increasingly relied on use of segregation to manage difficult Inmates, many of whom are diagnosed with a Serious Mental Illness (SMI). Recognizing the growing number of studies indicating the detrimental psychological effects of segregation, in December 2012 the American Psychiatric Association published their position on alternatives to segregation, noting, “Prolonged segregation of adult Inmates with serious mental illness, with rare exceptions, should be avoided due to the potential for harm to such Inmates.”

Therapeutic activities providing out of cell time provides for the Inmate is an alternative to segregation. For example, several long-term disciplinary segregation units have developed small “groups” (four to six) utilizing secure visiting booths, or separate segregation sections, allowing Inmates to be placed in individual cells with a therapist sitting in a hallway in the middle, facilitating the group. If this is not possible, video-based programs, ***Pulling Punches: A Curriculum for Rage Management*** can be done through one-on-one work. Successful cooperation with these types of programs has also been used as a precursor to an Inmate’s admission to a fully separate Behavioral Management Program.

Collaboration between custody staff and the correctional qualified mental health professionals is critical to successful implementation of these recommendations. This includes a thorough psychological evaluation and assessment of the Inmate and the development and implementation of the treatment plan.

As we detailed in section 3.6.4.3, YesCare has demonstrated success implementing alternatives to segregation for offender with Serious Mental Illness. The Clinical Alternative to Punitive Segregation (CAPS) unit was a therapeutic unit in Rikers Island, New York, designed for patients with SMI who violated jail rules and historically would be placed in segregation. The CAPS units offered a full array of clinical services, including individual and group therapy; adjunctive therapies, such as art therapy; medication counseling; and community meetings.

There was no lock-in and the unit included evidence-based clinical programming throughout the day. As a result, injury rates (self-injury and use-of-force) decreased. The CAPS approach was adapted and introduced to other jail mental health units to assist with reduced behavioral infractions and improved clinical outcomes. The results are published here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772202.

3. Self-Care for Corrections Officers

The effect of stress on correctional officers is a well-documented work hazard with significant implications for corrections officer health and well-being and for the safety and security of correctional institutions. Chronic officer exposure to such stressors as Inmate violence, threats of violence and Inmate manipulation are key contributors to job burn-out, impaired physical and mental health, substance dependence and strained interpersonal relations. Additionally, as reported in the National Institute of Justice's 2000 Report on *Addressing Correctional Officer Stress*, the effects of such stressors can also erode the corrections officer's job performance and decision-making in ways that compromise institutional safety and create additional stress in the work environment.

A comprehensive Stress Management Program for Corrections Officers should include models of self-care and skill building to enhance stress management techniques and develop improved strategies for coping in a correctional environment. As every correctional program and contract is different, a stress management program tailored specifically for the correctional officers would be developed in coordination with the FDC.

A sample self-care curriculum would ideally target the following areas:

- Psychophysiological Responses
- Nervous System Functioning
- Recognizing Stress Exhaustion Symptoms
- Early Warning Signs of Excessive Stress (i.e. exhaustion, depersonalization, depression, etc.)
- Stress Reduction and Relief (i.e. relaxation training, self-care measures, etc.)
- Critical Incident De-Briefing
- Crisis Intervention
- Peer Support
- Referral

On-going training initiatives to strengthen correctional officer skills and to improve strategies for managing stressful situations in the work environment could include, but not be limited to:

- Effective Communication Strategies
- Understanding Transference and Managing Countertransference
- Building a Culture of Safety
- De-escalation Techniques
- Teamwork and the Role of the Corrections Officer as a Member of the Treatment Team

As further described below, YesCare is proposing adding a clinical trainer to the contract to allow for the implementation of training initiatives, including self-care for correctional officers.

4. Behavioral Health Training Academy

While all correctional officers and healthcare staff receive extensive training before starting their careers, knowledge and skills can degrade over time or changes in the industry introduce new risks each year. To keep facilities running safely, and adhering to the most up to date standards, officers and medical staff need to keep training.

YesCare has proposed the introduction of several specialized training components, to include, but not be limited to, Trauma Informed Care (TIC) and Crisis Intervention Team training (CIT). However, we also anticipate additional specialized mental health training needs will arise over the lifetime of the contract. To assist with the training efforts for behavioral health, YesCare has proposed a dedicated Behavioral Health clinician who is responsible for the development and implementation of a Behavioral Health Training Academy. This academy will facilitate any specialized behavioral health training for officers and medical personnel within the FDC.

YesCare will work with the FDC to develop training modules, schedules and methodologies that meet the needs and expectations of the state. Training can be delivered virtually, in person or through self-directed e-learning platform. The director of the academy will also be responsible for tracking the efficacy of training programs by measuring quantifiable data relevant to the completed training (e.g., measuring rates of use of force following CIT training)

As referenced above, YesCare is also committed to improving the mental wellness of the correctional officers within the FDC. It was noted during our tours that Lake Correctional Facility has already incorporated a Wellness Room, providing an area and opportunity for staff to step away and be stripped of unwanted stimuli. Serenity rooms provide staff the opportunity to get away from the stressors of the jo for a few moments, so they may emerge ready to tackle the next task with renewed energy. We propose that as part of our Behavioral Health Academy, the program director will work with the FDC to implement additional serenity rooms in facilities, as well as lead the other Officer Wellness initiatives described above.

5. Enhanced Suicide Prevention and Self-injurious Behavior Management

Suicidal and Non-Suicidal Self- Injurious Behavior (NSSIB) creates substantial and ongoing management challenges for the facility, medical, and behavioral health teams. Many studies link self-harm behaviors to a history of trauma and maladaptive coping strategies that arise. A large percentage of the

correctional population has been traumatized by events in childhood, including physical, sexual, and emotional abuse. Many experience periods of incarceration throughout their life due to risk taking, impulsive behaviors, and substance use, and can benefit from interventions addressing prior trauma.

YesCare endorses the use of the *Columbia Suicide Severity Rating Scale* (C-SSRS), which is one of the most widely researched and utilized suicide screening tools available. The C-SSRS is also one of the tools the NCCHC's 2019 *Suicide Prevention Resource Guide* identifies for utilization. Beyond the extensive research supporting C-SSRS use, YesCare recognizes the unique stressors associated with incarceration and added nine additional questions specific to suicide risk in corrections. Together, we have taken an effective and efficient screening tool (the C-SSRS) and combined it with a series of additional items to create a resource we expect will identify patients at risk while screening out those who are not, thereby ensuring resources are allocated where they are needed most.

Suicide Reduction Task Force

YesCare has taken on the mission to develop innovative strategies to minimize the risk of suicide events with employment of our Suicide Reduction Task Force, which allows for enhanced surveillance for any triggers related to suicide events for all patients entering the correctional system. Our Suicide Prevention Task Force monitors the Department of Justice national benchmarks for suicides in Jails and Prisons and sets goals with specific action plans to assist our sites with the continuous reduction of suicide rates. This YesCare multi-disciplinary Task Force has developed processes that involve suicide prevention with rounding in all quarantine/isolation areas. For example, the incorporating components of a valid, suicide prevention screening tool into all chronic care visits for quarantine/isolation patients. This will act as another checkpoint for a mental health assessment with immediate triage to a behavioral health professional for intervention, if deemed warranted.

An unfortunate consequence of the current pandemic has been limited access to care in the community. National data indicates that suicidal ideation is reported to be at levels significantly higher that seen in the past. As a result, individuals are being incarcerated when in more acutely distressed states, which is then compounded by illness anxiety. In addition to individual site reviews, YesCare is continuously reviewing data from across our system of care to understand how these unique variables affect risk and determine what we can do to effectively reduce it with our partners.

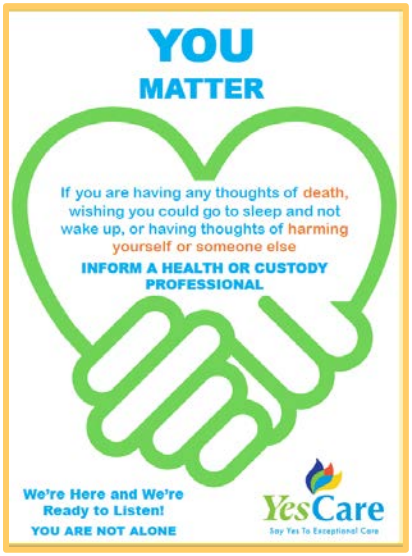
As previously noted, YesCare introduced our Suicide Reduction Task Force in 2019. In our first year, we realized a 10% reduction in suicides across our network of care, despite a significant rise in jails and prisons nationally. In 2022 and in response to the rising rates of suicide nationwide, we reconvened our task force to look at data across our facilities to determine what we can do better to:

a) identify suicidality and
b) to prevent self-harm

In 2022, YesCare implemented broad strategies aimed at increasing identification and intervention of at-risk individuals. Updated measures include:

- Suicide prevention screening during all segregation, quarantine or other isolated housing rounds
- Incorporation of the Columbia Suicide Severity Rating Scale (C-SSRS) questions in our screens
- New Inmate outreach campaign targeting suicide prevention

Responding rapidly, YesCare implemented a media campaign that included multiple posters for clinics and housing areas, expanded suicide prevention rounding into multiple new housing areas, established interdisciplinary interventions in Nursing and Primary Care, sent a letter to each client highlighting our initial findings and followed up operationally at each contract. We also expanded our definition of a behavioral health sentinel event, enhanced our evaluation of patients post self-injury, and are implementing a new Nursing Intake tool that includes an enhanced suicide prevention section (including the Columbia Suicide Severity Rating Scale) and behavioral health screening section.



YesCare believes that when we collaborate with the MDST we will be able to increase positive outcomes and increase safety for all FDC Inmates. The MDST will aggregate data specific to the FDC and develop contract specific action plans, as well as contribute to network-wide action plans designed to prevent unfavorable outcomes.

It is our expectation that implementation of this task force and stakeholder group in FDC will lead to reduced suicide rates, which, in turn, lowers risk to FDC. We also anticipate the patient population will benefit from improved therapeutic responses to suicide crisis

Self-Injurious Behaviors (SIB) Management

Self-injurious behavior has long been the source of significant challenges in correctional settings. Such events were reported to occur at least weekly in 85% of systems, with occurrences more than once daily in some systems, thus causing substantial disruptions to operations and draining resources. Research reflects that the largest proportion of SIB incidents occur in maximum security or lock down units.

To help FDC manage SIB across the system, YesCare is proposing extensive training programs for our behavioral health teams to help ensure consistency in our approach to management on these behaviors. YesCare also will identify training needs for appropriate FDC staff. We will deliver training, which in part, addresses:

- Incentivized level systems in specialized Mental Health Units
- Risk Management Plans, to include identification of triggers for maladaptive behaviors
- DBT-based treatments
- Multidisciplinary communications
- Focused communication when Inmates transition between teams from one location to another

YesCare has developed tools to assist our staff with management of suicide and self-injurious behavior risk. We are happy to share these tools with the FDC for the management and care of these patient populations.

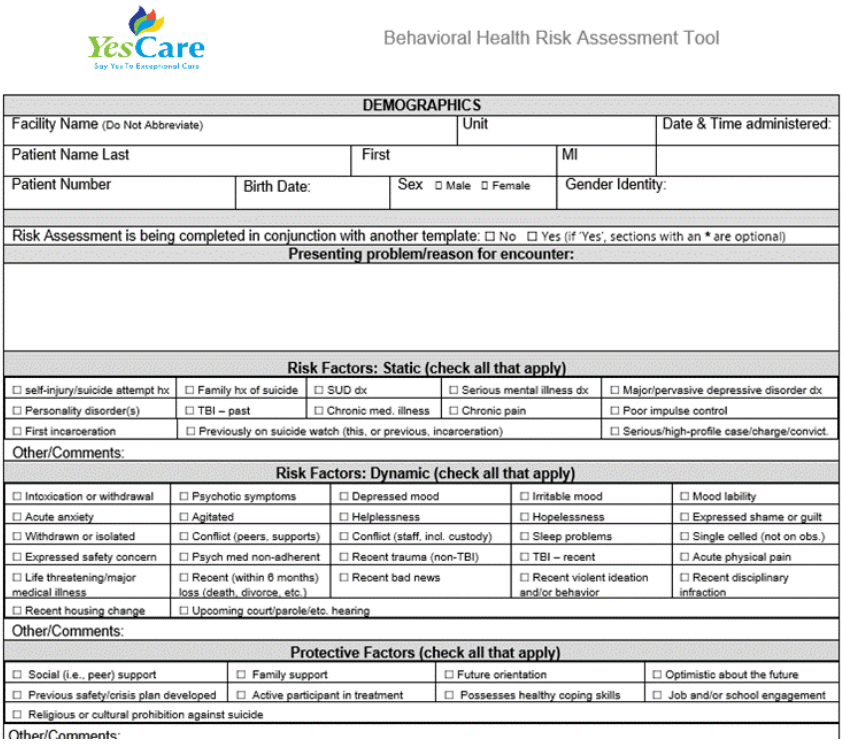
Risk Assessment

Our Behavioral Health staff utilizes the Risk Assessment (RA) tool. The RA is designed to

comprehensively evaluate patient risk, following nurse referral after screening positive at intake (as well as at any point thereafter). Our RA incorporates the latest evidence, explores both risk and protective factors more deeply than ever before, includes a detailed suicide inquiry, and guides the Behavioral Health professional to stratify a patient into a high, moderate, or low risk category. This tool is also designed to be utilized with patients on a repeated basis to track a patient's status over time.

Risk Management Plan

For those patients for whom previous risk mitigation strategies have not been wholly effective (e.g., repeatedly placed on suicide/safety observation), YesCare developed our Safety/Risk Management Plan.



Behavioral Health Risk Assessment Tool

DEMOGRAPHICS			
Facility Name (Do Not Abbreviate)		Unit	Date & Time administered:
Patient Name Last	First		MI
Patient Number	Birth Date:	Sex ☐ Male ☐ Female	Gender Identity:

Risk Assessment is being completed in conjunction with another template: ☐ No ☐ Yes (if 'Yes', sections with an * are optional)

Presenting problem/reason for encounter:

Risk Factors: Static (check all that apply)

☐ self-injury/suicide attempt hx	☐ Family hx of suicide	☐ SUD dx	☐ Serious mental illness dx	☐ Major/pervasive depressive disorder dx
☐ Personality disorder(s)	☐ TBI – past	☐ Chronic med. illness	☐ Chronic pain	☐ Poor impulse control
☐ First incarceration	☐ Previously on suicide watch (this, or previous, incarceration)			☐ Serious/high-profile case/charge/convict.

Other/Comments:

Risk Factors: Dynamic (check all that apply)

☐ Intoxication or withdrawal	☐ Psychotic symptoms	☐ Depressed mood	☐ Irritable mood	☐ Mood lability
☐ Acute anxiety	☐ Agitated	☐ Helplessness	☐ Hopelessness	☐ Expressed shame or guilt
☐ Withdrawn or isolated	☐ Conflict (peers, supports)	☐ Conflict (staff, incl. custody)	☐ Sleep problems	☐ Single celled (not on obs.)
☐ Expressed safety concern	☐ Psych med non-adherent	☐ Recent trauma (non-TBI)	☐ TBI – recent	☐ Acute physical pain
☐ Life threatening/major medical illness	☐ Recent (within 6 months) loss (death, divorce, etc.)	☐ Recent bad news	☐ Recent violent ideation and/or behavior	☐ Recent disciplinary infraction
☐ Recent housing change	☐ Upcoming court/parole/etc. hearing			

Other/Comments:

Protective Factors (check all that apply)

☐ Social (i.e., peer) support	☐ Family support	☐ Future orientation	☐ Optimistic about the future
☐ Previous safety/crisis plan developed	☐ Active participant in treatment	☐ Possesses healthy coping skills	☐ Job and/or school engagement
☐ Religious or cultural prohibition against suicide			

Other/Comments:

This tool builds from the Risk Assessment by guiding behavioral health professionals through the process of assessing a patient's triggers (i.e., what prompted the patient's actions) and motivators (i.e., what does the patient hope to achieve?) for engaging in high-risk behaviors, existing coping strategies and the patient's confidence utilizing them. It also guides the development of interventions to reduce triggers, address motivators, and reinforce/build coping skills.

6. Educational & Programming Interventions for Inpatient & Residential Populations

Consistent with HSB 15.05.05 Inpatient Mental Health Treatment Services, YesCare has considerable experience with the delivery inpatient mental health services. As indicated in section IV.B. of the HSB, YesCare appreciates the expectation that novel interventions may be implemented at the recommendation of the Regional Mental Health Director and the approval of the Mental Health Services Director or designee. We are enthusiastic regarding the potential to evaluate the efficacy of existing programming and consider opportunities to incorporate the latest evidence base into service delivery. Leveraging implementation science, YesCare endorses directly applying evidence-based interventions, such as our expanding utilization of the Columbia Suicide Severity Rating Scale. Yet, when direct application of an evidence-based practice is not feasible due to the unique factors associated with care provision in a correctional setting, we are adept at identifying change mechanisms within interventions and applying them in novel programs internally developed.

Such is the case with our forthcoming Self-Directed Wellness Program and our in-development restricted housing program within the Philadelphia Department of Prisons. By approaching program development and implementation in this manner, we are able to improve outcomes, as evidenced by our previously referenced CIT program in Passaic County and our Clinical Alternative to Punitive Segregation (CAPS) program we implemented in NYC. We look forward to partnering with FDC to

identify gaps in current inpatient programming and filling them with evidence-based and evidence-informed interventions. Together, we can deliver safer and healthier treatment units for the vulnerable mentally ill population and the personnel who work with them daily. Additionally, we believe this collaborative approach to program development and implementation operationalized at the leadership level **serves as a positive model** for the collaboration we expect and train our professionals to have at the unit level with our custody partners and which is detailed in II.A. of the HSB.

Educational and programmatic interventions for Inmates have proven highly impactful and are key elements of our mental health program. Examples of this type of programming are our psycho-educational groups, based on CBT, which help participants learn coping skills, emotion identification skills, and emotion regulation skills.

The emphasis of CBT programs is on teaching the skills needed to learn adaptive coping solutions. In this way, the reliance upon self-defeating and self-destructive behaviors may be reduced. Some examples of these programs are *Dialectical Behavioral Therapy*, our *Emotional Empowerment Program,* and our *Self-Directed Wellness Program:*

1) Dialectical Behavioral Therapy (DBT) is a therapeutic approach psychologist Marsha Linehan developed at the University of Washington in Seattle. The therapy is designed to help mental health professionals understand and treat those suffering from chronic thoughts of suicide and self-harm. Many of the DBT approaches are Cognitive- Behaviorally based, yet also incorporate other modalities that focus on “acceptance” and “change” strategies. The seemingly polar opposites of change and acceptance create the “dialectics” of the model. YesCare will utilize a modified DBT proven effective in a correctional environment.

2) YesCare’s Emotional Empowerment Program (EEP) treats Inmates needing help with coping skills, emotion identification, and regulation skills. The program’s emphasis is on teaching the Inmate skills needed to learn more effective and adaptive coping solutions and is based on the principles of DBT. As Inmates identify ways to live in harmony with society and engage in prosocial behavior, their prospects for success upon release are greatly improved. Learning to maintain positive control over emotions, especially “negative” emotions, such as anger, sadness, fear and grief or loss, can assist the person to adapt successfully to their situation and invariably enhances safety for the facility.

3) YesCare’s forthcoming Self-Directed Wellness Program builds on established wellness and recovery-based programs, by adapting them for the correctional environment. The goal of the program is to improve wellness behaviors, increasing Inmates’ ability to cope and reduce relapse of serious mental and emotional distress. Wellness program participant goals include:

- Identification of wellness related attitudes and behaviors
- Identification of barriers to, and protective factors for, success
- Identification of short- and long-term goals

Development and enhancement of problem-solving skills

- Creation of a relapse prevention plan
- Creation of a crisis plan
- Creation of an actionable wellness plan

The program material is designed to be self-directed, moving forward at the Inmate's own pace. However, supportive sessions with a behavioral health staff person may be added depending on individual needs. The supportive sessions may be offered individually or in a group format. This program offers Inmates the tools to gain insight and build positive self-talk about wellness. They are guided in the identification of strengths and barriers, as well as internal and external stressors. Existing management strategies are explored, along with negative self-talk, personal triggers, early warning signs, and support systems. Through this process, each participant develops a concrete, personalized Wellness Action Plan to set and maintain recovery.

Motivational Interviewing

YesCare staff is encouraged to use a Motivational Interviewing (MI) style of working with the Inmate population with the explicit goal of helping the Inmate explore and resolve ambivalence toward behavioral problems, thus enhancing readiness for change. Our QMHP's are the backbone of our treatment team and as such we offer ongoing training to ensure they build positive working relationships with their patients that will lead to effective treatment interventions. Emphasis is placed on the clinical style, "MI spirit," not just a set of techniques.



"Motivational Interviewing is not just a technique but rather a style, a facilitative way of being with people. MI is a client-centered, empathetic and yet directive interaction designed to explore and reduce inherent ambivalence and resistance, and to encourage self-motivation for positive change in people presenting for substance abuse treatment" (NIDA-SAMHSA, 2006).

Aligned with the level system detailed in HSB 15.05.05, YesCare has an extensive history utilizing such methods based on a *behavioral token economy system* of natural and logical rewards and consequences with progressive levels be established to provide external tools to manage behavior. Ideally, a token economy system creates an environment where there is minimal reliance on force, or punitive measures (conduct violations, loss of privileges, etc.) Inmates are able to earn privileges based upon their assigned level including commissary availability and other applicable privileges approved by the FDC for use in this program. The level system is used effectively within mental health units to promote pro-social behaviors.

Medication Administration

In our inpatient and residential treatment units, YesCare considers Medication Administration to be a team-based activity. Our behavioral health clinicians will work in concert with nursing staff during medication pass to encourage patients to receive their medications and provide immediate intervention if a patient refuses. We support the idea that during medication administration, all other activity, such as groups, recreation time, or other non-essential tasks, on the unit should halt, so that all staff can focus on the medication pass. YesCare will have a QMHP working in conjunction with the nurse so there is an additional source of support and education for the patient to promote medication compliance.

Group and individual therapy is made available to each Inmate based on the identified needs in the Individual Treatment Plan (ITP). Such treatment activities are based on the Inmate's level of functioning,

and individual therapy is also provided at a frequency indicated on the ITP. Clinical notes are generated in SOAPE format for all contacts.

Occupational & Recreational Therapy: Taking into consideration the functional impairments and expected rehabilitation of each Inmate, the initial assessment also includes an individualized occupational/recreational therapy plan to structure the daily programming to the Inmate's individual needs.

Recovery-Oriented Milieu Program: YesCare-operated specialized mental health units apply the core tenets of the Recovery Model: maximizing partnership with Inmates and allowing Inmates to guide as much of their clinical care as is possible given their individual levels of functioning.

YesCare will provide residential treatment and/or enhanced mental health services for Inmates housed in units designated for mental disorders. Inmates classified by the FDC as in need of housing in specialized programs receive a comprehensive assessment upon admission. Referrals for appropriate services are made, including psychiatric medication assessment, group and individual therapy, and milieu and behavioral management programming.

Group Therapy

YesCare believes group therapy is both efficient and impactful. An important benefit of group therapy is the opportunity to receive feedback from peers in a supportive environment. Groups promote prosocial behavior, assist with the development of empathy, proactive listening skills, and teach participants to learn more about the ways they interact. YesCare promotes the use of group therapy whenever possible and will conduct delivery of care in a way to minimize distraction, and ensure maximum benefit is received, such as turning off the unit television(s) during group. YesCare proposes the following group therapy programs include, but not be limited to:

- Foundations of Character
- Activities of Daily Living (ADL)
- Anger Management, Depression Management
- Dialectical Behavior Therapy (DBT)
- Medication Management
- Stress Management
- Therapeutic Recreation
- Thinking for a Change (TFC)
- Trauma Informed Group
- Interactive Journaling

Measure Relevant Processes/Practices

Staff must be reassured that change will meet their needs in addition to meeting the needs of the Inmates and management. One important strategy is to identify goals with measurable outcomes. Objective outcome measures are used to evaluate programming effectiveness. Quality improvement projects are then engaged based on outcomes to ensure continuous program improvement.

Accurate case information documentation and a valid method for measuring outcomes are the foundations of EBP. Routine assessment of the Inmate's mental health status, whether they are in skill development, number of self-injury incidents, or decrease in symptom presentation, is an essential aspect to remain effective.

f. Successful Service Delivery

Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery

YesCare is equipped to adjust and pivot when challenges arise. With the tactical and operational deployment of the "new" **YesCare Lean Improvement Program (YCLIP)**, our staff has reimagined the approach to process improvement. With the implementation of YCLIP, which strives to improve clinical quality and patient safety through a standardized process improvement modality, we are educating all staff members to view process improvement as an integral part of everyday routine, practice, and risk reduction. **YCLIP uses a combination of Lean and Six Sigma techniques which are extensively used in the healthcare and manufacturing industries.** Lean improvement is utilized to remove waste from processes, reduce variations in the processes at our facilities, and minimize constraints. By removing process defects and other forms of waste, a higher level of quality, safety, and operational excellence can be achieved within each facility. As indicated previously, YesCare intends to conduct a GAP analysis of current program status upon contract award. An initial area of focus would be any area(s) where the Performance Measures are below the threshold for compliance. Our YCLIP allows us to take data collected during this analysis, and implement action plans to bring these areas into compliance.

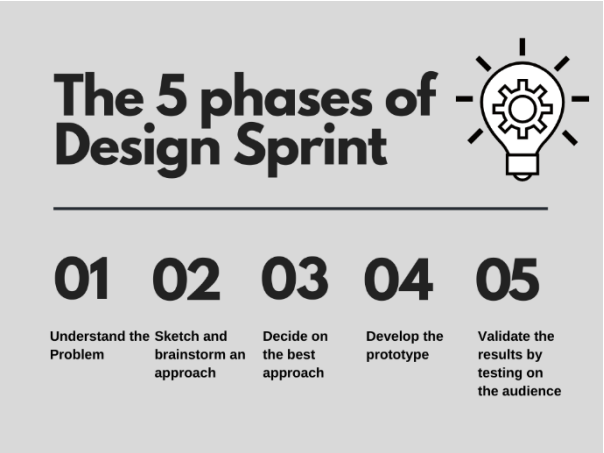
To improve clinical quality and patient safety, YesCare team members are taught to understand the concepts of lean improvement and use the tools provided in the company's proprietary YesCare CQI Lean Project Workbook. Written and designed to help each team member and our client partners succeed, the workbook helps organize and track each improvement project. YesCare certifies staff in Lean Six Sigma through our partnership with GoLeanSixSigma.com, which we believe is an industry first for correctional healthcare. With this partnership, all of our site staff are certified in Lean Six Sigma and can receive a Yellow, Green, or Black belt certification that can used in and outside of our organization. This increases staff morale, demonstrates proficiency in quality improvement, increases confidence, marketability, and knowledge and provides a sense of accomplishment in their professional development.

As part of the YCLIP program, we invite members of the custody team to participate in process improvement projects implemented onsite. YesCare medical staff is happy to provide a basic lean training class for correctional officers and staff. From the start of the project, key members of the custody team (floor officers, supervisors, captains, etc.) may be asked to be a part of the project start up team that will:

- Determine the type of project that may be needed to address any Behavioral Health, clinical, or custody concerns
- Determine the level of impact and effort it will take staff to implement solutions to problems that are identified. This will address low hanging fruit issues quickly and allow for prompt implementation of solutions.
- Complete a project charter that defines each member of the team, goals, objectives, benefits of the project, and potential savings
- Work through the DMAIC process, which defines, measures, analyzes, improves, and controls issues noted within the facility.

This innovative approach provides a fresh solution to process improvement that will ensure longstanding compliance with contractual requirements and guarantee overall improvement in our patient's health.

In addition to our QIPS program, our Behavioral Health team has also adapted **Design Sprint** approaches to process changes. First developed by Google, Design Sprints are an intense 5-day process where user-centered teams tackle design problems. Working with expert insights, teams ideate, prototype and test solutions on selected users**. YesCare's unique adaptation of the Design Sprint model to healthcare is proactive and allows our teams, composed of professionals from across the organizational hierarchy to rapidly identify and respond to any challenges our teams' encounter.**



We are well-equipped to analyze processes and implement upgraded protocols to resolve concerns and have the capacity to intervene rapidly if necessary, particularly when it pertains to significant safety issues. YesCare used this method most recently to update our suicide watch and treatment plan templates. We are proposing a flexible and dynamic continuum of care. While we will absolutely adjust programming in anticipation of foreseeable challenges, we also expect to confront unexpected hurdles as a function of our initial gap analysis. We will leverage our Design Sprint toolkit to rapidly adapt processes to changing circumstances. The Design Sprint may be utilized to respond to any rapid resource development need, such as any PM that was below threshold that, upon utilizing YCLIP to evaluate the root cause, led to the identification of said resource.

g. Cost Efficacy

Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service

As the FDC knows, recidivism is not only a significant cost to society in terms of the loss of productive lives but is also a financial burden to the State. At YesCare, we believe we have the opportunity to influence productivity and rehabilitation by offering an exceptional model of mental and physical healthcare to the Florida Inmate population. The foremost goal of the YesCare team is to optimize the long-run cost savings of proactive care. We do so by making the right judgment calls in the short run that responsibly consider the ultimate objective of saving productive lives through an elevated model of care.

Trauma Informed Care: Research over the past three decades has shown that there is a strong, graded relationship between exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults. Multiple clinical studies have demonstrated that the best predictors for healthcare spending, healthcare utilization, poorly controlled chronic illness, obesity, and substance abuse, as well as probable links to homelessness and incarceration, is the number of adverse childhood events (ACE) a person has been exposed to. YesCare promotes a framework that affords our staff the skills and opportunity to identify and address ACE in our clinical encounters and collaborate to develop targeted interventions to address physical and behavioral health needs of the patient that can directly impact long-term health outcomes for the individual.

YesCare is proposing Trauma Informed Care and training for FDC staff. Understanding trauma and its effects allows people to better move forward in their recovery. Trauma-informed service settings have better outcomes than non-TIC settings. A variety of clinical studies reveal that trauma-informed models of care are associated with a decrease in psychiatric symptoms, and substance use. Improvement in daily functioning and improved mental health is also probable (Cocozza et. Al., 2005; Morrissey and Ellis, 2005; Kramer et al., n.d.) Additionally, trauma infirmed care may lead to decreased utilization of crisis-based services. Some studies have demonstrated decreased use of crisis services and hospitalization following implementation of TIC. As we described above, by embracing Trauma Informed Care (TIC), and training both custody and YesCare staff in TIC and Crisis Intervention Team training, we anticipate that FDC can anticipate a reduction in use of force incidents, and associated care related to such incidents. Additionally, improvements to mental health and chronic health conditions can be anticipated.

Unique and Rapid Problem Solving: As described in section 3.6.4.6, YesCare has adopted the Design Sprint methodology to help drive our programs forward. Design Sprints allow our teams to rapidly identify and respond to any challenges our teams encounter. Working together in a sprint, you can shortcut the endless-debate cycle and compress months of time to develop an actionable working plan or product to implement.

We are well-equipped to study processes and implement planning to address any concerns and have the capacity to do so rapidly if necessary to address significant safety issues. **In 2020, our Suicide Prevention Task Force used the Design Sprint approach to assist a site with higher than-expected incidents of self-harm to rapidly enact process changes and reduce incidents below DOJ benchmarks.**

Expanded Network of Resources: YesCare has expanded upon the company's network of resources. While we always assume the best— that providers will perform as contracted—we prepare for the worst. Because of the provider reach of our management group, **YesCare is ready with a back-up plan**. Through our new structure, we have enhanced clinical, media, and staffing resources that will become accessible to the FDC, should we enter into a contractual arrangement to provide care.

Expanded Programming: YesCare has expanded wellness, telehealth, and mental health offerings to better prepare Inmates for success, both during incarceration and upon return to their home communities. Our company believes that, **by fostering a more humane environment that encourages self-care, learning, and curated attention to disorders suffered by a disproportionately trauma-inflicted population, we protect all stakeholders, while achieving an elevated level of overall health.**

YesCare's broadened mental health offerings and affiliations ensure access to state-of-the-art treatment options such as **Oui Therapeutics, a CBT-based digital therapeutics and telehealth business focused on suicide prevention.** We are piloting Oui Therapeutics technology in Charlotte County, Florida now and would be excited to share the results with the FDC later this year.

In an effort to reduce violence and its associated costs in prisons, YesCare's behavioral health team is currently vetting a system that utilizes patient data to predict and prevent violence. Preliminary results suggest a 30% reduction in violence in two state systems. We look forward to demonstrating this product to the FDC.

YesCare endorses the importance of **an integrated physical and behavioral health system, which will assist the FDC to reach its goal of reducing recidivism, while focusing on Inmate strengths and building resiliency.** By implementing evidence-based and -informed practices within the context of supportive supervision, and utilization management, we are able to improve outcomes while remaining cost-efficient.

Additionally, YesCare's established network of highly qualified behavioral health professionals and psychiatric providers use evidence-based and best clinical practices via on-site and telepsychiatry services to care for our patients. All psychiatric practitioners are held to the same standard of care as community providers, following prescribing guidelines promulgated by the American Academy of Psychiatry and the Law and the American Psychiatric Association. Medication utilization and cost are monitored regularly to ensure effective stewardship of resources. YesCare guides prescribing behavior and compares real time prescribing to our Psychiatric Quality Indicators. Our providers base prescribing decisions on diagnoses and not only on symptoms so that polypharmacy and oversedation are avoided. We implement therapeutic services and sleep hygiene interventions to treat diagnoses and eliminate drug adverse interactions. Each provider receives supervision using medication utilization analytics and peer review.

The success of this approach is proven. Upon transitioning the psychiatry contract from the Michigan Department of Correction's previous provider in June 2016, **we implemented initiatives that decreased psychotropic medication spend by 60%, averaging $204,362 per month for a total savings of $9.8M from the onset of the contract.** We also addressed the previous vendor's overutilization of "sleep" medications, such as Benadryl and Melatonin, by applying evidence-based interventions and one to one supervision and consultation with providers. We believe we will be able to apply similar cost-saving initiatives to the FDC.



h. Value-Added Services

Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost

Crisis intervention Team (CIT) Training

YesCare recognizes the essential working partnerships that must exist between healthcare and custody staff to maintain safety inside the facility. We respect the role of correctional officers and support

collaboration between behavioral health, medical and security personnel through programs such as regular crisis intervention training and programming.

When responding to crisis situations and ongoing crisis reviews, our behavioral health staff will actively collaborate with security, the unit team, and medical, nursing, and other staff as appropriate to provide a consistent, unified approach in de-escalating the situation and resolving the symptoms and/or behaviors that precipitated the crisis.

YesCare proposes implementing a Crisis Intervention Team (CIT) program, consistent with HSB 15.05.05 Inpatient Mental Health Services expectation that mental health staff intervene therapeutically when patients exhibit behavior that may result in a Disciplinary Report, that joins custody and health staff together for verbal de-escalation of patients experiencing a behavioral health crisis. CIT is a proven effective program to reduce use of force and promote wellness and safety. It is a creative solution to reducing the likelihood of re-traumatization during moments of intense stress and crisis. Because of its proven success reducing use of force, many consider it a staff safety program as well as well as a patient safety program. There are times where it is best for a health-only intervention, just as there are times when a custody-only intervention is indicated. However, during many moments of crisis, we are strongest together!

In addition to community, FDC stakeholder engagement (in the form of an advisory board) and the collaborative development of policy and procedures, the CIT program will involve an intensive 40-hour training for health and custody staff that includes three primary components:

- Didactic presentation on issues related to mental health and crisis intervention;
- Consumer presentations from individuals with a history of mental illness and incarceration; and
- Practical exercises that involve health and custody personnel practicing de-escalation skills in simulated crises under the direction of a coach who is an expert in verbal de-escalation.

Reducing the risk of re-traumatization, CIT supports changing attitudes toward the incarcerated mentally ill, builds knowledge of mental disorder and its implications, and develops the skills necessary to safely and effectively verbally intervene with patients in crisis. Upon completion of the 40-hour training, health and custody staff as a team are prepared to jointly respond to crises within the correctional institution and verbally de-escalate patients.

In our experience, CIT is best implemented when healthcare staff and custody staff are jointly trained. Joint training helps bolster the ability to respond to urgent situations during times of crisis. Our proposed plan includes initial CIT training for facility staff assigned to any specialized mental health unit, to include CSUs, TCUs, CMHTF, and RCCUs.

Once CIT training has been facilitated in the specialized units, YesCare will work with the FDC to expand to units with Close Management, and then expand into non-behavioral health settings (e.g., clinics) YesCare, in conjunction with FDC, will establish metrics for evaluating the program success, for example, injury rates for staff and incarcerated individuals. By utilizing iterative, or revolving, QI cycles to measure efficacy, we can adapt our approach to training based on metrics specific to FDC.

YesCare has demonstrated success with CIT training programs across our contracts. In our previous partnership with Rikers Island, New York, we observed marked reductions in rated of use of force at the sites where CIT was implemented. When force was used (independent of CIT activation), the rates of

injury resulting from force were significantly decreased. Data reflected that force was use used in less than 5% of CIT activations and no patients were injured as a result of any of the resulting uses of force, indicating that CIT led to marked reduction in use of force incidents, as well as reductions in injury when force was used.

Following the implementation of joint CIT training with our client partner in Passaic County, New Jersey, data reflected:

- 24% reduction in total use of force
- 33% reduction in use of force incidents with MH patients
- 24% reduction in use of chemical agents (OC spray)
- 60% reduction in use of restraints
- 66% reduction in planned use of force incidents

We believe that the value of CIT training to FCD will be in reductions in uses of forces, improvements to officer safety and improved collaboration between health and custody staff. Similarly, our patients will benefit from the training when more therapeutic approaches to crisis are utilized, resulting in reduced likelihood of traumatization and injury.

Expanded Training and support for Staff and Inmates in Inmate Assistants Program

YesCare proposes review and expansion of FDC Procedure 403.011 *Inmate Assistants for Impaired Inmates.* YesCare has experience with enhanced utilization of Inmates as assistants, and believe that in conjunction with FDC, we can further advance the current program as well as enhance the individual experience for the trained Inmate assistant.

Evidence reflects the value of peer support programs in correctional settings. A peer support specialist is someone who can **give support and advice from the perspective of having experienced similar issue,** tell you about their experience and give ideas about how to deal with specific situations. The ideal candidate for a peer support program is someone who is willing to identify as a person living with a health or mental health condition and be willing to use their lived recovery experience to support others in their recovery.

By way of example, in a previous partnership with the Indiana Department of Corrections, YesCare utilized Peer Support Specialists as Suicide Prevention Companions. In suicide prevention, peer support programs may also be effective for constructive coping, support and building of hope. In our partnership with IDOC, the suicide companions did not replace or supplement the mandatory staff observation for either acute, (constant) or sub-acute (close observation) patients, nor did they replace therapeutic services from behavioral health staff. Rather, these companions afforded an additional level of support for the individual in crisis, while also being able to communicate to the officer any concerns or observations which may impact safety. We have implemented similar programs in the Kansas and Tennessee Department of Corrections contracts.

We propose that in conjunction with FDC, we can identify a single facility to pilot an enhanced peer support training program for Inmate Assistants. Together, we will design our pilot with a heavy emphasis on training, including, but not limited to, Suicide Prevention Gatekeeper training, as well as understanding and promoting recovery. After evaluating and adapting our program, we could work together to expand the pilot program to other sites.

YesCare additionally proposes the development and implementation of peer support groups for any Inmate who is serving as an Inmate Assistant. The valuable work that they provide can be stressful, and by providing a venue for them to process their stress in a healthy and productive manner we believe it will keep the assistants engaged, stable and supportive to the incarcerated individuals with whom they work.

We believe the increased observation of high-risk patients will lead to reduction of adverse outcomes while on observation status. The enhanced training may also provide additional opportunities for incarcerated individuals to work, which, in turn, decreases the potential for maladaptive behaviors, such as acting out. Research reflects that when individuals have a sense of purpose and meaning in life, they have better cognitive health and functioning, and general wellbeing. Individuals with a high sense of purpose tend to have less risk for heart attack, strokes, and dementia.

Creation of Crisis Hotline

By nature of housing individuals whose criminal cases are being adjudicated, detention centers are transitory, uncertain, and often tense environments. It is a combustible dynamic, which is why jails have a suicide rate over three times that of the general community. Often triggered by a bad phone call with a loved one or an unexpected outcome in court, violent reactions resulting in self-injury, injury to others and suicides can be prevented. YesCare's approach to prevention is rooted in awareness and communication.

We all have a role to play in preventing crises and we are committed to increasing everyone's ability to do so. For this reason, **YesCare is pioneering the development of a crisis hotline**. The crisis hotline is made available to anyone interacting with an incarcerated individual as a mechanism to inform YesCare's dedicated team of crisis interveners who will triage incoming calls and alert our site level care providers to patient's need for immediate intervention. By leveraging the collective ability of all intersecting systems that interact with the incarcerated population, we can reduce self-harm and, potentially, the harm of others.

Behavioral Health Learning Series

Fostering ongoing staffing development and teambuilding when colleagues are often located in remote areas across the state can be challenging. With the goal of reinforcing cross-site collaboration and support, YesCare proposes the implementation of a monthly behavioral staff learning series. Each month YesCare behavioral staff will meet (via an online forum such as TEAMS) to discuss an educational topic. A team member selects an article or book for behavioral staff to read and the article/book is discussed at the monthly meeting.

YesCare's Regional Directors for Mental Health will oversee this program. Just recently implemented for another YesCare contract, the participants have expressed enthusiasm for the program and are benefitting from the monthly discussions, shared experiences, and insights, and building relationships among team members. In fact, during a recent educational session, one site referenced a particularly challenging event the team had to respond to and as a show of support another site sent them pizza.

In late 2022, YesCare is launching our Behavioral Health Grand Rounds series. Led by our National Behavioral Health Clinical Director, Dr. Kristina Disney, the Grand Rounds series will provide our teams with clinical consultation with peers across our contracts. Grand Rounds are also used to provide

updates in diagnosis and treatment recommendations, mentor employees, and make announcements. They also offer the opportunity for continuing education credit for our employees.

Trauma Informed Care – Social Service Clinician Training

Recognizing a growing body of research on the relationship between victimization and later offending and knowing a sizeable percentage of individuals in the correctional system have trauma histories and overlapping problems with mental health, addictions, physical health, and perpetrating crimes, we have developed Trauma-Informed Care case management training that is available for case management staff.

The training would be provided by one of YesCare's Mental Health professionals and delivered in one of two ways, depending on the FDC's preference:

1. One trainer could travel to multiple sites
2. The training could be provided virtually with on-site facilitation

This training covers three types of traumas: Psychological Trauma, Cognitive or Brain Trauma, and Military Trauma and discusses the 3R's of a trauma-informed approach to care—Realization, Recognition, and Responding.

Self-Directed Wellness Program

The process of recovery can be challenging but is within reach for most Inmates. Studies show that a person's will to change, make new choices, and build new resources is a strong factor in recovery. The way people do that is varied and may determine their success.

YesCare's soon-to-be launched **Self-Directed Wellness Program** builds on established wellness and recovery-based programs, adapting these programs to the correctional environment. The goal of our highly individualized program is to improve wellness behaviors, increasing Inmates' ability to cope, and to reduce relapse of serious mental and emotional distress.

Developed by YesCare's Behavioral Health team, under the direction of Dr. Anthony Waters, PsyD, YesCare's Chief of Behavioral Health, this program offers Inmates the tools to gain insight and build positive self-talk about wellness through goal setting, accomplishment-based techniques. They will be guided to identify strengths and barriers, as well as internal and external stressors for which we help them develop tools to overcome. Existing management strategies are explored, along with negative self talk, personal triggers, early warning signs, and support systems. Through this process, each participant will develop a concrete, personalized Wellness Action Plan to set and maintain recovery

3.6.5. Hospital Administration and Care at RMC Hospital (RMCH)

a. Acknowledgement & Acceptance: Requirements

Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs

YesCare acknowledges and accepts each requirement as listed in ITN section 3.6.5. Hospital Administration and Care at RMC Hospital (RMCH).

b. Acknowledgement & Acceptance: Performance Measures

Acknowledge acceptance of each Performance Measure (PM)

YesCare acknowledges and accepts each Performance Measure (PM) as listed in ITN section 3.6.5. Hospital Administration and Care at RMC Hospital (RMCH).

c. Exceeding Performance Measures

Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified

- **HC-006:** YesCare proposes the addition of a Free-Standing Emergency Department (FSED) at RMCH to provide 24/7 emergency medical care. USACS, (Detailed below), will provide unified teams of emergency physicians, hospitalists, critical care physicians, and advanced practice providers.
- **HC-008:** The addition of Eccolab Group provides onsite laboratory services within RMCH
- **HC-003:** YesCare supports our nursing and clinical staff in obtaining additional certifications in emergency and trauma care (e.g. TNCC or TCRN) through reputable organizations such as the Emergency Nurses Association.
- **HC-027:** Prior to discharge, the attending nurse will initiate a peer-to-peer review with nurse at receiving facility
- **HC-031:** Prior to community release, coordinate in-reach visits with receiving facility using current telehealth equipment.

d. Proposed Modifications: Performance Measures

Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings)

YesCare is not proposing any modifications to the identified PMs at this time. As the FSED and Eccolab services are implemented, YesCare anticipates additional performance measures to be defined.

e. Plan for Providing Services

Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place

YesCare's program to provide Hospital Administration and Care at the RMC Hospital (RMCH) will include the following oversight and management of healthcare services delivery:

- Provision of primary and secondary health and hospital care with efficient use of resources in a secure environment.

- Secondary prevention is screening to identify diseases in the earliest stages before the onset of signs and symptoms, through interventions such as mammograms, regular blood pressure testing, and low dose CT scan for lung cancer. Early identification and intervention promote more favorable outcomes upon release from RMCH.

- Nursing care and responsibilities:
  - Admission assessment with 2-hours by an RN
  - Individualized nursing care plan initiated by an RN
  - Full nursing assessment by an RN every 8-hours with provider notification of condition change
  - Patient education at admission and with each encounter
  - Prior to discharge, have peer-to-peer review with nurse at receiving Institution

- Coordination of community hospitalization of Inmates requiring highly specialized, acute, chronic, and tertiary care beyond the capabilities of institutional infirmaries.

- Provision of chronic care services for patients requiring skilled nursing services or medical isolation in an extended care setting.
  - YesCare has access to 157 nursing home facilities in all four (4) regions in Florida

- Provision of ancillary services such as radiology, laboratory, chemotherapy, radiation therapy, physical therapy, and specialty consultations for the Department's Inmate population and Inmates under the Interstate Compact Agreement.
  - YesCare proposes adding Eccolab (described below) to RMCH for internal laboratory capabilities

- Coordination with the outpatient clinic to provide follow-up services for Inmates discharged from the RMCH.

- Identification of Patients who require infirmary placement upon discharge from the acute care setting.
  - Accomplished through coordination with the Utilization Management Nurse and site leadership to optimize onsite infirmary capabilities.

YesCare's **Chief Medical Officer, Dr. Greg Ladele**, has significant experience managing the RMCH. Dr. Ladele has served in several key leadership roles within FDC (February 2014 – September 2017) that includes Site Medical Director, Regional Medical Director, and Hospital Executive Director for RMC Hospital. He also has extensive experience presenting at the quarterly Governor's Board Meetings with the senior leadership from RMC, including the provision of data analytics of the services rendered at RMC. He has state licensure to practice medicine in Florida and resides in the State.



In addition to Dr. Ladele's oversight of the RMCH program, YesCare is pleased to propose **Rhonda Almanza, RN, MSN as the Hospital Administrator**. Ms. Almanza served in this position from January 2014 – March 2015, where she was accountable for compliance with FDC policies and procedures, maintaining compliance with AHCA (Agency for Health Care Association) standards, and ACA standards for the medical services provided at the hospital. She also provided managerial oversight for 20 on-site

specialty clinics, chemotherapy administration, radiation therapy, outpatient surgical unit, outpatient clinic, urgent care center, radiology, and MRI/CT unit. Ms. Almanza has over 40 years of nursing experience, with more than 30 of those years devoted to correctional healthcare. Throughout her career in corrections, she has served as Utilization Review Coordinator, Nursing Supervisor, Director of Nursing, Health Services Administrator, Director of Operations, and Vice President of Operations. Ms. Almanza is a Captain in the U.S. Army Reserve.

Emergency Room Solution with US Acute Care Solutions

YesCare will subcontract with **US Acute Care Solutions (USACS)** to help the FDC achieve strategic improvements in Inmate care at RMCH. **YesCare with USACS offers a freestanding emergency department (FSED) and a robust telemedicine solution.**

FSEDs are a new and evolving care delivery model that will benefit FDC. A freestanding emergency center for RMCH will offer the same high-quality care and resources found in a traditional hospital emergency department. It will assist in minimizing preventable transfers and delivering care that is not currently being provided (ex. Telemetry and Troponin for Cardiac Monitoring). With an FSED, YesCare and USACS will provide 24/7 emergency medical care in a clean, comfortable, healing environment — with minimal wait times. The FDC benefits from a freestanding emergency department (FSED) with the following:

- US-trained Board-Certified Emergency and Internal Medicine physicians
- Reduction of unnecessary offsite that can be managed within RMC.
- Work in conjunction with newly implemented RMC lab that will offer testing to maintain more care “Behind the Fence” that is currently not being offered at RMCH.
- Ability to assist other local Region #2 facilities with medical triage and STAT lab testing that offers less reliance on local community hospitals with faster turnaround time.
- Cardiac evaluation involving monitoring that is not currently being offered at RMCH.
- Established relationship with other healthcare networks within the state of Florida.

US Acute Care Solutions (USACS) is the national leader in physician-owned emergency medicine, hospitalist and observation services. USACS comprises more than 5,000 clinicians practicing at more than 500 programs and serving nearly 9 million patients annually. USACS provides YesCare and the FDC with unified teams of emergency physicians, hospitalists, critical care physicians, and advanced practice providers.

Further strengthening YesCare capacity for the FDC, Tampa Bay Emergency Physicians (TBEP) is a USACS physician-owned emergency medicine group based in Tampa Bay, Florida. TBEP has a history of providing high-quality emergency medical care within the same Florida hospital system for more than 40 years. As a foundation for YesCare and USACS to achieve strategic improvements in FDC Inmate care, TBEP has recruited strong, Residency-trained, Board Certified Emergency Medicine specialists and advanced practice providers.

Telemedicine Solution with USACS

YesCare recognizes that FDC seeks to maximize technology and efficiencies to provide enhanced services at reduced costs. To support FDC goals, YesCare proposes a telemedicine solution in partnership with USACS. We implemented a similar solution with USACS for the Maryland Department of Public Safety and Correctional Services (DPSCS).

This approach will be one of several options for our telemedicine programming as we are planning on working with **AmplifyMD**, which assists with telemedicine specialty care and will be another resource for providing clinical support and advisement for healthcare delivery. Not only will it provide specialty care, but it will simultaneously eradicate and enhance curbside consults, that involves a more personalized virtual conversation between specialists and our YesCare providers. AmplifyMD offers a network of licensed and board-certified providers in cardiology, dermatology, endocrinology, gastroenterology, hematology/oncology, hospitalist/ED coverage, infectious disease, nephrology, neurology, orthopedics, psychiatry, pulmonology, radiology, rheumatology, and speech therapy.

For the Maryland DPSCS, YesCare and USACS successfully utilize telemedicine technology to facilitate access to patient care by allowing a remote connection through video between a clinician and a patient or a clinician and other clinicians. The proven strengths of this telemedicine partnership are accessibility, timeliness, quality improvement, addressing surge/staffing needs, and risk mitigation through access to consultation.

Another great benefit is that the relationships between USACS, the major academic hospital networks, and other state agencies (State Department of Health) in Maryland optimized triage of services in/out of the facility and minimized expected prolonged Length of Stay (LOS) during the earlier waves of the Pandemic. This relationship contributed substantially to reducing the COVID infection rate to single-digit percentages.

For the FDC, YesCare telemedicine with USACS will empower more informed decision-making regarding patient care. Our telemedicine will allow a connection with the right team at the right time, whether between a patient and a clinician or two clinicians who need to collaborate on a time-sensitive decision. Such care is frequently not practicable in corrections.

YesCare and USACS will establish a more refined and integrated relationship for the FDC. This relationship is a significant consideration and differentiator when choosing a comprehensive healthcare program that includes a multi-faceted telemedicine solution.

RMCH Tele-Triage Solution

As an extension of the comprehensive YesCare telehealth strategy, the proposed RMCH tele-triage process has the added benefits of optimizing pre-offsite care and decreasing preventable offsite emergency room visits.

Prior to sub-acute patients being sent to RMCH for evaluation and treatment, the onsite provider is able to use current YesCare telehealth equipment to engage with a USACS provider at RMCH. The USACS provider can jointly assess the patient in real time, collaborate with the onsite provider and make recommendations for onsite diagnostics and/or treatment and if needed, transport to RMCH for further care. If hospital care is determined to be necessary, this pre-transfer assessment, care and communication allows RMCH to properly prepare for the patient's arrival.

Our Utilization Management program is designed to utilize all appropriate diagnostic and therapeutic interventions available on site before offsite specialty consultations or procedures are performed. Corizon providers will have access to an evidence-based, peer-reviewed, electronic utilization management information resources and clinical experts to optimize healthcare within RMCH. Our UM practice is used by most hospitals and other large provider groups to make the latest and best information available to practitioners; the system for evaluation of submitted consults is based upon

clinical data and results from subject experts in all disease categories. In the event of exponential increase in consults, we will deploy Utilization Management Nurses and Medical Directors from our Corporate UM team to follow and manage FDC patients exclusively.

Laboratory Solution with Eccolab Group

Recognizing that the laboratory previously housed at the RMCH has been discontinued and to support the FDC's goal of improving waiting times for consultations, diagnostic testing, and treatment, **YesCare is proposing to bring laboratory services on site at the RMCH.**

YesCare will subcontract with **Eccolab Group** for laboratory diagnostic services (see, B.2.3. Subcontractor Information). Eccolab Group is a full-service clinical laboratory that provides clinical tests and services. Headquartered in Miami, Eccolab laboratory testing facilities currently extend throughout the State of Florida (as well as other parts of the United States). Within the RMCH, Eccolab will be able to serve as the STAT lab for the RMCH and Region 2 institutions close to RMCH. Of note, Eccolab has relationships with local hospitals throughout the State of Florida and can provide STAT labs for institutions in remote areas with turnaround times between 2-4 hours from when the specimen is received by the local hospital.

Certified technicians conduct routine testing quickly and efficiently at local labs in Miami and Tampa. For the FDC, this will ensure the utmost accuracy and speed. Routine tests are reported within 8 hours after receipt of the specimen to expedite medical management. Eccolab is also responsible for reporting pre-determined critical results directly to the Florida Department of Health. This may include COVID-19 positive and other outbreak related results. For FDC Institutions, Eccolab will provide the necessary supplies to perform the collection and transport of specimens for the testing services ordered.

Eccolab delivers timely and accurate laboratory results, which is an integral part of our commitment to healthcare excellence at FDC. Local laboratories in Miami and Tampa perform 95% of the testing ordered in-house, neutralizing any "Lost in Transit" or specimen integrity issues. Clinical assays are performed using state-of-the-art laboratory methods and procedures. A highly trained scientific staff performs the analytical phase of laboratory testing using the latest advancement in biomedical instrumentation.

All Eccolab's services are complemented with automated LIS, which provides hassle free scheduling and reporting with HL7 interfacing capability with the EHR Vendor. YesCare will work with Fusion EHR and Ecco lab team members to implement a bi-directional interface. Ecco Lab's capabilities includes:

- Fully integrated paperless workflow from Electronic HL7 orders to custom barcode labels
- Supports eConsent, chain of custody audit with pictures and notes
- Real-time GPS based tracking
- Real-time updates available to review cumulative results
- Track the status of lab orders
- Track specimen location and temperatures
- Generate patient letters
- Receive alerts for abnormal results
- Receive alerts for missing/delayed specimen
- Instant notification of alerts and patient results

All phases of laboratory testing (including pre-analytic, post-analytic, and analytic phases) will be maintained in accordance with AHCA standards of excellence. All Eccolab procedures undergo rigorous quality assurance, including daily instrumentation control and calibrations, as specified. Each Eccolab procedure has an individualized Quality Control Plan (IQCP), which is part of their daily Quality Management Plan.

f. Successful Service Delivery

Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery

YesCare's proposed staffing to provide services as the RMCH is shown in the staffing table below and in Tab B Experience and Ability to Provide Services. Noted previously, YesCare is proposing Rhonda Almanza, RN, MSN, to serve as the Hospital Administrator.

Job Title	RMC Total	RMC Hospital
Administrative Assistant	15.00	15.00
Case Manager	2.00	2.00
Dentist	1.00	1.00
Director of Nursing	3.00	3.00
Hospital Administration	1.00	1.00
Laboratory Technician	1.00	1.00
Licensed Practical Nurse	36.50	36.50
Staff Physician	6.00	6.00
Medical Director	1.00	1.00
Medical Records Clerk	2.00	2.00
Medical Records Supervisor	1.00	1.00
Medical Director - Specialty	2.00	2.00
Nursing Assistant	25.20	25.20
Phlebotomist	4.00	4.00
Midlevel (NP /PA)	6.00	6.00
Registered Nurse	24.00	24.00
Respiratory Therapist	5.20	5.20
Total Region One	135.90	135.90

g. Cost Efficacy

Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service

In other statewide systems, we averted officer costs by over $2 million per year by implementing a robust telehealth program and developing "hub" units at hospitals, urgent care centers, and physician offices. In the State of Missouri, we implemented 25 telehealth carts with peripherals as well as placing hub units at local hospitals, ambulatory centers and provider offices throughout the State of Missouri. In short, Missouri DOC was able to avert 500 medical transports monthly. These averted costs were from officer time / overtime, wear and tear on state vehicles, fuel charges, not to mention the elimination of the security risk to the general public, a Line of Effort the FDC is currently working on. Our objective is to drive more services performed on site by bringing the necessary equipment and personnel behind the fence; this includes maximizing the use of telehealth to the extent it can be without compromising care.

YesCare anticipates that the proposed **tele-triage** process will optimize RMCH resources by improving the pre-transport preparation and ensuring that RMCH is the most appropriate setting for patient evaluation and treatment. Decreased preventable emergency room visits benefit the FDC by reducing custody resource time, minimizing the interruption of the patient's daily routine, and eliminating the onsite staff's need to complete the transfers while also optimizing their skill sets with onsite care responsibilities.

YesCare values transparency and respects the FDC's time. The Use of **CARES**, (detailed in the Utilization Management section), offers the ability for FDC leadership to have visibility into all UM activity of patients within the FDC from initiation of consult to completed visit. Having immediate access to UM information, without having to wait for scheduled formal reports, will save FDC leadership time while allowing needed tracking and monitoring capabilities. For inpatients, at RMCH and community hospitals, CARES gives real-time information from the UM Nurse daily clinical review and hospital records. This gives FDC access to patient status in preparation for discharge/transfer transportation needs or clarity on justification for extended length of stays.

YesCare has contracted with Apex Global as our medical supply, office supply and durable medical equipment provider. Apex is a group purchasing organization with nationwide reach that brings a full-service platform to offer best-in-class supplies and equipment at the lowest possible prices. Apex has the benefits of easy ordering, timely distribution, and excellent cost efficiency. Apex includes dedicated account management for each site (including RMCH) with daily **inventory management** and auditing to ensure appropriate supply levels so that medical care isn't impeded by lack of access to the tools needed for patient care.

h. Value-Added Services

Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost

YesCare is pleased to offer the expertise and experience of our Chief Medical Officer, Dr. Greg Ladele to oversee the RMCH program. Our proposed Hospital Administrator, Rhonda Almanza, RN, MSN, will assist Dr. Ladele; she brings direct experience managing the RMCH and over 30 years of correctional healthcare nursing and administrative experience.

Emergency Care: As noted above, YesCare is proposing working with USACS to offer **a freestanding emergency department** (FSED) which will provide an emergency physician on site at all times and reduce the number of patients who would typically require admission.

Telemedicine: Our **telemedicine solution** provided via USACS and AmplifyMD, will facilitate access to patient care by allowing a remote connection through video between a clinician and a patient or a clinician and other clinicians. The proven strengths of this telemedicine partnership are accessibility, timeliness, quality improvement, addressing surge/staffing needs, and risk mitigation through access to consultation. Additionally, telemedicine will simultaneously eradicate and enhance curbside consults, which Rubicon (an e-consulting platform) is presently managing for the FDC's current healthcare vendor.

On-site Laboratory: As described above, **Eccolab Group** brings laboratory services on site at the RMCH. This additional service will improve wait times for routine labs plus provide for in-house STAT lab completion.

Inmate Assistants Training: In relation to PM-IC-020 and PC-IC-027, YesCare offers a full range of supplemental training for Inmate Assistants working with impaired and/or disabled Inmates at RMCH and other FDC facilities. Assistant training opportunities include hospice and palliative care related modules, *Communication Skills* and *Managing Personal Stress*. As part of transfer documentation, ADA care and accommodations are included to maintain continuity of care between facilities and communicated with Inmate Assistants as needed.

Managing Self-Injurious Behavior (SIB) patients within RMCH: As detailed in the Mental Health Services section, YesCare expands on the multidisciplinary approach to SIB care by including the UM Case Manager with Mental Health professionals for the following:

1. Triage of care and associated services from Lake CI to RMCH
2. Working with outside hospitals for stabilization of SIB patients to ensure that LOS is not prolonged, by including initial training and expectations of treatment while hospitalized offsite.
3. Building and maintaining mutually beneficial relationships with community hospital Behavioral Health teams, where SIB patients are hospitalized.
4. Quarterly meetings with our CORE-4 team members, site correctional leadership and local hospital representatives to discuss how to better serve our shared population as they are managed offsite.
5. Daily communication with offsite nursing and providers on discharge planning for patients that are SIB

3.6.6 Pharmaceutical Services Service Area

a. Acknowledgement & Acceptance: Requirements

Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs

YesCare acknowledges and accepts each requirement as listed in ITN section 3.6.6 Pharmaceutical Services Service Area.

b. Acknowledgement & Acceptance: Performance Measures

Acknowledge acceptance of each Performance Measure (PM)

YesCare acknowledges and accepts each Performance Measure (PM) as listed in ITN section 3.6.6 Pharmaceutical Services Service Area.

c. Exceeding Performance Measures

Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified

YesCare will subcontract with **Anuco Rx** (Anuco) for the provision of consultant pharmacist services (see, Tab B. Subcontractor Information). Located in Sunrise, Florida, Anuco is a certified woman-owned business, minority business enterprise, and small business enterprise. Anuco provides cost and quality optimized clinical programs that are designed to improve health, reduce retrogression and potential gaps in care, promote appropriate medication therapies, decrease pharmaceutical expenditures, and ultimately foster healthy aging.

YesCare utilizes Anuco Rx consultant pharmacist oversight for our six Florida county jail contracts (Brevard, Charlotte, Leon, Manatee, Okaloosa, and Polk counties). Anuco Rx helps our Florida clients remain compliant with state and federal regulations and exceed standards between accreditations. The monthly pharmacy audit on drug availability, storage, administration, destruction, and clinical documentation related to the medication administration process are essential aspects of care for the pharmacy and medication management within each facility.

The areas to be reviewed as part of the monthly audit process includes but are not limited to Medication Storage, Medication Inventory Management, Controlled Substance Review, Medication Administration Safety, Continuous Quality Improvement (CQI), Staff In-service Education, and Pharmacy Policies & Procedures. Their reports include but are not limited to medical staff ordering/selecting medication process, nursing staff administration of medication process, sequencing of medication orders, tracking of narcotic reconciliation, and pharmacy provider dispensing of the medication process.

A few highlights of Anuco's Correctional Pharmacy Audit Services include:

- Medication Storage
  - Medication Carts
  - Medication Room
  - Emergency Medication and Jump Bag
- Medication Inventory Management
  - Stock Medication Management (P.A.R. levels)

  - Reverse Distributor
- Disposal of regulated waste generated by health care staff
- Drug Enforcement Agency (DEA) Controlled Substance Audit
- Medication Administration Safety
  - Medication Administration Record (MAR) Review
  - Medication Pass Observation
- Continuous Quality Improvement (CQI)
- Staff In-service Education
- Pharmacy Policies and Procedures

Led by founder and CEO Gina Jules, PharmD, CCHP, Anuco Rx clinical pharmacists provide an enhanced clinical approach that improves healthcare quality and cost savings. Highlighting our ability to exceed required PMs, Dr. Jules will serve as Consultant Pharmacist and chairperson of the Correctional Institution Pharmacy and Therapeutics Committee/Pharmacy Services Committee.

Anuco's corrections-specific consultant pharmacists will provide further ability to exceed required PMs through their accurate and timely completion of Monthly Inspections and reporting as required on Forms DC4-771A and DC4-771C. The goal is to establish, maintain, and exceed standards between accreditations, not just prepare for them. Anuco will conduct monthly pharmacy inspections at each on-site medication storage area as per State and Federal regulations and the accreditation standards of the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA), and the Joint Commission (JC).

Anuco's audit findings and recommendations for each specified FDC Institution will identify and guide in improving compliance and the integrity of operations. Results of all inspections and reviews will be recorded and reported to designated clinical and leadership staff. Staff will follow up on corrective actions to ensure ongoing improvements before additional inspections.

A licensed Anuco Consultant Pharmacist will make the monthly on-site inspections and be available to staff for discussions of other pharmacy-related topics, including inspection compliance, drug regimen reviews, and formulary management. This multi-level approach provides a valuable tool for the institution to ensure patient safety, employee accountability, institutional security, and regulatory compliance.

To assist with maintaining an Antimicrobial Stewardship within the FDC, YesCare will work with local hospital partners across the state via the use of Antibiogram (defined below) for the following reasons:

- Improves on-site healthcare with selection of appropriate empiric antibiotic therapy, which is based upon evidence-based practices from local hospital's Epidemiology and Infectious disease experts.

- Tracking local resistance trends, especially with treatment of opportunistic infections with immuno-compromised patients.

- Cost savings by eliminating waste in prescription ordering.

To minimize antibiotic resistance and optimize high standards of care among patients in the FDC system, each Institution Medical Director will request Antibiograms from their local hospital partners to identify trends in resistance, direct the use of appropriate antibiotics, and to better manage infectious disease treatment. For example, the utilization of this methodology at Northwest Florida Reception Center in Chipley under YesCare's current Chief Medical Officer, Dr. Gregory Ladele, led to less resistance from the use of antibiotics and the reduction of waste by eliminating the unnecessary ordering of medications.

*An **Antibiogram** is a summary of the antibiotic susceptibility of bacteria cultured from clinical specimens, usually specific to a healthcare facility. Healthcare providers use antibiograms to guide choice of antibiotic therapy before a patient's microbiology test results are available.*

YesCare will also have the capability to employ Telemedicine resources for assistance with minimizing **Drug Exception Requests (DER)** via external medical experts including sub-specialists, that may provide recommendations on comprehensive treatment regimens that is inclusive of FDC's formulary or provide additional reasoning for use of non-formulary medications. **YesCare compliance will extend to the FDC formulary. Because of this, non-formulary medications will require a DER which must be approved by our Medical Director.**

YesCare will coordinate with FDC's pharmacy's team to interpret data with formal quarterly updates to all YesCare's Regional Leadership and FDC contract monitors to ensure that YesCare will become exceptional stewards of FDC's medication formulary.

This meeting will also include topics such as, but not limited to the following:

- Future black warning concerns
- Newer medications being added to the formulary
- Trends related to waste, common diagnoses, antimicrobial stewardship programming, and hospital discharged protocols involving pharmaceutical agents.
- RMC Formulary analytics

YesCare's focus on patient and population safety indicates our ability to exceed the required PMs. Initial and ongoing training are essential components. For example, YesCare's Site Staff Orientation is specifically structured with a focus on medication administration and documentation as key clinical skills for nursing and other clinical staff.

d. Proposed Modifications: Performance Measures

Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings)

YesCare does not propose modifications to the Performance Measures identified in ITN section 3.6.6.4.

e. Plan for Providing Services

Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place

YesCare recognizes that the FDC operates four pharmacies that dispense prescriptions. FDC responsibilities include dispensing services, prescription records, the cost of formulary prescriptions and

formulary non-prescription medications dispensed from FDC pharmacies or FDC contracted specialty pharmacies.

YesCare will provide a medication management program that follows established FDC policies and procedures. Ongoing psychotropic medication management will be provided by our psychiatry staff per HSB 15.05.19, Psychotropic Medication Use Standard, with Licensed Nurses as supplemental support.

Medication utilization and cost are monitored regularly to ensure effective stewardship of resources. YesCare guides prescribing behavior and compares real time prescribing to our Psychiatric Quality Indicators. Our providers base prescribing decisions on diagnoses and not only on symptoms so that polypharmacy and oversedation are avoided. We implement therapeutic services and sleep hygiene interventions to treat diagnoses and eliminate drug-drug adverse interactions. Each provider receives supervision using medication utilization analytics and peer review.

The success of this approach is proven. Upon transitioning the psychiatry contract from the Michigan Department of Correction's previous provider in June 2016, **we implemented initiatives that decreased psychotropic medication spend by 60%, averaging $204,362 per month for a total savings of $9.8M since the onset of the contract.** We also addressed the previous vendor's overutilization of "sleep" medications, such as Benadryl and Melatonin, by applying evidence-based interventions and one to one supervision and consultation with providers. In addition to reducing the psychotropic medication spend, this process led to providing better care for patients, and ultimately saving productive lives.



YesCare will be responsible for the institutional pharmacy permits and meeting the statutory requirements required to maintain the required permits at each Institution. This includes Florida Department of Health, Board of Pharmacy Institutional Class II Permit, or Modified II-B Institutional Permit; and DEA registration for each Institutional Class II and/or Modified II-B Institutional Permit (where DEA controlled stock will be stored). YesCare will ensure pharmacy-permitted Institutions have post-exposure prophylaxis medications available onsite, as well.

YesCare will provide medication management and administration. This includes responsibility for staff compliance with applicable federal and State laws, rules, and regulations, FDC rules and procedures, and

Health Services Bulletins/Technical Instructions applicable to the delivery of pharmacy services in a correctional setting. To meet evolving patient and population needs, we expeditiously update internal policy and procedure manuals.

YesCare compliance will extend to the FDC formulary. Because of this, non-formulary medications will require a Drug Exception Request (DER), which must be approved by our Medical Director.

YesCare will be responsible for managing and handling stock medications in accordance with applicable State and federal regulations regarding prescribing, dispensing, distributing, and administering pharmaceuticals. This includes maintaining an adequate supply of stock medications at each Institution's drug room from the list of stock medications approved by the Statewide Pharmacy and Therapeutics Committee.

YesCare will subcontract with Anuco Rx to be the Consultant Pharmacist of Record for each permit. The Consultant Pharmacists will conduct inspections and furnish a Monthly Consultant Pharmacist Inspection Report for each facility that is licensed by the State of Florida, Department of Health and/or Board of Pharmacy. Anuco's Consultant Pharmacists will perform in-service training for staff on pharmacy-related material according to a schedule mutually agreed upon and approved by the FDC Chief of Pharmaceutical Services. YesCare will post the Consultant Pharmacist of Record and phone number at each Institution in the medication room and the infirmary and provide the same contact information to each Institution's Director of Nursing, Chief Health Officer, and Health Services Administrator.

Controlled Substances: All controlled substances – every single dose – must be signed out on Form DC4-781E Narcotic Accounting Log, when removed from the cart. The completion of a count of each controlled substance in each cart for each shift by the off-going shift's medication nurse and the oncoming shift's medication nurse will be the responsibility of YesCare. As such, a Licensed Nurse will complete and sign Form DC4-802 Narcotic Key Exchange Log at the beginning of the shift and at the transfer to a Licensed Nurse for the next shift.

YesCare staff will have responsibility for securing controlled substances in a locked drawer in the medication cart. The medication storage compartment will remain locked, except when pulling a patient's medication or receiving controlled substances from the pharmacy stock. At RMCH, the cart will remain securely in the Nurse's Station until time for medication to be administered.

Emergency Medication and Jump Bag: YesCare nursing staff will be responsible for maintaining Jump Bag and Emergency Equipment inventories. A Licensed Nurse on the night shift will check the Jump Bag contents and Emergency Medications listed on Form DC4-681 Emergency Medications and document inventory check on Form DC4-680 Jump Bag and Emergency Equipment Inventory.

Medication Errors: Upon discovery of a medication error, YesCare clinical staff will immediately evaluate the patient, provide monitoring, and implement treatment as ordered by the Clinician. Actions are documented on Form DC4-701 Chronological Record of Health Care (or Form DC4-724 Dental Treatment Record, as applicable). The error is reported without delay to the Clinician (and pharmacy, if it is a pharmacy error) and to the supervisor; and finally, a Form DC4-690A Occurrence Report is completed.

f. Successful Service Delivery

Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery

A Licensed Nurse administers medications in accordance with orders from a licensed Clinician and dispenses the medication to the patient within 30 to 60 minutes of the ordered administration time. The Licensed Nurse checks the patient's oral cavity to make sure the patient has swallowed oral medication.

The Licensed Nurse documents when medication is administered on Form DC4-701A Medication and Treatment Record. Medication administered more than 60 minutes past the ordered administration time is noted on the front page of the Medication Administration Record (MAR) and an explanation for the lateness is included on the back page of the MAR.

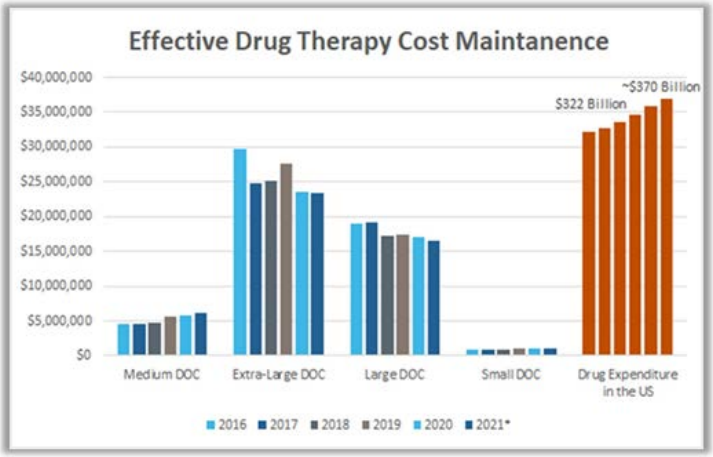
Licensed nurses transcribe single-dose medication orders from Form DC4-714B Clinician's Order Sheet or Form DC4-714C DEA Controlled Substances Clinician's Order Sheet, to Form DC4-701A Medication and Treatment Record. Stock legend medications are written on Form DC4-714B or Form DC4-714C and when administered, documented on Form DC4-712D Legend Drug Account Record.

YesCare staff are responsible for ensuring medications are pre-poured and administered by the same Licensed Nurse, and that medications are documented on the Form DC4-701A at the time they are poured. Licensed CHCC staff are also responsible for circling any medication dose not administered following medication pass with an explanation written on the back of the Form DC4-701A Medication and Treatment Record.

g. Cost Efficacy

Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service

Our affiliated correctional pharmacy services provider, Pharmacorr brings a proven ability to contain costs through superior management of correctional formularies. Although drug costs over time continue to rise in the United States, Pharmacorr contains such costs through effective procurement and integrated team clinical support for therapy alternatives. Pharmacorr focuses on medication efficacy and patient safety, while acting as stewards of our clients' financial interests. Pharmacorr applies many levers to controlling cost, including assessment of only one dispensing fee per stock order instead of per stock piece. Rebates are also utilized to decrease the cost of medication and service delivery. Shown below is Pharmacorr's management of four contracts against the drug expenditure in the United States (adjusted to appear on the same graph) during the same period.



h. Value-Added Services

Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost

We have found regular and thorough training leads to better patient outcomes. As a value-added service, Anuco's Florida-based consultant pharmacists will provide orientation and regular in-service trainings. Medication management subjects may include (but are not limited to) the following:

- Pertinent clinical updates;
- Proper documentation and utilization of stock medication;
- Medication error prevention education;
- Medication administration/documentation education;
- Control Substance; and
- Specific training regarding reporting methodology and requirements to designated personnel.

To establish a system to provide consistent delivery of medications to Inmates regardless of institution or housing status, YesCare nursing staff will conduct routine rounds within the disciplinary or restricted housing areas daily in conjunction with medication administration. To facilitate continuity of care, these screening rounds will be documented individually on progress notes.

3.6.7 Utilization Management and Specialty Care Service Area

a. Acknowledgement & Acceptance: Requirements

Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs

YesCare acknowledges and accepts each requirement as listed in ITN section 3.6.7 Utilization Management and Specialty Care Service Area.

b. Acknowledgement & Acceptance: Performance Measures

Acknowledge acceptance of each Performance Measure (PM)

YesCare acknowledges and accepts each Performance Measure (PM) as listed in ITN section 3.6.7 Utilization Management and Specialty Care Service Area.

c. Exceeding Performance Measures

Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified

YesCare's policy for timely review of off-site referrals meets or exceeds the FL HSB 15.09.04 established processing times. **YesCare's preauthorization of outside consultations or inpatient care is completed within 1-2 working days for urgent requests, compared to within 3 days in the HSB and 3-5 working days for routine requests, compared to 7 days in the HSB.**

YesCare recognizes a certain set of outpatient specialty services that may be requested are appropriate as a portion of an existing treatment plan. Accordingly, our **Utilization Management Abbreviated Review List expedites the initiation or follow-up with offsite specialty care**. These services are subject to review by our UM Nurse Reviewer based on a limited set of criteria developed by YesCare's physician leadership. When a request for referral for one of these services is received, the referral response will be returned to the site "APPROVED" by the Nurse Reviewer, thus ensuring timely continuation of an existing treatment plan of care.

Described in detail in our response to *e. Plan for Providing Services*, YesCare's **Utilization Management Core Processes Program** – is a two-tiered approach to utilization management that seeks input from both UM and field physicians for review of outpatient referrals and direct inpatient admissions. This **centralized UM approach** allows for a safety net for preventing unnecessary offsite utilization. It also increases the evidence-based focus of utilization management while allowing Regional Medical Directors (RMD) to focus on patient care and maintain oversight of the care delivery process by freeing up the time that would have been spent on the administrative aspects of the UM process. To accomplish this, a dedicated team of physicians (licensed in all states where YesCare has clients) focus exclusively on outpatient referral reviews, and a formalized RMD-led appeals process has been developed so that there is a checks-and-balance system to allow for resolution of differences via healthy discourse amongst our providers.

To further support the overall mission of our UM program, YesCare's UM Nurses, RMD's, Site Providers and Site DON's will hold daily inpatient review calls to ensure that the full team is working toward discharge and identify any barriers that need addressed to minimize avoidable inpatient days and maximize care at the facility or RMC level when appropriate. This call also addresses ER runs that have

occurred that did not lead to admission. This allows trend analysis of ER runs and guides the UM team together with the RMD, to develop training and educational opportunities to identify those issues that are driving off-site care where steerage to care inside the fence is appropriate. The UM team has developed "lunch and learn" sessions for all site providers based on these identified opportunities such as "Ocular Diseases" and "Chest Pain Beyond the Fence".

In addition to the daily and quarterly UM reports identified specifically in section 3.6.7.5, YesCare will meet monthly with the FDC UM Director, utilizing the data analytics provided via YesCare's UM Dashboard, with an intradisciplinary approach, to review the previous month's UM statistics for the regions and RMC.

d. Proposed Modifications: Performance Measures

Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings)

YesCare is not proposing any modifications to the Performance Measures listed in ITN section D.3.6.7 Utilization Management and Specialty Care Service Area.

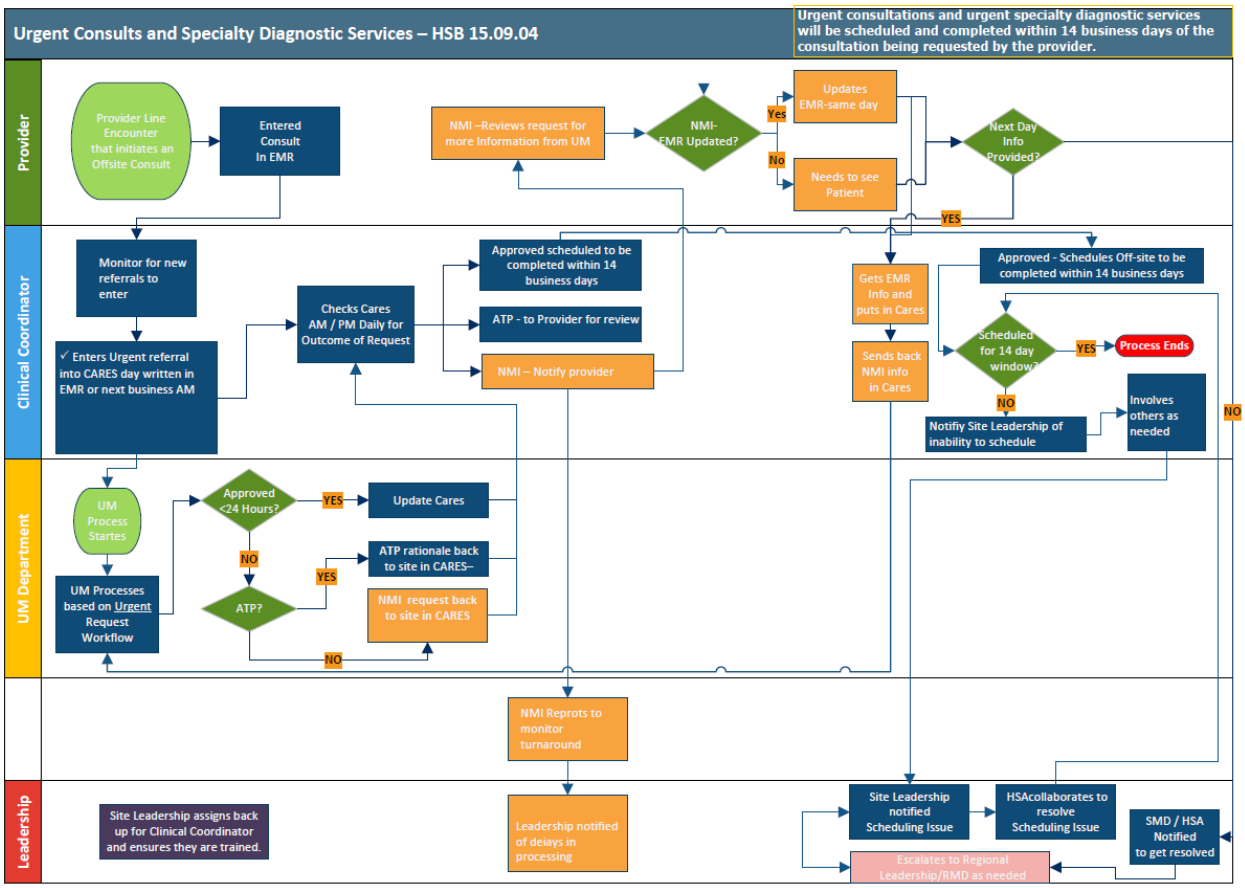
e. Plan for Providing Services

Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place

YesCare Utilization's Management Program (UM) is a physician-driven model whose goal is to partner with on-site providers, state RMD's and the FDC, to deliver quality, medically indicated healthcare and improve patient outcomes while maintaining public safety and mitigating avoidable utilization. **Our UM program focuses on inpatient management, patients recently discharged from the hospital, and outpatient services with the goal of avoiding healthcare crises, maximizing the use of on-site healthcare services including the RMC and the infirmaries, and using off-site services only when clinically indicated and medically necessary, using nationally recognized criteria to help guide determinations.**

YesCare's UM team analyzes and reviews on-site medical services and off-site referrals to preferred providers including sub-specialty and inpatient stays. Our UM program, pursuant to FDC HSB 15.09.04 includes non-urgent hospitalization pre-certification, urgent hospital certification, concurrent review, discharge planning, and prior authorization for targeted procedures and specialty care. We differentiate ourselves by providing evidence-based health care focused on the conscientious use of current best evidence for making decisions about the care of individual patients and the delivery of integrated health services.

An example of our proposed workflow for urgent consultations and urgent specialty diagnostic services (HSB 15.09.04) is shown below. Of note, this workflow identifies the interaction in the process between the Provider, Clinical Coordinator, UM Department, and Site Leadership and is designed to ensure compliance for all processes pertaining to urgent referral processing. YesCare has also drafted a training tool to ensure our full team (Provider, Clinical Coordinator, UM Department, and Site Leadership) are working in accord to meet HSB requirements. An excerpt from that training tool follows the workflow.



UM 008

Urgent Consultations and Urgent Specialty Diagnostic Services will be scheduled and completed within 14 business days of the consultation being requested by the Provider.

Below reflects the workflow followed to ensure compliance for all process r/t urgent referral processing

1. Workflow begins with the Provider line encounter where it is determined that an offsite consult is needed. The provider writes a consult and includes needed information. Include all supporting documentation (e.g. Labs, past history, x-ray results, physical assessments)
2. Clinical Coordinator monitors for new referrals in the morning and afternoon written by providers.
   a. The Clinical Coordinator then enters the consult into CARES.
   ***ALL URGENT REFERRALS MUST BE ENTERED INTO CARES WITHIN 24 HRS TO ENSURE COMPLIANCE WITH PM-IC-013

Our UM program is designed to support our practitioners and local hospital partners, enabling us to provide appropriate clinical care and improved continuity of services while returning value to our clients through superior interventional care that actively and organically contains costs. We are continually looking for ways to enhance our capabilities by bringing more traditionally off-site services on-site.

Our UM Mission: Providing the Right Care, in the Right Setting, at the Right Time.

YesCare's UM program's mission: to provide the right care in the right setting at the right time, aligns with the FDC's goal of promoting quality specialty health care services within the unique constraints of a correctional setting in the most efficient, timely, and cost-effective manner. Using nationally recognized criteria, we apply evidence-based guidelines to proactively avoid healthcare crises, maximize the use of on-site healthcare services, and access off-site services when clinically indicated and medically necessary. We utilize a combination of InterQual®, an evidence-based clinical decision support solution for payers, providers, and government agencies who want to help ensure clinically appropriate medical utilization decisions are made, and evidence-based criteria as an indication for preauthorization, concurrent and retrospective review, and as input in determining medical necessity for healthcare services.

For example, a 55-year-old male with no history of previous cardiac disease and some risk factors who is unable to complete a stress test may not meet InterQual® criteria to proceed with cardiac catheterization to evaluate for etiology of his chest pain; however, the standard of care dictates that this patient may have coronary artery disease and cardiac catheterization may be the optimal next step in the evaluation of his chest pain.

Using the principles of managed care, YesCare delivers the highest quality healthcare as cost-effectively as practicable. To facilitate this quality-cost management balance, we have a long-term agreement with Change Healthcare, Inc. to utilize InterQual®. InterQual® supplies evidence-based decision support tools to initiate appropriate care management decisions. InterQual® products are regarded as the standard in evidence-based clinical decision support. For example, InterQual® is used by the Federal Bureau of Prisons (BOP) and Centers for Medicare & Medicaid Services (CMS).

Because InterQual® criteria cover medical and behavioral health continuums of care, they may be applied in a wide range of clinical situations. However, our extensive experience practicing behind-the-fence has shown that there may be times when decision support tools such as InterQual® are insufficient alone for correctional medicine. This is due to the multiple comorbidities and risk factors our patients may have that may not be represented by the InterQual® tool, which considers a broader cross-section of patients.

In response to this, we supplement our UM Nurses Reviewers, who are all InterQual® trained and have received ongoing education and annual testing, InterQual® reviews with other evidence-based tools used by our team of physicians to perform medical necessity reviews and facilitate decisions for care. Because many correctional facilities offer various levels of complex services on site, part of the medical necessity review involves reviewing any services and treatment provided on-site before the approval of off-site services for medical needs.

Medical necessity typically refers to health care services that a practitioner, exercising prudent clinical judgment, would provide to a patient to evaluate, diagnose, or treat an illness, injury, disease, or its symptoms, and that is:

- In accordance with the generally accepted standards of medical practice (i.e. community standard of care)
- Clinically appropriate in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury, or disease

- No more costly than an alternative service or sequence of services, and at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease
- Not primarily for the convenience of the patient, correctional agency, or healthcare provider

Clinical Teamwork

Our utilization management program is designed for the patient to receive a community standard of care, with medically indicated off-site services, inpatient admission, and length of stay. We use a multi-tiered physician review process.

Mignon Ernst, RN, Vice President of Utilization Management oversees YesCare's UM department, which is both corporate and regionally based, the process for prior authorizations, inpatient and outpatient medical necessity/utilization review, and other utilization management activities. Ms. Ernst works collaboratively with YesCare's Chief Medical Officer, UM Medical Directors, and Regional Medical Directors to monitor compliance and ensure timely provision of health care services throughout the UM process.



YesCare provides clinicians who are specialty-trained in UM specifically for correctional medicine and managed care. Clinical decisions are made by these clinicians who have access to the most current evidence-based information available such as UpToDate® and National Comprehensive Cancer Network (NCCN) protocols to guide the referral process. Empowering our clinicians with these tools and accountability for clinical decisions has resulted in higher quality care, reduced medically unnecessary referrals, reduced hospital admissions, and reduced transportation and security cost expenditures for our correctional clients.

YesCare's **Utilization Management Core Processes Program** – is a two-tiered approach to utilization management that seeks input from both UM and field physicians for review of outpatient referrals and direct inpatient admissions. This increases the evidence-based focus of utilization management while allowing Regional Medical Directors (RMD) to focus on patient care and maintain oversight of the care delivery process by freeing up the time that would have been spent on the administrative aspects of the UM process. To accomplish this, a dedicated team of physicians (licensed in all states where YesCare has clients) focus exclusively on outpatient referral reviews, and a formalized RMD-led appeals process has been developed so that there is a checks-and-balance system to allow for resolution of differences via healthy discourse amongst our providers.

The Utilization Management Medical Directors (UMMDs) are responsible for the clinical review of off-site referrals submitted by the site providers. In those instances where, in the post-review opinion of the UMMD, an alternative treatment plan (ATP) would be more appropriate, he/she provides a suggested ATP to the site provider for review and consideration in establishing the most effective plan of care. As per FDC HSB 15.09.04, an ongoing report of all ATPs will be provided to the Department's Office of Health Services.

The Regional Medical Directors are directly responsible for the prospective, concurrent, and retrospective review processes of all inpatient admissions.

UM Core processes target improved quality and consistency across all our contracts, bringing YesCare in line with the country's leading healthcare systems.

Our UM Process

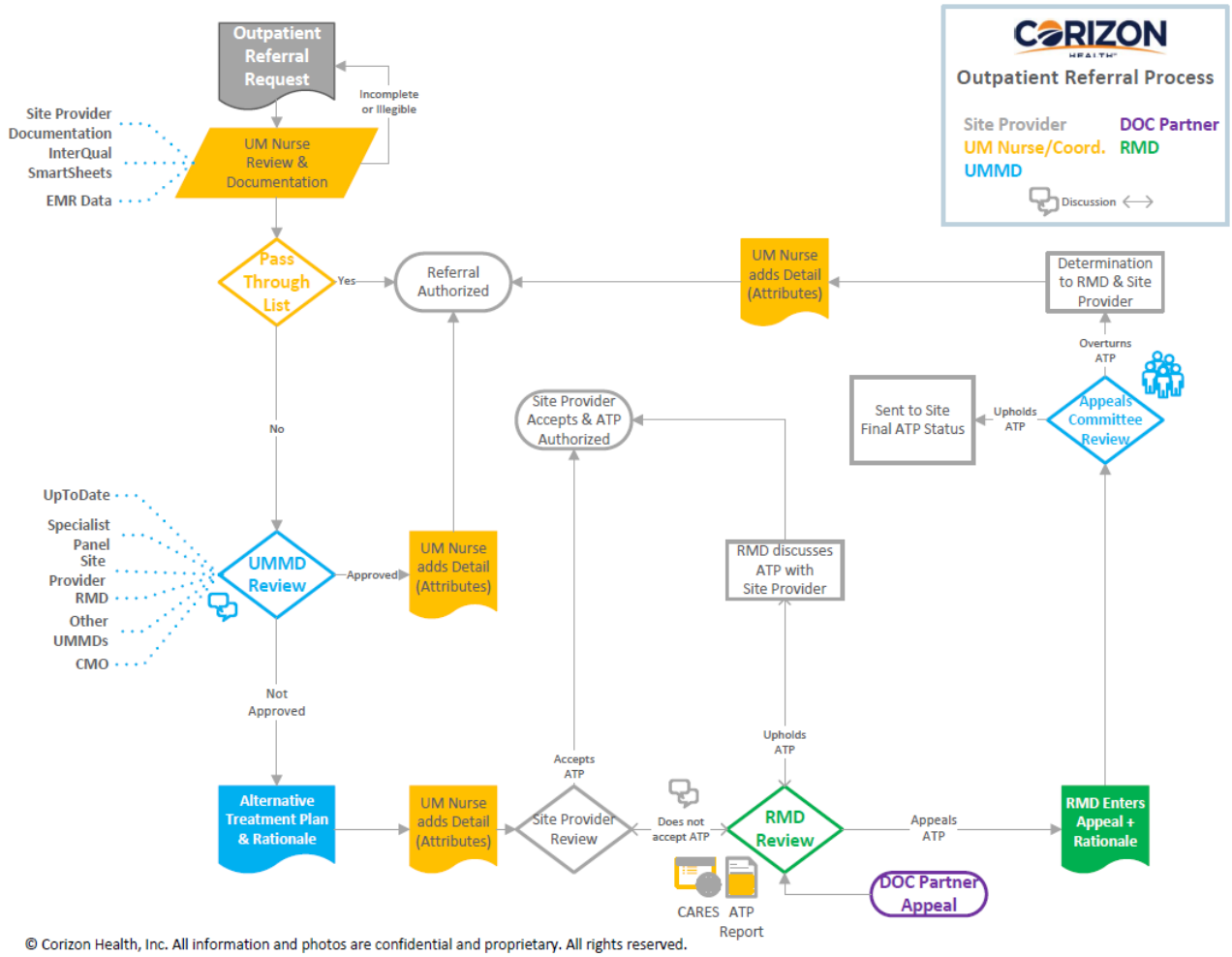
Prior Authorization / Pre-Certification

Our UM program provides certification for clinically indicated and medically necessary care to address our patient's needs. We provide for authorization of patients before hospital admission, off-site clinical encounters, and diagnostic services. As noted above, in conjunction with the UMMD's recommendations, appropriate utilization of diagnostic services and outpatient referrals is the responsibility of the primary care provider. Consequently, we ensure that Inmates with serious medical needs receive timely, appropriate services that are consistent with accepted clinical pathways established for evidence-based care.

Prior Authorization/Pre-Certification Workflow

For prior authorization/pre-certification, the Site Medical Director (SMD) typically initiates the request and the information is referred to the UM team. Our team of nurses and physicians performs a detailed review of the case. If the UMMD concurs with the request, the service is authorized and returned to the site and an appointment is scheduled. In those instances where, in the opinion of the UMMD, an ATP would be more appropriate, he/she refers back to the responsible physician to establish the most effective plan of care. YesCare's policy for timely review of off-site referrals meets or exceeds the FL HSB 15.09.04 established processing times. **YesCare's preauthorization of outside consultations or inpatient care is completed within 1-2 working days for urgent requests, compared to within 3 days in the HSB and 3-5 working days for routine requests, compared to 7 days in the HSB.** Also, in accordance with REP-UM-01, YesCare will provide a daily, cumulative report of all Outpatient referrals to the Department's Office of Health Services.

As illustrated by the flowchart below, our process facilitates discussion on cases where our UM physicians believe the requested care may be served better through an ATP.



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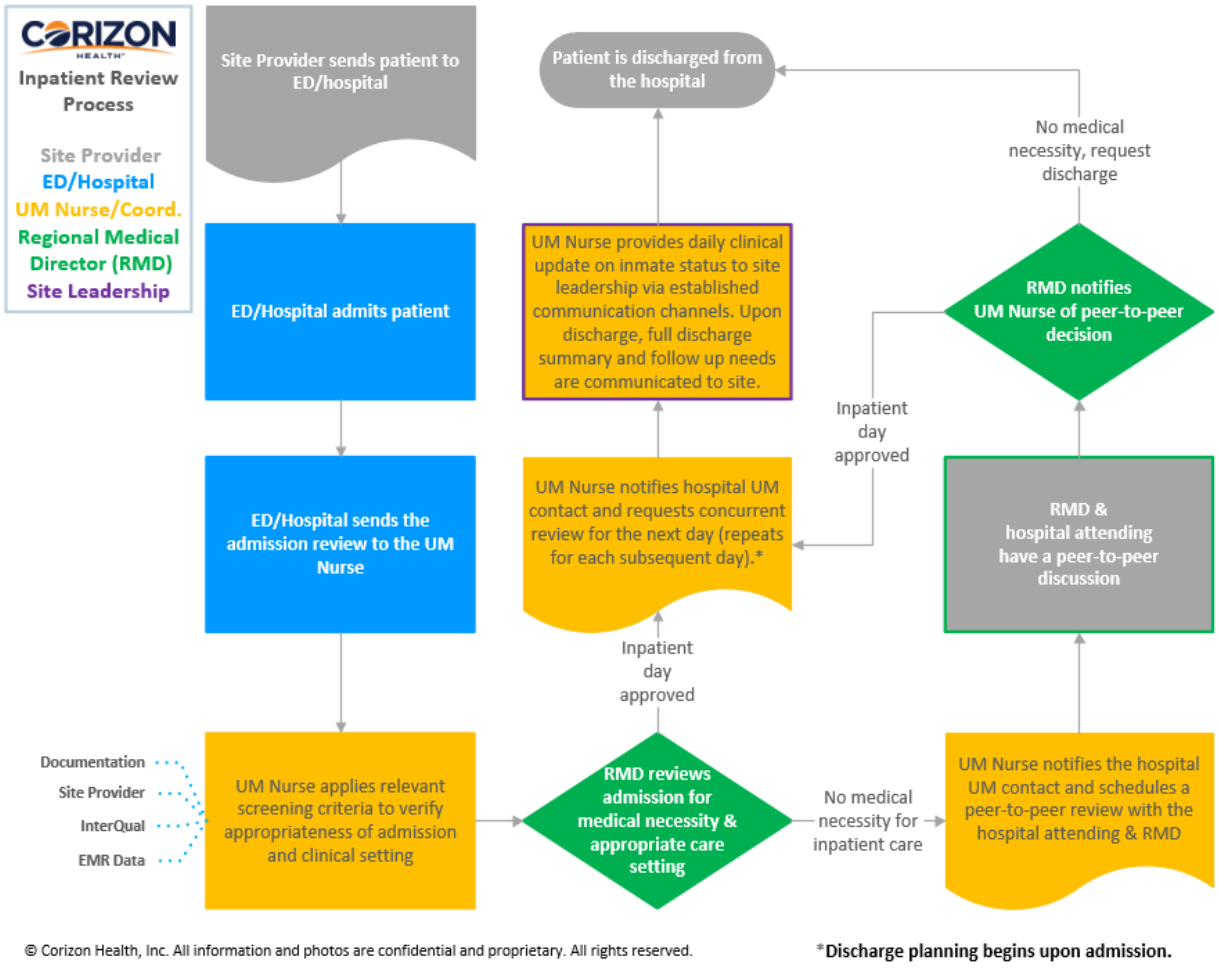
Inpatient Admissions

We believe it is essential that patients have an effective treatment plan that includes realistic treatment goals and a credible discharge plan. To achieve this, **discharge planning from the hospital begins on the day of admission.** Our review process for inpatient admissions includes (but is not limited to) the following:

- Admission review by the Regional Medical Director to verify that hospitalization is medically necessary
- Contact with the hospital attending physician to determine a treatment plan with an estimated length of stay
- Contact with the hospital's utilization management department to authorize the admission and certify length of stay
- Discharge planning

The flowchart below illustrates our inpatient UM process:



Collaboration and Communication

Concurrent Review

YesCare works diligently with community providers through concurrent reviews when patients are hospitalized. Daily communication to discuss the patient's plan of care occurs between the Regional Medical Director, YesCare's case manager, and/or the hospital case manager. As the situation warrants, YesCare's multidisciplinary approach would involve different combinations of Behavioral Health, Pharmacy, Nursing and FL DOC staff. Medical necessity of treatment, setting of care and discharge planning progress are included in the daily communication. This daily collaboration facilitates timely and appropriate return to the correctional facility and continuity of care. In accordance with REP-UM-01, YesCare will provide a daily, detailed report of inpatients to the Department's Office of Health Services by 4 p.m. Eastern Time.

Retrospective Review

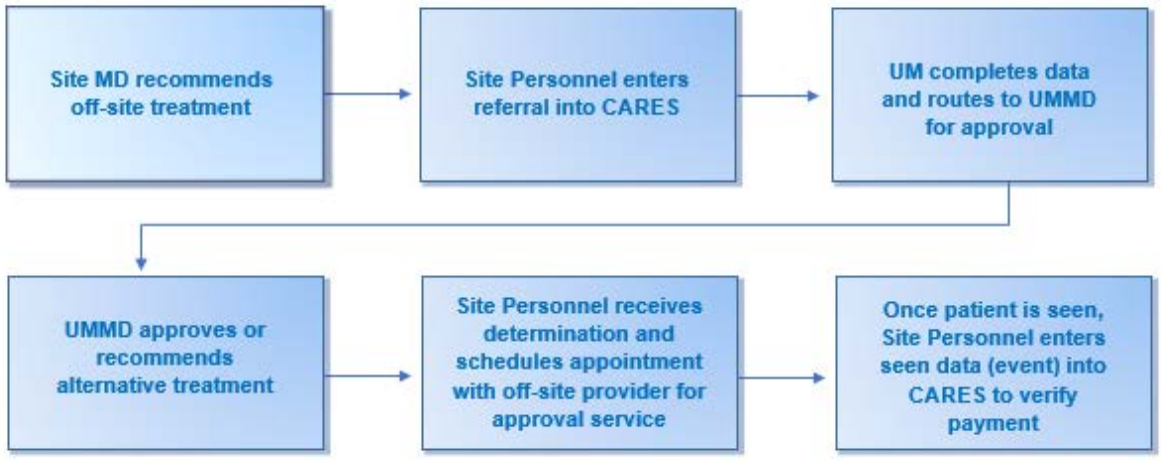
We complete retrospective review of Emergency Department (ED) visits. Through retrospective review, we evaluate medical necessity and identify trends in ED utilization. The data collected is used for provider training and evaluation of on-site services. In accordance with REP-UM-01, YesCare will provide a daily, detailed report of reported ER runs to the Department's Office of Health Services.

Collaboration and communication are unique features of YesCare's UM programs. Our multi-tiered physician review process and collaboration with community providers promotes teamwork to establish the most effective plan of care. Our objective is the highest quality of care while maximizing on-site resources and minimizing off-site expenses.

Tracking and Monitoring Appointments

CARES, YesCare's UM Platform, was developed to replace the paper-driven utilization management referral process. Providing accountability and visibility to all users throughout the referral process, CARES offers automated management/tracking of off-site appointments and verification when the scheduled off-site care is complete. Additionally, on a daily basis, the UM Inpatient Nurse adds the information obtained from the daily inpatient clinical review and hospital records into CARES so it is available to the Regional Medical Director and clinical leadership team on a real-time basis.

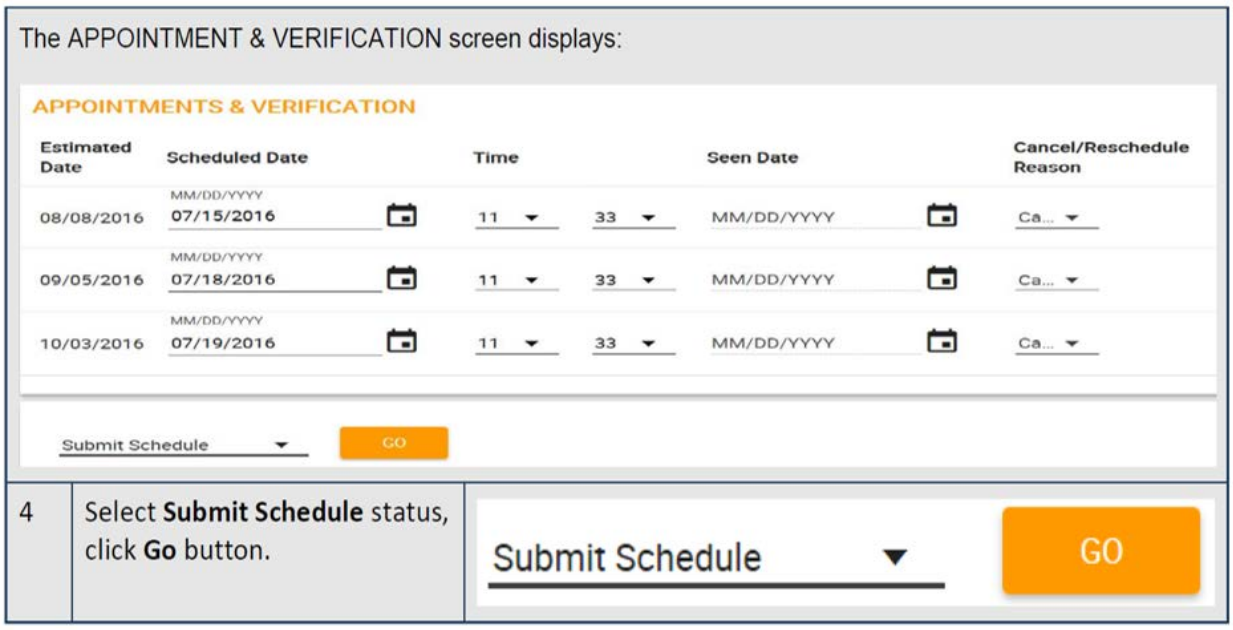
The utilization management referral process, utilizing CARES, is shown in the flowchart below:



Noted above, and shown in the screenshot below, CARES also provides automated appointment and verification tracking that is visible to site personnel and trackable throughout the history of the referral.

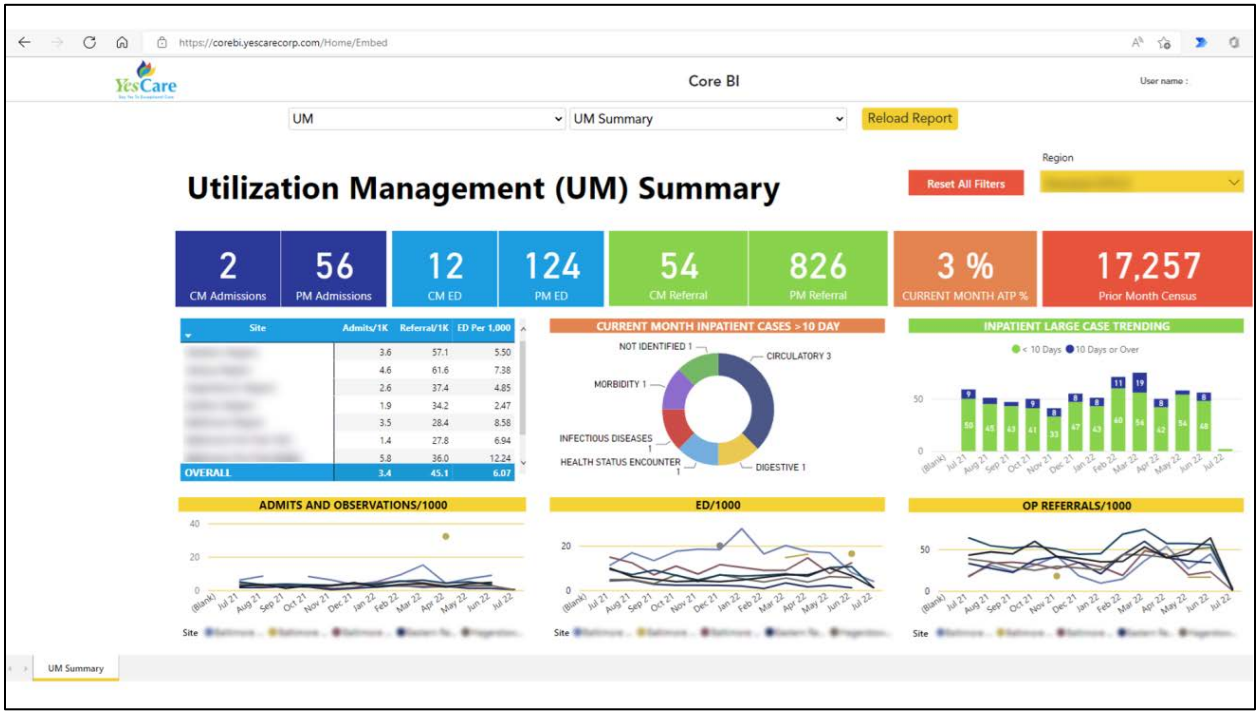
For example, if a patient has a scheduled appointment and for any reason, the appointment needs to be rescheduled, site personnel will be able to track the date and time of the rescheduled appointment and the reason for the rescheduling.

The APPOINTMENT & VERIFICATION screen displays:



4	Select **Submit Schedule** status, click **Go** button.	Submit Schedule GO

Reports are available from CARES including turnaround times for processing referrals and the amount of time from approval until the appointment is scheduled. While our goal is to keep as much care as possible in-house, both for continuity of care and cost containment, it is a reality of our industry that community resources must still be accessed. YesCare's UM dashboard, our summary page shown below, assists us with monitoring that utilization to ensure effective use of emergency services, alignment of clinical capabilities to decrease admission days, and recognize trends in these areas both at the companywide and Institution level.



YesCare will also provide custody with a Weekly Transportation Schedule by site, as shown in the excerpt below:

YesCare

Weekly Transportation Schedule

Sunday 06/19/2022										
Appointment Type	NPO	Inmate Number	Patient Name	Facility	Unit	Bed	COII Time	Appt Time	Provider	Team
OnSite - Physical Medicine & Rehabilitation		2064583	Patient A	FIRST CORRECTIONAL INST				07:00	PHYSICAL THERAPY, LLC	
Office Visit - Physical Medicine & Rehabilitation		1161990	Patient B	FIRST TRANSITION CENTER				23:00	JOHNS MEDICAL CENTER	
Monday 06/20/2022										
Appointment Type	NPO	Inmate Number	Patient Name	Facility	Unit	Bed	COII Time	Appt Time	Provider	Team
Office Visit - Orthopedic Surgery		4698091	Patient C	STATE CORR INST - SECOND				00:40	UNIVERSITY CARE, LLC	
Imaging -Nuclear Imaging		183562	Patient D	WESTERN STATE INST				06:00	WESTERN REGIONAL MEDICAL CENTER	
OnSite - Ophthalmology		951211	Patient E	SECOND CORRECTIONAL				08:00	EYE ASSOCIATES LLC	
OnSite - Ophthalmology		1644612	Patient F	SECOND CORRECTIONAL				08:00	EYE ASSOCIATES LLC	
OnSite - Ophthalmology		1250264	Patient G	EAST CORRECTIONAL INSTITUTN				08:00	EYE ASSOCIATES LLC	
Office Visit - Ophthalmology		1221397	Patient H	EAST CORRECTIONAL INST				09:45	JOHNS UNIVERSITY	
Office Visit - General Surgery		1019253	Patient I	EAST CORRECTIONAL INST				11:10	SURGICAL ASSOCIATES	
Office Visit - General Surgery		160852	Patient J	EAST CORRECTIONAL INST				12:30	SURGICAL ASSOCIATES	

f. Successful Service Delivery

Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery

Using nationally recognized criteria, YesCare's UM healthcare team, consisting of physicians, the clinical coordinator, our corporate UM Department, and site leadership apply evidence-based guidelines to proactively avoid healthcare crises, maximize the use of on-site healthcare services, and access off-site services when clinically indicated and medically necessary. We utilize a combination of InterQual® and evidence-based criteria as an indication for preauthorization, concurrent and retrospective review, and as input in determining medical necessity for healthcare services.

g. Cost Efficacy

Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service

YesCare's **Utilization Management Core Processes Program** is a two-tiered approach to utilization management for physician review of outpatient referrals and direct inpatient admissions. **This centralized UM approach allows for a safety net for preventing unnecessary offsite utilization**. It also increases the evidence-based focus of utilization management while allowing Regional Medical Directors (RMDs) to focus on patient care and maintain oversight of the care delivery process by freeing up the time that had been spent on the administrative aspects of the UM process.

YesCare's Utilization Management Nurses along with YesCare's Chief Medical Officer, will establish and promote RMDs making rounds on their patients at community hospitals. This presents opportunities to communicate and build relationships with our community partners and maximize our community partnerships, expedite care to the community partner for future specialty care, and return of our

patients to the facilities, thereby decreasing unnecessary off-site care and our custody partners time outside of the fence.

YesCare will work with community partners to establish Health Information Exchange (HIE) or VIEW ONLY access to medical records for our Institution Medical Directors, RMD's and UM Nurses. YesCare has been successful in establishing this type of resource, such as the CRISP system used in the Maryland DPSCS contract. This assists our site providers at intake, improves continuity of care, and ensures that medical care completed in the community is not unnecessarily repeated, thus driving down off-site encounters and eliminating unnecessary custody time out of the institutions.

YesCare's focused UM review process, with dedicated UMMD physician reviewers, maximizes the usage of on-site care and focuses our site providers to shift the paradigm to an approach providing medically necessary health care to exhaust all internal resources before referring the patient population for off-site care. YesCare's UMMD physicians and RMD's, under the direction of our CMO, will work with our RMC ER panel and US Acute Care Solutions (USACS) to optimize ER services at RMCH with a focus to reduce emergency room off-site usage.

YesCare's site providers, RMD's and UMMD physician reviewers will also work with AmplifyMD, our telehealth provider, as a resource for specialized care and direction, steering appropriate care on site to our RMCH specialist clinics and improve the information provided in the requests for off-site care from our site providers.

h. Value-Added Services

Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost

YesCare offers the following Value-Added Services to the FDC as a partner with solutions to your issues and concerns. We believe these additions will benefit the Inmate population as well as the custody and healthcare staff at all FDC institutions and build on the success of the current program.

Geriatric Case Manager: We recognize that 26% of the FDC's population is over age 50. To address the specific needs of this population, YesCare will identify a Geriatric Case Manager who will serve as the primary Case Management/UM nurse monitoring and tracking the care of specified Inmates, including those age 75 years and over. This will include all identified diagnoses, such as active oncology, and other advanced disease(s) cases with frequent care needs that cannot be managed on site or within the infirmaries. The GC/UM work in collaboration with YesCare's contract UM Specialists, Chief Medical Officer, consulting physicians, RMDs, UMMDs, and site physicians to assess, plan, implement, coordinate, monitor and evaluate the options and services required to meet the identified Inmate's needs.

RMC UM Case Manager: YesCare will identify a qualified UM Case Manager to focus specifically on RMC bed-management, complex cases, and palliative care. As part of the complex cases, the RMC UM Case Manager will identify and follow all Seriously Mentally Ill (SMI) or Self-Injurious Behavior patients throughout their stay at RMC. This UM Case Manager will work with the *RMC Medical Director* and others to promote the mission of RMC and maximize bed utilization and availability.

3.6.8 Quality Management Service Area

a. Acknowledgement & Acceptance: Requirements

Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs

YesCare acknowledges and accepts each requirement as listed in ITN section 3.6.8 Quality Management Service Area.

b. Acknowledgement & Acceptance: Performance Measures

Acknowledge acceptance of each Performance Measure (PM)

YesCare acknowledges and accepts each Performance Measure (PM) as listed in ITN section 3.6.8 Quality Management Service Area.

c. Exceeding Performance Measures

Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified

PGM-054: Riskonnect, YesCare's Risk Management system tracks and trends corrective action plans (CAPs) through our Patient Safety Committee. We utilize a multiple tiered mortality review process with an established format that involve details from Intake to Date of Death details.

QM-004: YesCare exceeds this requirement. As part of YesCare's Lean Improvement Program (YCLIP), our Statewide CQI Director along with other key QI positions develop committee or project teams for various identified issues on demand. Using the Define, Measure, Analyze, Improve, and Control (DMAIC) method of Lean Six Sigma, ensures problems are thoroughly researched, root causes are identified and action plans are instituted in order to gain control of the issue and reach a resolution.

d. Proposed Modifications: Performance Measures

Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings)

YesCare is not proposing any modification to the identified PMs listed in ITN section 3.6.8 Quality Management Service Area.

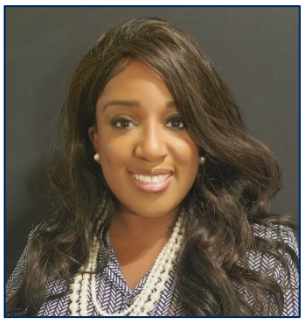
e. Plan for Providing Services

Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place

YesCare's Quality Management Program will include the following components, each of which are described on the pages that follow:

- Risk Management (RM) Program in accordance with HSB 15.09.08
- Credentialing and Peer Review in accordance with HSB 15.09.05
- Continuing Health Care Provider Education in accordance with Procedure 208.019
- Mortality Review (MR) Program in accordance with HSB 15.09.09

- Infection Control Program
- Utilization Management Procedures in accordance with HSB 15.09.04



YesCare's Continuous Quality Improvement (CQI) program is under the leadership of **Dr. Leonora Muhammad, DNP AGPCNP-BC, CCHP, Senior Vice President, Chief Nurse Executive, Patient Care Services**, and reports to the company's Chief Clinical Officer – Operations, working to develop strategic planning for the Chief Medical Officer, who represents the final authority responsible for oversight of the company's quality improvement, patient safety, and patient care services. Our Quality Improvement & Patient Safety Team (QIPS) provides program oversight for quality improvement and patient safety as well as service excellence and can quickly mobilize and directly support the FDC as necessary.

Dr. Muhammad serves as the organization's lead for all quality and patient safety activities, provides the tactical and operational deployment of the **YesCare Lean Improvement Program (YCLIP)**, establishes strong relationships with the field committee members, and helps to mitigate risk for the organization, client partners, and patients. She has held various nursing roles throughout her tenure, which includes staff nurse and charge nurse positions, Director of Nursing, Regional Clinical Services Manager, and Clinical Education and Training. She helped pioneer the development YesCare's Core Process Program.

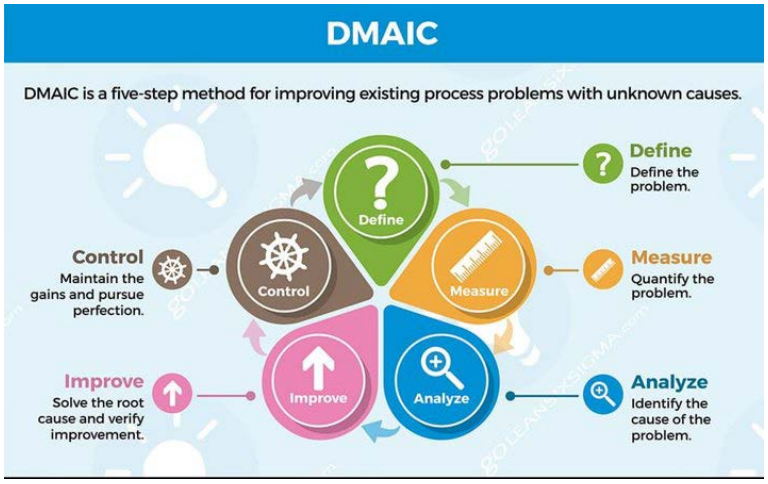
Making the best possible decisions for our patients, partners, and other stakeholders requires a commitment to a data-driven process. YesCare's Business Intelligence Unit specializes in collecting real-time clinical and operational data and formatting it into a user-friendly **YesCare BI Dashboard** – that can be accessed by our QIPS team. By offering visibility at the push of a button, our dashboards allow us to operate more intelligently, more productively.

For example, our Inmate Health Risk Stratification dashboard, shown below, combines data from the Intermountain Risk Score (IMRS), the Charleson Index, and the LACE Score to provide a risk assessment specifically designed for correctional health. These scores help us identify trends and risk factors for our chronically ill patients to provide comprehensive treatment. Having this information at our fingertips allows us to proactively monitor clinical trends and address them expeditiously. Further, the dashboard allows us to compare outcomes across the country to identify deviations and opportunities for best practices or corrective action.



Risk Management (RM) Program in accordance with HSB 15.09.08

With the implementation of YCLIP, which strives to improve clinical quality and patient safety and mitigate risk through a standardized process improvement modality, Dr. Muhammad and her team are educating all staff members to view process improvement as an integral part of everyday routine, practice, and risk reduction. **YCLIP uses a combination of Lean and Six Sigma techniques which are extensively used in the healthcare and** manufacturing **industries.** Lean improvement is utilized to remove waste from processes, reduce variations, and minimize constraints. We say, "remove the fat from our processes." By removing process defects and other forms of waste, a higher level of quality, safety, and operational excellence can be achieved within each institution.



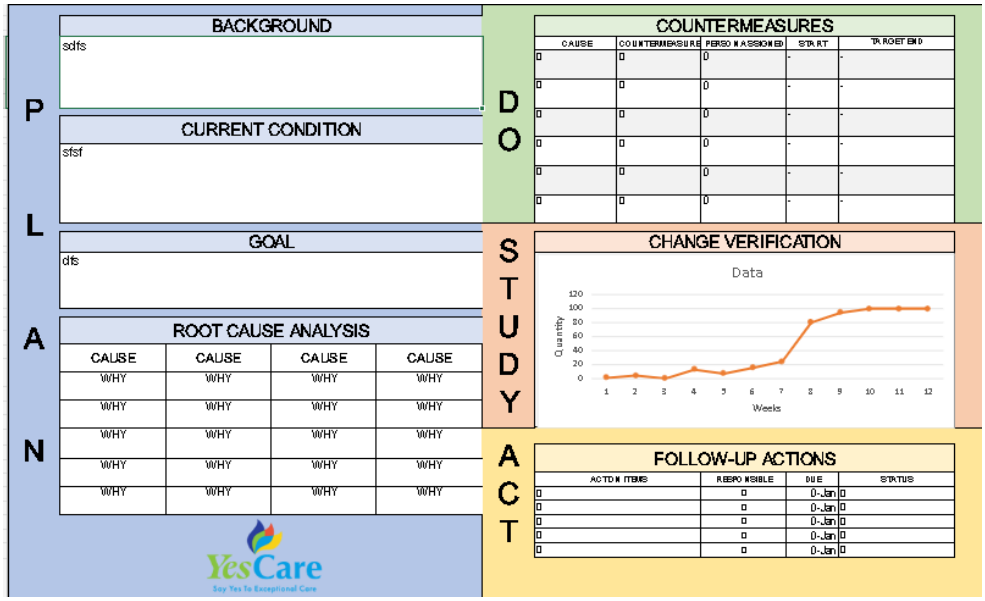
To improve clinical quality and patient safety, all levels of the YesCare team starting with frontline staff, are taught to understand the concepts of lean improvement and use the tools provided in the company's proprietary *YesCare CQI Lean Project Workbook.* Written and designed to help each team member and our client partners succeed, the workbook helps organize and track each improvement project. **YesCare certifies staff in Lean Six Sigma through our partnership with GoLeanSixSigma.com, which we believe is an industry first for correctional healthcare. In addition, YesCare created an internal Lean Certification Program, that promotes a culture of quality, continuous improvement, and safety.** Staff who become a "Lean Champion" will enhance their job performance and marketability in correctional healthcare, which is a plus when recruiting for key positions within our organization. Staff will be drawn to this "perk" while gaining an understanding of how to implement process improvement projects within their assigned institution.

goLEANSIXSIGMA.com

Dr. Muhammad has been instrumental at implementing a risk management system to track and trend patient safety and quality improvement data. **Over the last few years, YesCare has seen the number of incidents of completed suicides decrease by 10% from previous years in our community facilities and a total number of patient safety events within our state contracts decrease by 20% overall.** These improvements are attributed to the continued aggressive action plan implementation and communication between the company's healthcare support team, site and regional teams, and client partners.

Using the YesCare Lean Improvement Program at the Site Level

YesCare's QIPS team trains our site level staff to identify and remove process waste using Lean improvement principles at the site level. YCLIP is designed to improve clinical quality and patient safety through a standardized improvement modality. By removing process defects and other forms of waste, we can achieve a higher level of quality, safety, and operational excellence. In order to improve, we train our teams to understand and apply the concepts of Lean Improvement and the tools utilized from the *YesCare CQI Lean Project Workbook*.



Last year, YesCare piloted our Lean Improvement Program in our Maryland DPCSC contract, successfully decreasing risk in our medically supervised withdrawal patient population. As a result of this success, the companywide initiative to deploy an innovative approach to risk management was instituted by Dr. Muhammad and our official Lean Six Sigma Black Belt, Rebecca Connelly, MBA-PM, MS-Performance Improvement, BSN, CLSSBB, Quality Improvement Patient Safety Program Manager.

Under Ms. Connolly's leadership, YesCare staff has been trained to utilize our Project Workbook which allows site level process improvement teams to collate all project tools in one place and automatically populates to the template. This follows the Lean concepts known as "A3 Thinking," first developed by Toyota.

The continuous action of analyzing workflows and developing improved efficiencies will allow us to identify process waste and mitigate constraints. Problems identified at the site level can be improved by institution staff utilizing the A3 concept. Improving workflows allows for better utilization of staff through streamlined processes. Additionally, by understanding how patients move through a process, we can better predict resources and patient care needs.

As YesCare continues to innovate how process improvement can be integrated into site level teams, client partners, and regional leadership, we are developing a **Management for Daily Improvement Program** that integrates visual management techniques with Lean concepts. This will allow YesCare's

site leadership to collaborate with the FDC staff and easily view quality status boards on site or see the actions in progress by the staff in real time. This process is used extensively in acute care settings and would be an excellent addition to the RMC facility, so key leadership can stay abreast of process improvements across the hospital and nearby regions.

Because proactiveness is a must, Front-line teams are taught the **Eight Wastes of Lean**:

- Defects
- Overproduction
- Waiting
- Non-Utilized Talent
- Transportation
- Inventory
- Motion
- Extra-Processing

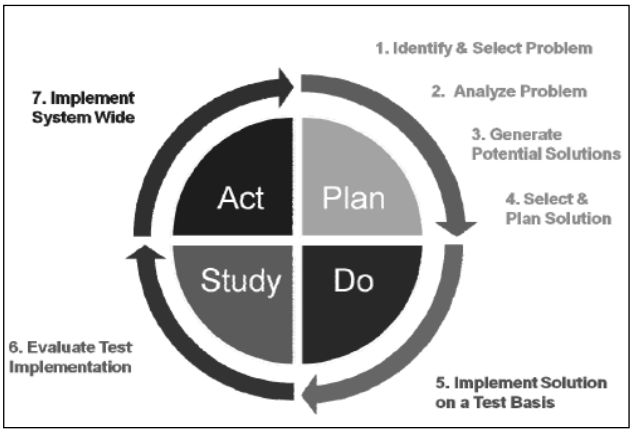


As interventions deployed in the Lean process are quite visual, the FDC as part of the on-site team, can participate in the identification of process waste if desired. When YesCare and our client partners both identify process waste, both teams work together to determine actions plans that can be piloted within the facility to ensure the changes implemented are sustainable. Whether removing waste from a process or conducting a 5S project (a system for organizing spaces so work can be performed efficiently, effectively, and safety) for workplace organization, Lean is the perfect modality.

5S is a system that focuses on putting everything where it belongs and keeping the workplace clean, which makes it easier for people to do their jobs without wasting time or risking injury. The term 5S stands for: Sort, Set in Order, Shine, Standardize, and Sustain.

Along with the Eight Wastes of Lean, the commonly used *Plan, Do, Study, Act* model of Lean is incorporated by YesCare.

- **Plan:** Identify & Select Problem, Analyze Problem, Generate Potential Solutions, and Select & Plan Solutions
- **Do:** Implement Solutions on a Test Basis
- **Study:** Evaluation Test Implementation
- **Act:** Implement System Wide



YesCare's Site-Specific CQI Program

Described above, YesCare facilities are required to maintain a specific, multidisciplinary, site-level CQI program, as mandated by NCCHC and ACA. To manage this program, we establish a site CQI Committee that will meet monthly. At a minimum, this committee will be comprised of:

- Institution Medical Director

- Health Services Administrator
- Director of Nursing, Assistant Director of Nursing, Nurse Manager
- Psychological Services Director
- Dentist
- Infection Control Nurse

Other members of the committee include charge nurses, behavioral health staff, administrative assistants, other CQI/ infection control staff, medical correctional officers, and other pertinent custody administrative staff. The Statewide CQI Coordinator and/or Regional QM Coordinator are welcome to attend the site CQI Committee meetings as deemed necessary, to further collaborate and provide transparency to the Risk Management process.

The committee monitors the success and outcomes of the patient health programs by collecting, trending, and disseminating data, and developing and monitoring Quality Improvement Plans or CAPs. The committee will also facilitate communication among the FDC administration and all disciplines necessary for an integrated health care services program.

Through YesCare's **Core Process,** we address eight (8) specific clinical processes that provide structure and the foundation for the care we deliver on a daily basis:

1. Intake Process
2. Sick Call Services
3. Health Assessment
4. Infirmary Management/Bed Management
5. Chronic Care/Special Needs
6. Emergent/Urgent Care
7. Medication Management
8. Behavioral Health

We selected these eight core processes because they form **the foundation of a quality correctional healthcare program**. These are the fundamental tasks that lead to positive health outcomes and create efficiencies in care. These eight core processes are fundamental to the functioning of correctional healthcare programs. They lead to positive health outcomes and improve efficiency of care. Each process is essential to ensuring the continuity of care.

To reinforce this approach, YesCare has developed a proprietary *Quality Improvement & Patient Safety Program Manual* that provides our healthcare team at each site with a framework and the necessary tools to cultivate a meaningful, site-specific quality improvement program. The manual is comprised of an overview of the site-level CQI program model, including performance measurement tools to monitor and assess the quality of health care services provided across the continuum of care, from point of entry through release. As such, the CQI program includes both process and outcome quality improvement studies.

Our site level CQI committee and regional clinical and operations leaders will review CQI data for the FDC contract and will be accountable for any necessary quality improvement plan opportunities. YesCare's Vice President of Operations and Statewide Medical Director will lead this process utilizing a checklist tool to ensure that the site is implementing the key components of the program. This data

review also gives regional leadership the opportunity to benchmark for quality with other YesCare regions.

YesCare requires its staff to complete appropriate outcome and process studies whenever a site-specific health care concern problem is identified using the Lean Improvement Program.

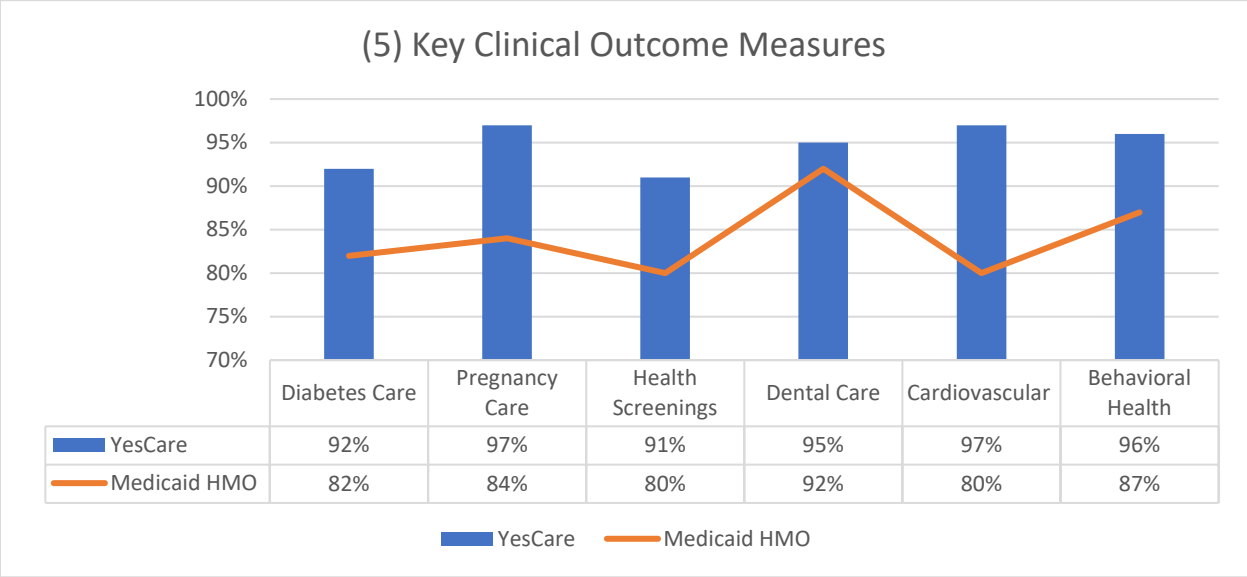
The **Clinical Quality Audit** component of our program involves our Outcome Measure Audit Screens (OMAS) and Process Measure Audit Screens (PMAS). YesCare utilizes a web-based reporting platform called **Riskonnect** that our site, regional, and corporate staff use to enter audits, patient safety events, and quality excellence service elements (such as complaints and grievances) so that we can monitor at the site level as well as regionally and across our system. Our correctional healthcare specific audits have elements that align with other national healthcare measures, so we can benchmark our services.

While the PMAS audits monitor vital process elements that ensure NCCHC and ACA compliance, the OMAS audits focus heavily on population health, ensuring we provide the absolute best care to patient population categories.

The PMAS and OMAS audit system monitors the following focal areas:

PROCESS MEASURES	OUTCOME MEASURES
Behavioral Health	Cardiovascular Health
Chronic Care	Diabetes Health
Infirmary Care	Infectious Disease
Intake Care	Pregnancy Care
Medication Management	Dental Care
Urgent/Emergent Care	Health Screenings
Sick Call	Juvenile Health
Offsite Services	
Health Assessment	
Laboratory/Diagnostic Testing	

YesCare not only promotes positive clinical outcomes, but we also “show and prove” it by the results of our clinical outcome measures audits (shown below), which are based on community standard Healthcare Effectiveness Data and Information Set (HEDIS) measures. In 2021, in five key areas of clinical quality care, YesCare facilities scored on average higher than 2020 Medicaid HMO results. These results demonstrate our commitment to delivering care equal to or greater than provided in the community.

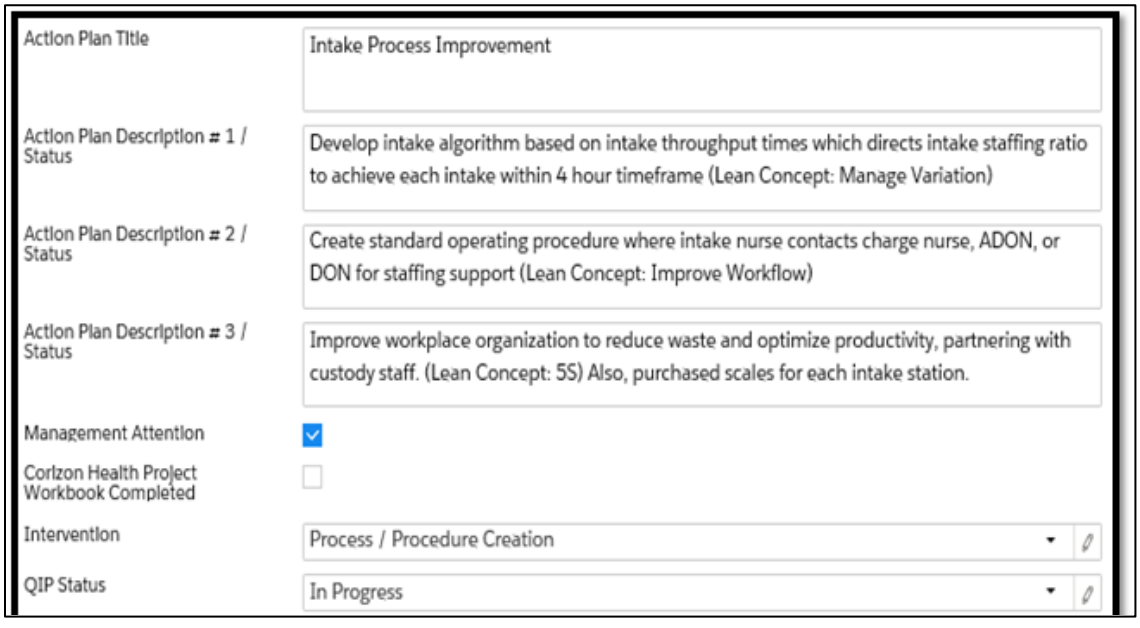


*Goals were set based on recommended Medicaid HMO HEDIS measures and YesCare Health Measures.

YesCare is committed to being open to critique knowing that we can always improve our services for the FDC, its patients and taxpayers of Florida. By being proactive and keeping our patients healthy, we can assist the FDC with the reduction of Correctional Officer time for off-site runs, and escorts from restrictive housing units to name a few.

Because we use a web-based reporting platform, our data is stored, trended, and syncs to our Quality Improvement Plans (QIPs) so that our action plans are automated and can serve as living documents to keep track of the process improvement team activities. For example, when sites identify an opportunity for improvement, our automated audit system signals the need for an action plan.

Shown in the example below, as the action plan is entered into the system, an email is automatically generated, notifying the regional team that a CAP has been created.

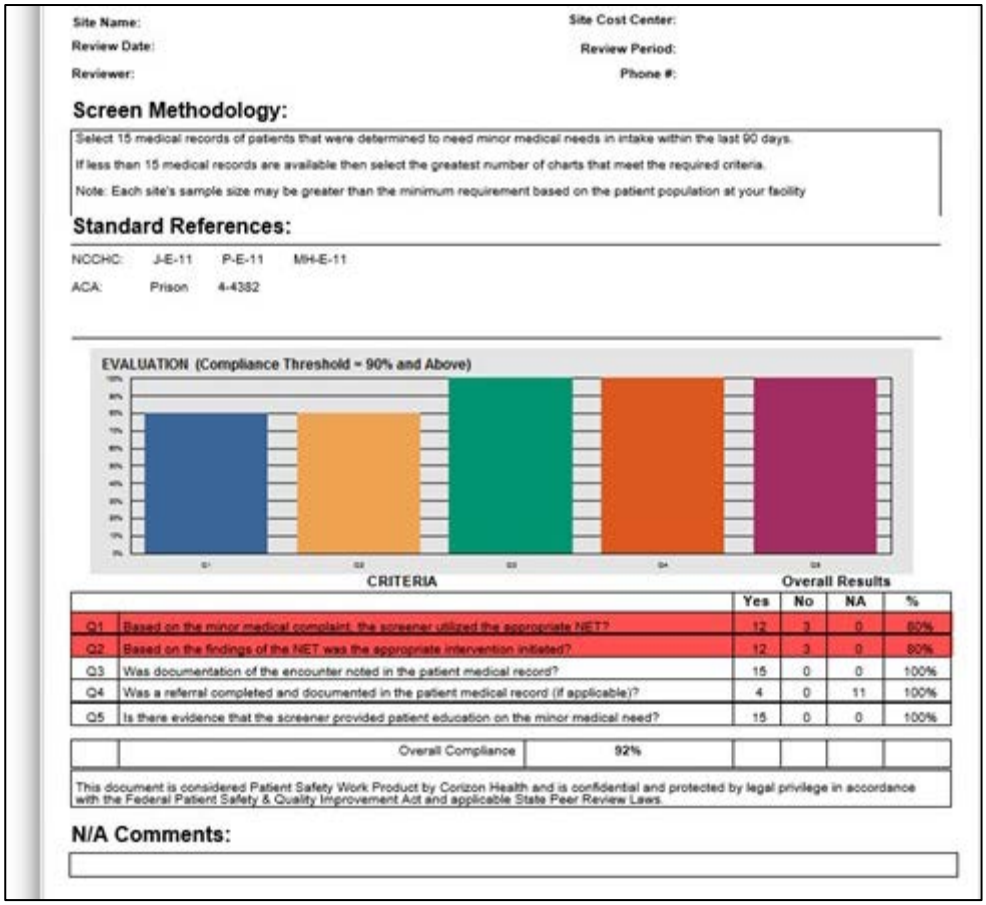


The QIPS team monitor QIPs regularly to ensure action plans are implemented and resolved. As mentioned in PGM-054, our QIPS team along with regional CQI staff will work with Department Contract and QM monitoring reviewers to proactive address problems that have been identified.

Using our Lean Six Sigma approach, projects will be established, including contract monitors, facility custody staff and YesCare staff on project teams to determine level of effort for addressing any identified problems, and creating a systematic approach for resolution of each issue. Each quarter, our QIPS committee reviews opportunities for improvement, QIPs, and improvements for sustained results. The committee consists of senior and regional leadership including Dr. Muhammad, the Patient Safety and Quality Improvement Program Managers, Regional Medical Directors, Vice Presidents of Operations, Regional Vice Presidents of Operations, Senior and Regional Behavioral Health Staff, and Nursing Leadership. Data obtained during this meeting will be shared with site leadership and the Department's administrative staff.

Ensuring high-quality patient care involves setting goals for our team's audit results. YesCare's Core Process audits have compliance goals in place and whether there is a 15% opportunity or a 5% opportunity for improvement, we continually strive to become better. The evolution of YesCare's CQI program also incorporates six quality of care standards as established by the U.S. Institute of Medicine in its landmark 1999 report, *To Err is Human: Building a Safer Health System*:

1. **Safety:** Healthcare should be safe in all its processes, for all patients, all of the time.
2. **Effectiveness:** Evidence-based practice with expertise and value for patient care
3. **Patient Centeredness:** Providing care that is respectful of and responsive.
4. **Timeliness:** Reducing potentially harmful delays.
5. **Efficiency:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
6. **Equity:** Providing care that does not vary in quality because of personal characteristics.



Site Name: Site Cost Center:
Review Date: Review Period:
Reviewer: Phone #:

Screen Methodology:

Select 15 medical records of patients that were determined to need minor medical needs in intake within the last 90 days.
If less than 15 medical records are available then select the greatest number of charts that meet the required criteria.
Note: Each site's sample size may be greater than the minimum requirement based on the patient population at your facility

Standard References:

NCCHC: J-E-11 P-E-11 MH-E-11
ACA: Prison 4-4382

EVALUATION (Compliance Threshold = 90% and Above)

CRITERIA — Overall Results

		Yes	No	NA	%
Q1	Based on the minor medical complaint, the screener utilized the appropriate NET?	12	3	0	80%
Q2	Based on the findings of the NET was the appropriate intervention initiated?	12	3	0	80%
Q3	Was documentation of the encounter noted in the patient medical record?	15	0	0	100%
Q4	Was a referral completed and documented in the patient medical record (if applicable)?	4	0	11	100%
Q5	Is there evidence that the screener provided patient education on the minor medical need?	15	0	0	100%
	Overall Compliance	92%			

This document is considered Patient Safety Work Product by Corizon Health and is confidential and protected by legal privilege in accordance with the Federal Patient Safety & Quality Improvement Act and applicable State Peer Review Laws.

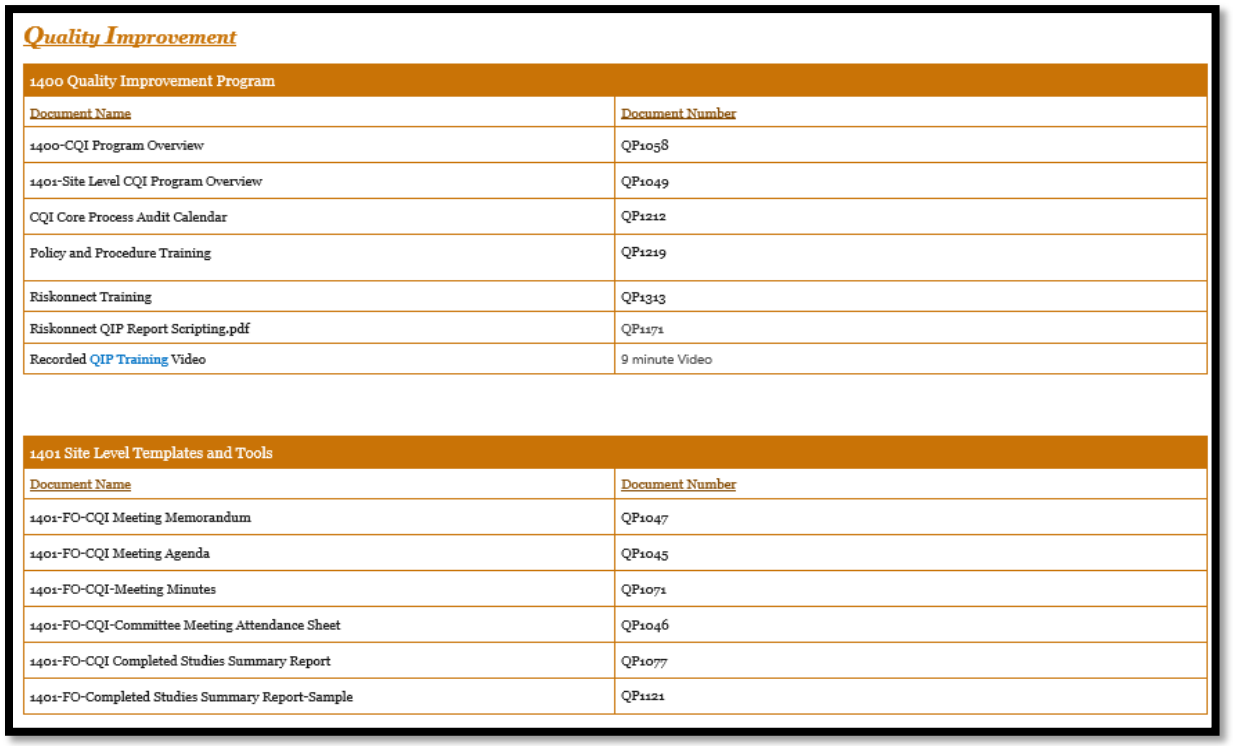
N/A Comments:

Based on these standards, gaps in care are recognized and investigated to accumulate quality improvement plans to resolve the problem. YesCare uses dashboard reports that

summarize CQI activities, as well as monitor results improvement activities, and assessments of findings. Action plans to correct or improve performance with specific follow-up criteria are generated as required. We make these reports available and distribute through our CQI Committee structures. A sample Summary CQI Report that is part of a dashboard is shown above.

Quality Tool and Program Access: YesCare also has a Quality, Patient Safety, Quality Service Excellence Program, and CQI Lean Program elements accessible for all employees located on our *MyYesCare* Intranet Site. This interactive site allows site employees access to a variety of clinical standard operating procedures, education, policies, templates, and CQI tools. Screenshots from examples of these resources are shown below:





Quality Improvement

1400 Quality Improvement Program	
Document Name	Document Number
1400-CQI Program Overview	QP1058
1401-Site Level CQI Program Overview	QP1049
CQI Core Process Audit Calendar	QP1212
Policy and Procedure Training	QP1219
Riskonnect Training	QP1313
Riskonnect QIP Report Scripting.pdf	QP1171
Recorded QIP Training Video	9 minute Video

1401 Site Level Templates and Tools	
Document Name	Document Number
1401-FO-CQI Meeting Memorandum	QP1047
1401-FO-CQI Meeting Agenda	QP1045
1401-FO-CQI-Meeting Minutes	QP1071
1401-FO-CQI-Committee Meeting Attendance Sheet	QP1046
1401-FO-CQI Completed Studies Summary Report	QP1077
1401-FO-Completed Studies Summary Report-Sample	QP1121

Patient Safety

1500 Patient Safety Program	
Document Name	Document Number
Patient Safety Organization(PSO) Policy and Confidentiality Attestation	QP1211
1500-Patient Safety Program Overview	QP1038
Policy and Procedure Training	QP1210
Riskonnect Training	QP1313
Site Level Training	QP1314

1501 Patient Safety Event Reporting	
Document Name	Document Number
SOP	QP1033
Work Flow	QP1075
Smart Card	QP1076
Training	QP1213
1501-FO-Patient Safety Event Notification	QP1019
1501-FO-Completed Suicide-Suicide Attempt	QP1021
1501-FO-Mortality	QP1020
1501-FO-Medication Error Form	QP1026
1501-FO-Reportable Events-Other	QP1022
1501-FO-Patient Safety Event Reporting Review Site Checklist	QP1044
1501-FO-Patient Safety Event Committee Feedback	QP1053
1501-AP-Medication Classification Index	QP1211
1501-AP-Medication Classification Algorithm	QP1210
1501-SC-Medication Classification Algorithm-Index	QP1124

Credentialing and Peer Review in accordance with HSB 15.09.05

YesCare's robust credentialing program ensures all staff will meet the FDC's licensing and certification requirements as required in HSB 15.09.05. **A strong credentialing process reduces provider turnover resulting in improved clinical, financial, and legal outcomes**. It also proactively ensures that provider training and experience are aligned with the clinical needs of the FDC.



Lori Morrison, Certified Provider Credentialing Specialist (CPCS) serves as YesCare's Credentialing Manager. Ms. Morrison is responsible for ensuring the providers YesCare hires meet or exceed the company's quality of care standards. She joined the company in 2009 and has managed the Credentialing Department since 2015. She is a member of the National Association of Medical Staff Services (NAMSS), a certifying organization that provides resources and education for credentialing and medical staff services.

YesCare will only place a provider at an FDC institution after a thorough and satisfactory review of standard documentation, including training and licensure verification, and **National Practitioner Data Bank (NPDB)** review. Once this information is compiled, our Credentials Committee, comprised of physicians and other licensed professionals, will evaluate potential candidates per our credentials policy.

YesCare will also enroll each provider in the NPDB's Continuous Query. This provides instant notification 24 hours a day, 365 days a year of potential adverse information regarding licensure, privileging, Medicare/Medicaid exclusions, civil and criminal convictions, and

NATIONAL PRACTITIONER DATA BANK
NPDB

medical malpractice payments of our practitioners. This practice increases the safety of our patients, our clients, and YesCare. Additionally, for a provider to remain employed with YesCare, he or she must submit a Re-credentialing Application Packet every three years.

We recognize that despite the best intentions and efforts of everyone involved, vacancies do occasionally occur. Inmates cannot go elsewhere for care, as would be possible for members of a healthcare plan outside of the facility. To ensure continuity of care, YesCare has adopted a policy to address these situations with speed and efficiency as long-term solutions are finalized. Accordingly, **providers with clean records are eligible for Temporary Affiliation credentialing** and may be approved for interim privileges for up to 60 days.

YesCare utilizes **MD-Staff**, a comprehensive credentialing system that includes all the modules needed to streamline and automate the credentialing process. The foundation for MD-Staff is an extensive, highly relational database that stores nearly every data element relating to a provider. Unlike other credentialing systems, all MD-Staff modules are built in this single powerful database, thus allowing them to work seamlessly with each other while reducing overall cost and providing the maximum amount of features.

The table below shows the threshold indicators the provider's credentials must satisfy and the steps YesCare's Credentials Coordinator takes to verify a provider's credentials:

Initial Credentials Requirements	YesCare's Verification Process
▪ **A completed YesCare Application and a Consent for Release of Information form** ▪ **Evidence of an active, unrestricted license to practice medicine in Florida** ▪ **Copy of an active, unrestricted Drug Enforcement Administration Registration with a Florida address** ▪ **Copy of current Florida controlled substance registration with a Florida address** ▪ **Copy of a degree from an accredited North American medical/professional school or a foreign medical/professional school accredited by the Educational Commission for Foreign Medical Graduates (ECFMG)** ▪ **A copy of Board Certification by an accredited certification board within the United States or two letters from practicing physicians in the applicant's**	▪ Verify all licenses, certifications, and insurance ▪ Query of the National Practitioner Data Bank (NPDB) ▪ Submit documentation to our contracted Credentialing Verification Organization (CVO) for Primary Source Verification of education, employment history and active hospital staff privileges. ▪ Identify outliers or "red flags," such as missing dates or gaps in training or professional practice or changes, restrictions, suspensions or denial of privileges, etc. ▪ Obtain clarifications or explanations of any discrepancy or outlier on the application

Initial Credentials Requirements	YesCare's Verification Process
specialty attesting to the applicant's clinical skills ▪ **Evidence of legal working status in the United States** ▪ **Current hands-on certification in Basic Life Support** ▪ **Certificate of current medical liability insurance** ▪ **Eligible prescribers must be enrolled Florida Medical Assistance Providers**	

Licensure Compliance Program for YesCare Nurses and Behavioral Health Staff

YesCare partners with **EverCheck** to monitor license compliance of our nursing staff and behavioral health staff providing direct patient care. A paperless system, EverCheck runs license verifications behind the scenes 24/7/365. Important changes are reported directly to YesCare in real time via email.

EverCheck Features

EverCheck has created a best-in-class suite of features to streamline YesCare's license verification process. These features include:

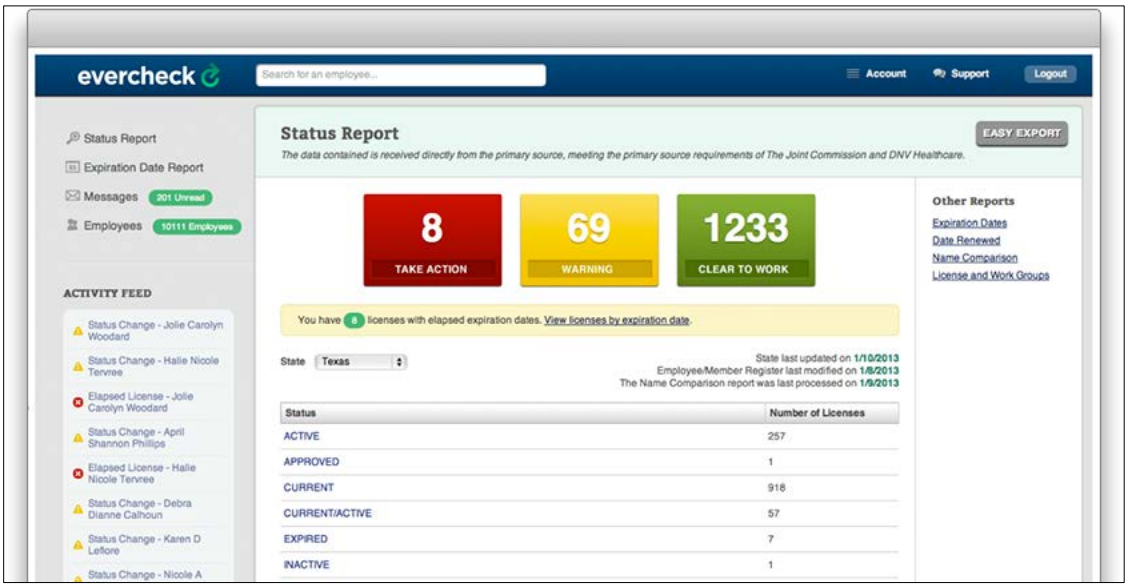
- **Daily Primary Source Verifications:** Licenses are automatically verified daily to keep YesCare aware of status changes as they occur.
- **Archive of License History:** Storage of primary source screenshots for each employee are retrievable at any time.
- **Email Notifications:** Customizable updates with important license information to help YesCare remain compliant with licensure requirements. Designated management team leaders receive email updates of important license changes that require immediate attention. With these updates, there is no need to manually monitor these licenses.
- **Effortless HRIS Integration:** Integrates seamlessly with YesCare's HRIS System, providing continuous updates to Primary Source information.

Reports

YesCare has access to the following reports through EverCheck:

- **License Status Report:** Confirms that licensed staff providing direct patient care has been reviewed and sorted into the following compliance categories: *Action*, *Warning*, *Clear to Work*. Additionally, lists the number of licenses that fall into the following status categories: Active, Approved, Current, Current/Active, Expired, Inactive, etc.
- **Expiration Date Report:** Lists employees whose license expires within the following: *Deadline 60+ days, Deadline Within 60 days, Elapsed Deadline.*
- **Date Renewed Report:** Lists the licenses renewed during a defined time period. Information includes the following: *Licensee Name*, *Date Renewed*, *License #/Employee ID*, *Profession*.

- **Name Comparison Report:** Details the official first and last name of the professional as licensed, compared to the first and last name of the employee.
- **Employee Detail:** Details the status history of each flagged employee, allowing YesCare to determine the specific cause of the issue. This report details the professional's license number, name, status, if compliance is needed, state/territory, profession, expiration date, employee register, and the status history. To address outstanding issues, the manager can give online access to specific facility supervisors, so that, in an instant, they're all viewing the same up-to-date information.
- **Status History:** Details date-stamped status history, providing irrefutable evidence as to the past activity/license history for each license.
- **Primary Source Screenshot:** Provides a screenshot from the primary source of license (shown below):



Tracking and Reporting

All YesCare's certifications, credentials and licensing are stored in our tracking and reporting system. This system gives the Health Services Administrator and Director of Nursing, direct access to their individual employee's certifications, credentials and licensing dates and documentation. They can work from within this system daily and receive alerts regarding credentials nearing expiration. With these alerts, our staff is proactive in staying compliant directly at the institution. Certifications, credentials, and licenses will be kept on file in the Health Services Administrator's office.

Peer Review

Since individual performance and accountability is key to a culture of patient safety, peer review is a component of our patient safety program. The purpose of our peer review process is to enable both parties to enhance healthcare provided to inmates.

In compliance with HSB 15.09.05 and NCCHC standard *P-C-02 Clinical Performance Enhancement*, YesCare will conduct a clinical performance enhancement process to evaluate the appropriateness of primary care clinicians' services delivered by all physicians, dentists, psychologists, RNs, LPN/LVNs, and master's level behavioral health staff. Peer review as performed under patient safety and quality

improvement is confidential and protected by legal privilege in accordance with state peer review law. Peer review results will be submitted by the 5th of every month.

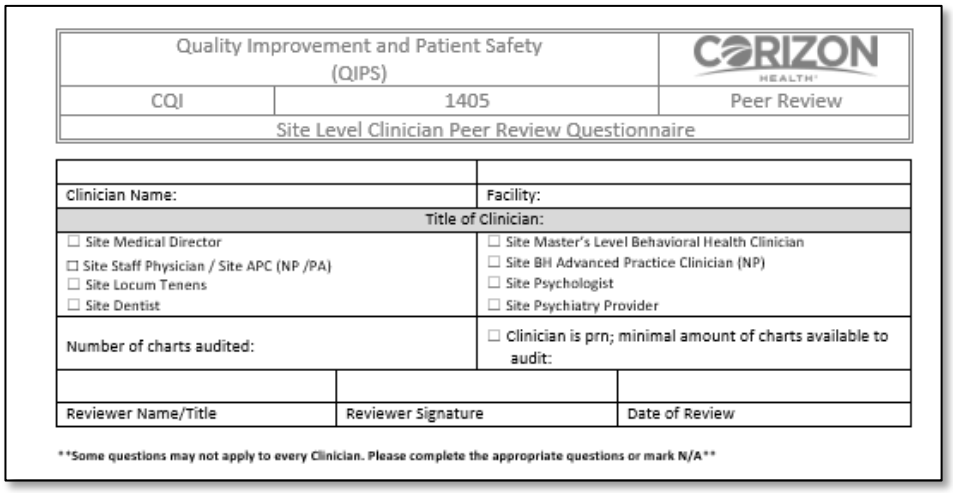
Clinical Performance Enhancement/Peer Review for Providers

Providers subject to peer review include YesCare credentialed physicians, psychiatrists, dentists, and Advance Practice Clinicians (APC) (i.e., Nurse Practitioners and Physician Assistants). Peer reviews are completed by individuals with at least equal credentials and training. Annual peer review is required as part of our three-year re-credentialing requirement for providers.

This is a fluid process performed together by the reviewer and the practitioner through dialogue and conversation to enhance competence and focus resources on areas needing improvement. This process is not a performance review.

The qualitative questionnaire for YesCare's Provider Peer Review assesses the six areas of competency recommended by the **Accreditation Council for Graduate Medical Education (ACGME)** for peer performance:

- Patient Care
- Medical/Clinical Judgement
- System-Based Practice
- Practice-Based Learning
- Interpersonal Communication
- Professionalism



Quality Improvement and Patient Safety (QIPS)		CORIZON HEALTH
CQI	1405	Peer Review
Site Level Clinician Peer Review Questionnaire		

Clinician Name:	Facility:
Title of Clinician:	
☐ Site Medical Director ☐ Site Staff Physician / Site APC (NP /PA) ☐ Site Locum Tenens ☐ Site Dentist	☐ Site Master's Level Behavioral Health Clinician ☐ Site BH Advanced Practice Clinician (NP) ☐ Site Psychologist ☐ Site Psychiatry Provider
Number of charts audited:	☐ Clinician is prn; minimal amount of charts available to audit:

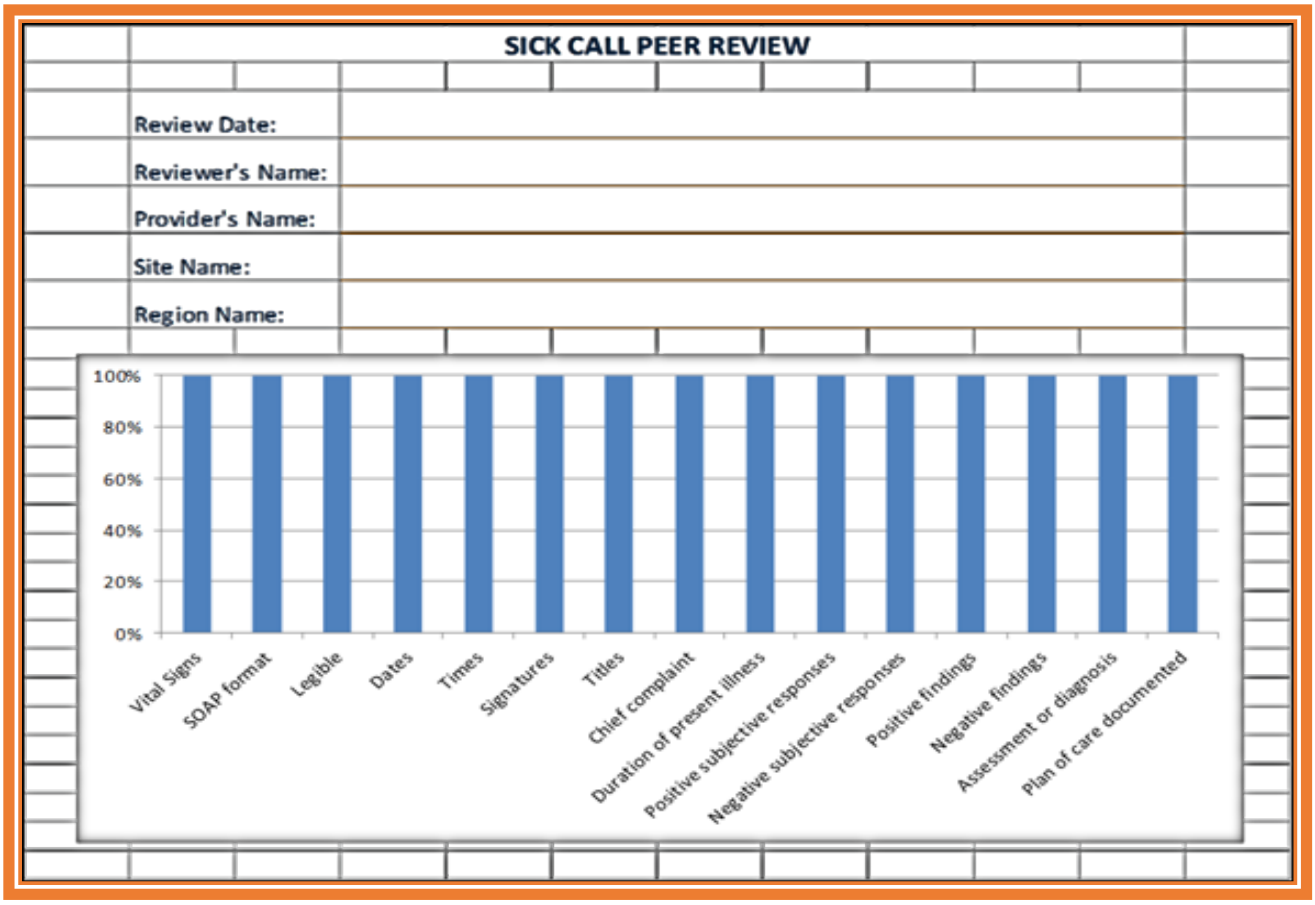
Reviewer Name/Title	Reviewer Signature	Date of Review

Some questions may not apply to every Clinician. Please complete the appropriate questions or mark N/A

The Institution Medical Director (IMD) has the opportunity to utilize the Site Level Clinician Peer Review Questionnaire to access any staff physicians, locums, or APCs on site for appropriateness of care provided during sick call and clinical encounters. Regional Medical Directors also employ a similar questionnaire to access the actions and behaviors of the IMDs. YesCare uses a 360-Feedback Review, which obtains feedback from an employee's subordinates, colleagues and/ or supervisor. This helps complete a comprehensive review of the provider being reviewed.

YesCare uses peer review tools to quantitatively audit patient records such as sick call, infirmary, or chronic care. The tool includes a series of questions that generate a summary graph. For example, the following are excerpts from our sick call peer review tools.

CRITERIA	Results			
	Yes	No	NA	%
Are Vital Signs Recorded?	0	0	0	
Are Progress Notes documented in an approved format (i.e., SOAP)?	0	0	0	
Is the patient's (CC) chief complaint noted in Subjective section?	0	0	0	
Is there a medical history noted for each complaint in the subjective (OPQRST)?	0	0	0	
Does objective data include both positive and negative findings for each complaint along with focused (PE) physical exam?	0	0	0	
Does objective data include pertinent lab(s)and radiology results?	0	0	0	
Has the provider reviewed the patient's medication compliance /medication reconciliation?	0	0	0	



In the event a provider does poorly through the peer review process, the supervising physician is responsible for conducting a Focused Peer Review, establishing an action plan to address deficient areas and monitoring compliance and progress. For example, this may include a recommendation for additional education and training. If YesCare is unsuccessful in assisting a provider to reach an acceptable level of performance, then appropriate actions are taken.

Clinical Performance Enhancement/Site Level Peer Review

The clinical performance of the RNs and LPNs and master's level behavioral health staff is reviewed at least annually through the peer review process. Noted previously, peer review is not an annual performance review. It is a professional practice review focused on clinical skills; its purpose is to enhance competence and address areas in need of improvement.

The objectives of the Clinical Performance Enhancement/Site Level Peer Review include the following:

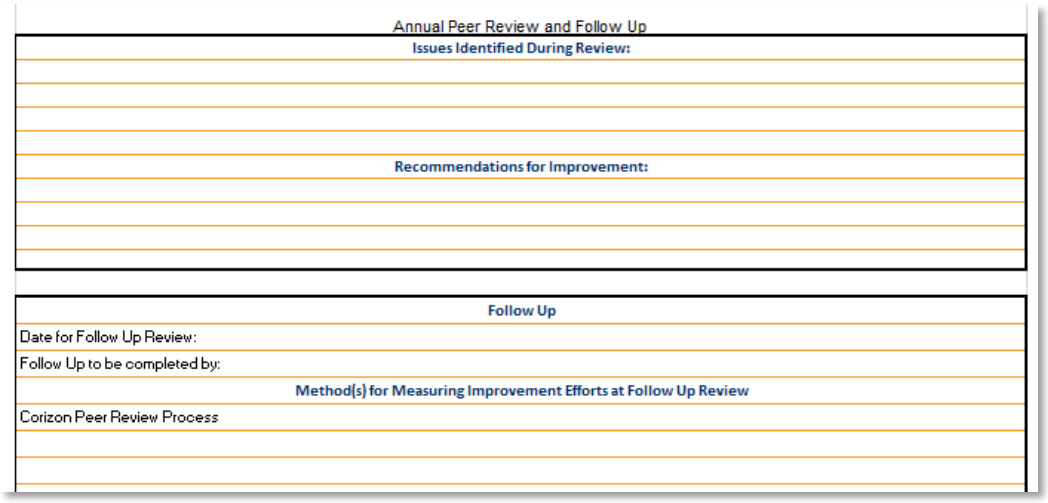
- Conduct an annual peer review of licensed nurses and master's level mental health staff who render medical and mental health care to patients in YesCare facilities
- Complete performance improvement plans based on results of the annual peer review
- Implement procedures to improve an individual's competence when such action is necessary
- Ensure peer review forms and certificates are maintained in the employee's personnel file

Peer review is done by another professional of at least equal training, preferably the site Director of Nursing, Supervisor, or Charge Nurse for nursing personnel and the site Mental Health Director for Master's level mental health staff. It consists of six steps:

- Site leadership or designee will select patient records only for areas the nurse actively works in. (For master's level mental health staff, a random selection of treatment records should be chosen)
- Review each chart based on the criteria listed on the Site Level Peer Review tool
- Record the answers on each work sheet
- Based on the results of the review, conduct a performance improvement plan (if indicated)
- Complete the Peer Review Certificate and review results with staff member
- Place the original Peer Review Form and Peer Review Certificate in the staff member's personnel file

To ensure compliance with NCCHC and ACA standards, YesCare will maintain a list of staff who has had their peer review completed. The log will include the name, title, name of the reviewer, date review was completed and reviewed with staff. This log can be reviewed by surveyors during survey review periods.

If a staff member needs improvement based on the results of the clinical performance enhancement review, then a follow up plan is developed. Issues identified during the review is discussed and recommendations for improvement are documented. Using YesCare's approach of incorporating the use Objective Structured Clinical Exam (OSCE), staff members that require improvement will be assigned a OSCE that must be completed as part of their performance improvement plan. A follow-up date along with the methods for measuring improvement efforts are added to the plan and placed in the peer review file.



Annual Peer Review and Follow Up
Issues Identified During Review:
Recommendations for Improvement:

Follow Up	
Date for Follow Up Review:	
Follow Up to be completed by:	
Method(s) for Measuring Improvement Efforts at Follow Up Review	
Corizon Peer Review Process	

Continuing Health Care Provider Education in Accordance with Procedure 208.019

YesCare **provides access to thousands of online courses that earn Continuing Education Units (CEUs)**, so all employees can maintain professional certifications and licenses and expand their knowledge. Leveraging the libraries of leading healthcare and professional development content providers, we provide easy access to best meet the employee's learning objectives.

YesCare University: YesCare supports our on-site education programs with thorough, timely, quality, state-of-the-art, customized online training programs designed to improve our teams' performance for YesCare's client partners. YesCare University ensures all staff members have complete access to the latest material necessary for success on the job, 24/7, using a laptop, tablet, or mobile device.

Through YesCare University, our on-site managers and field staff across the country have instant access to the YesCare Employee Orientation program, over 800 Continuing Education (CE) Credits, CMEs (Continuing Medical Education), annual compliance training and custom YesCare applications training courses. The content is available on desktops, tablets, and mobile phones. For ease of finding ACCME and CEU content, we added search features within YesCare University. Course completion, CEU and CME credits are tracked in the user's transcript.

YesCare University allows us to deliver comprehensive professional development instruction to our management and field employees at work or home—and **at no cost to our employees**. Utilizing cloud-based technology, YesCare can connect, inform, and educate our geographically dispersed workforce using a single, integrated online training and communication platform. YesCare can provide a wealth of course material on topics as varied as HIPAA, Workplace Violence Prevention, and CEs/CMEs for providers, nurses, pharmacists, and behavioral health professionals.

YesCare University users may take the courses at their own pace and at the most convenient time. Employees are tested on their comprehension of many subjects, thus identifying specific strengths and areas for improvement. Managers, using customizable reports, can track completion and use such data to assist in creating development opportunities for their staff.

Continuing Educational Resources: A robust continuing education offering through a partnership with multiple CE/CME content vendors allows our staff to access hundreds of CE/CMEs. We offer courses

specific behavioral health, dental, nursing, provider diagnosis and treatment, as well as corrections-specific courses, such as PREA training.

Courses are updated and/or exchanged multiple times throughout the year (annually for those issued on a yearly schedule). They are eligible for Continuing Education because most are approved by national and state-specific accrediting boards, such as NASW, APA, etc. Patient Care Services and the Training/Organization Development teams select and update content.

In addition, we provide access to over 175 ***ACCME - Accreditation Council for Continuing Medical Education*** and over 2,500 CEU courses from some of the top healthcare education providers **free of charge on Day 1 of employment** as described above. **YesCare also offers full-time providers and mid-levels a financial stipend usable for continuing education and professional development courses, seminars, and conferences (to include travel and lodging), licensure, and subscriptions.**

Mortality Review (MR) Program in Accordance with HSB 15.09.09

In the event of an Inmate death, either in a major FDC institution where health care is provided, in cases where the Inmate may have died at another location (e.g., outside hospital) but was permanently housed at a major institution, and cases where the Inmate has been housed at a work camp or road prison whose health care is provided by staff at a major institution, YesCare will immediately notify the FDC via teletype (if available) or email. YesCare will conduct all mortality reviews in compliance with HSB 15.09.09, NCCHC Standard J-A-10 and ACA-4-ALDF-4D-23.

YesCare completes clinical mortality reviews within 30 days of the identified event. During the initial days following the review, all deaths are reviewed by our Core 4 team (the Institution Medical Director, Behavioral Health Leader, Director of Nursing, and Health Services Administrator or designee(s)) to determine the appropriateness of the clinical care provided. This provides a multi-tiered mortality review process with established format that involves information from the time of intake to the date of death.

YesCare requires the clinical mortality review to be completed by our Statewide Medical Director to protect the integrity of the review and resolve the review for a provider that is not directly involved in the care of the patient. Once the review has been completed, the case is reviewed by the corporate level Patient Safety Event Committee consisting of providers, nurses, behavioral health staff, and operations leadership. Collaboratively, the senior level review yields insight to final opportunities for improvement which will be addressed in the Quality Improvement Plan automated in the risk management system.

Sentinel/Critical Events: YesCare proactively participates in quality and patient safety initiatives that place the needs of the patient first. In order to ensure that sentinel and critical patient safety events are identified, we have implemented a revised patient safety event reporting system that ensures key leadership and stakeholders are notified promptly after the identification of an event. The revised notification plan confirms that regional leadership staff is notified immediately or within 1 hour of the event so that arrangement of the clinical mortality review team can be deployed, and debriefing can occur. When more serious events are identified, corporate leadership teams are also notified and available for incident resolution.

YesCare has also employed a nationally recognized Safety Event Classification system, which is used to provide common definitions and an algorithm for the classification of safety events. The classification system is based on the degree of harm that results from a deviation from expected performance or recognized standard of care. The classification system helps to measure patient harm and improvement in reducing patient harm. Along with the classification, YesCare uses three taxonomies to help staff identify the root cause and contributing factors for patient safety events. These taxonomies help us risk stratify our events and ultimately track and trend these deviations in care. The taxonomy system reviews patient safety, individual failure, and system failures. Once identified, process improvements and projects can be started to improve negative outcomes.

Infection Control Program

The policies and procedures that guide our Infection Prevention and Control Program have been developed based on current guidelines and regulations published by the Occupational Safety and Health Administration (OSHA), Centers for Disease Control (CDC), Association for Professional in Infection Control and Epidemiology (APIC), Federal Bureau of Prisons (FBOP), NCCHC, and ACA. Other vital resources that contribute to CDC recommendations are the Advisory Committee on Immunization Practices (ACIP) and the Infectious Diseases Society of America (IDSA). They will also be in compliance with Florida Department of Health regulations, FDC procedures and HSBs, and any other applicable guidelines.

The philosophy of YesCare's Infection Prevention and Control Program is that every employee plays a role in infection prevention. We train our entire staff on current infection prevention and control guidelines. The Institution Medical Director will chair the Infection Control committee and designate a member of the healthcare team to assist in establishing, maintaining, and monitoring the infection control program.

Our Infection Prevention Program and its associated manual address infection prevention issues in various correctional settings including the medical clinic, housekeeping, linen, dental, physical therapy, and laboratory and food services. The program includes training for healthcare and security personnel on infectious disease control, prevention, and precautions, and appropriate use of personal protective equipment (PPE), including N95 masks.

The manual also provides specific directions regarding self-protection mechanisms for staff, such as the following:

- How to protect the staff member and client from exposure to infectious disease
- How to properly care for equipment to prevent the spread of infection (sterilization and disinfection guidelines)
- What to do if an infectious disease exposure occurs
- Reporting methods to local authorities once an outbreak has occurred

Surveillance, Identification and Treatment: YesCare will provide a system that tracks patients with infectious diseases from initial diagnosis to final disposition. We will also participate with the FDC and the local health department to develop a community approach to surveillance, identification, and treatment of communicable disease. We follow all cases of communicable disease, and as appropriate upon release from the facility. Our healthcare staff ensures transmission of appropriate reports to the

Department of Health and outside hospitals/healthcare delivery facilities. We will also notify the FDC of all reportable illnesses.

Infected patients receive medically indicated care, and if appropriate (due to contagious disease), are medically isolated to prevent spread of disease. Whenever applicable, we generate and provide a daily report on all patients diagnosed with a reportable infectious disease.

We provide immunizations to prevent disease when appropriate. Our employees and subcontractors provide documentation of immunizations, such as COVID-19, Hepatitis B and influenza, as well as annual TB screening and skin test clearance.

Bloodborne Pathogen Control Plan: Exposure to bloodborne pathogens poses serious risks to both healthcare and correctional staff. Recognizing this, YesCare's **Bloodborne Pathogen Exposure Control Plan** is designed to minimize or eliminate this risk. Our employees are trained on the plan's components as part of their employee orientation and annually. YesCare's Patient Care Services Department updates this training as necessary.

YesCare's Exposure Control Plan addresses infection prevention and control in all aspects of the healthcare program, including disinfection or coverage of fixed equipment, sterilizing instruments according to manufacturer instructions, and monitoring the sterilization capabilities of the autoclave used. Components of the Exposure Control Plan include:

- Hand hygiene
- Standard Precautions
- Personal Protective Equipment (PPE)
- Transmission-Based Precautions.
- Linen handling
- Environmental disinfection
- Specimen handling
- Regulated, biohazardous, infectious, medical waste
- Sharps safety
- Bloodborne pathogen exposure follow-up
- Recordkeeping standards

Training and Education: YesCare staff will be fully oriented and trained regarding our Infection Prevention Program. We address infection prevention during the New Employee Orientation sessions that each new employee must complete. We also offer infectious disease related topics each year as a component of our in-service education offerings. Our ongoing training sessions address our infectious disease processes and how the program is implemented at the site level. Hand washing education and environmental hygiene are stressed.

Disease-Specific Programs

In addition to standard precautions and procedures generic to "infectious diseases," disease-specific programs are maintained to include (but not limited to) tuberculosis, hepatitis, influenza, MRSA and HIV.

COVID-19: The YesCare response to the COVID-19 pandemic is a multifaceted, versatile approach that includes our YesCare teams, our client partner, as well as appropriate community resources and partners. Our response began with an early recognition of the potential pandemic impact on our

correctional facilities and continues with ongoing monitoring, tracking and responsive protocols. The initial YesCare Tabletop Pandemic Exercises promoted critical thinking, sharing of ideas, and cemented clear objectives and opportunities. Overcoming staffing challenges, sustaining quality patient care, meeting isolation and quarantine requirements, adopting testing and treatment recommendations and mitigating risk of exposure are all components of YesCare's successful COVID-19 planning and response.

In addition to tabletop exercises and a multidisciplinary approach, YesCare leadership and facilities:

- Collaborated with a CDC appointed epidemiologist which contributed to lower than anticipated infection rates
- Partnered with a Johns Hopkins trained epidemiologist that provided insight to earlier interventions that had not been established within the US during the initial wave
- Utilized our pharmacy partner to assist in COVID-19 symptom treatment options to lower the risk of exposure and spread. This included using personal inhalers over nebulizer treatments to reduce the COVID-19 particles that were aerosolized with nebulizers.

Policies and procedures have been developed based upon current guidelines from Occupational Safety and Health Standards (OSHA), Centers for Disease Control (CDC) Standards, Federal Bureau of Prisons (FBOP), National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA) most current standards. In addition, we work with local health departments to ensure our sites are meeting current local and state guidelines for COVID-19 response.

Examples of YesCare response policies, procedures and tools developed and implemented include:

- A COVID-19 screening form and process to determine at intake if an Inmate is at risk or has potentially been exposed to the virus. With each revision of guidance, YesCare kept the intake screen up to date with the most current guidelines to effectively identify persons at risk.
- Communication protocol to report known or suspected cases to clinical and operational leadership, client leadership, and local health authorities, as appropriate.
- Patient information Fact Sheets (PIFS) which included not only general COVID-19 information but also behavioral health and wellness topics.
- Daily tracking mechanisms to allow for all levels of leadership to identify trends, opportunities for improvement and best practices.

Tuberculosis (TB): YesCare provides TB surveillance, treatment, and monitoring consistent with NCCHC and ACA standards. As part of intake screening and/or health assessments, YesCare routinely performs a tuberculin purified protein derivative (PPD) skin test. PPDs are read 48 to 72 hours after placement unless such test was unnecessary (confirmed history of prior positive test) or medically contraindicated according to Centers for Disease Control and Prevention (CDC) guidelines. If an Inmate tests positive to the PPD test, symptom screening is performed, and the Inmate is scheduled for and receive a chest x-ray, with appropriate follow-up and care.

Inmates and staff with confirmed past positive PPDs undergo symptom screening. In the event the Inmate or staff members has a new positive symptom, screening will be repeated, and the Inmate/staff will be scheduled for and receive a chest x-ray, with appropriate follow-up and care. YesCare follows CDC guidelines for management of Inmates with TB infection, including medication and negative pressure isolation. We isolate those Inmates' displaying symptoms in a negative airflow room until cleared by the Site Medical Director and/or Department of Health. Inmates eligible for testing who

refuse this test will be placed in segregation. Should Inmates suspected of having active TB and transportation is needed, YesCare will ensure that the patient as well as the transporting correctional officers will be fitted with the appropriate N-95 Respiratory masks and / or other PPE as directed by our licensed providers.

Hepatitis: YesCare offers all direct care staff the hepatitis B vaccine series. We are committed to participating with our clients, community medical and mental health programs, and available public assistance programs to continue to develop effective approaches for the evaluation and management of Hepatitis C virus (HCV) disease.

YesCare has written plans that address the management of hepatitis A, B and C. These include policies and procedures and evidence-based clinical guidelines to assist healthcare staff in assess and treating chronic disease states. YesCare adopted the Federal Bureau of Prison (FBOP) guidelines for HCV, which are based on CDC recommendations. Combined, they delineate protocols for the identification, treatment surveillance and prevention of hepatitis. We also provide specific orientation, training, and education program components for correctional and healthcare staff regarding the prevention, identification, surveillance, and treatment of Hepatitis, including vaccination for hepatitis A and B and precautions and appropriate use of personal protective equipment. Educational programs and materials for our Inmates, including information specific for pregnant Inmates are also available.

Influenza: YesCare provides an Influenza Response program, including surveillance, treatment, and monitoring consistent with correctional standards and established FDC policy and procedures. YesCare has a detailed Pandemic Influenza Planning Checklist that teaches healthcare staff how to assess the adequacy of correctional medical emergency plans to mitigate the effects of an H1N1 or other Influenza emergency.

We use this checklist and our pandemic communications to facilitate site-level analysis regarding how to prepare a facility should an influenza emergency begin to have a major impact on patients, staff, and ultimately the ability of the facility to operate as it should.

MRSA: YesCare screens individuals at intake and during assessments for open wounds or suspected infections. If necessary, patients are segregated from general population. We work proactively to quickly treat MRSA to prevent further spread within the detention facilities.

YesCare clinical experts have developed a disease management program on MRSA, which includes training for healthcare professionals, correctional officers, and the incarcerated. Our program gives extensive information on the disease process, including history and physical examination, culturing, isolation and barrier precautions, and proper treatment in the correctional setting. YesCare adheres to the CDC's *Healthcare Infection Control Practices Advisory Committee* (HICPAC) guidelines.

As described in detail within section 3.6.6, Antimicrobial stewardship is a vital component of antibiotic usage. The selection of appropriate treatment regimens improve patient outcomes and decreases the risk of antibiotic resistance. To enhance antimicrobial stewardship, YesCare providers will consult with local infectious prevention specialists to review antibiograms and community resistance trends.

HIV/AIDS: YesCare initiates and continues antiretroviral therapy (ART) for HIV/AIDS patients consistent with Department of Health and Human Services guidelines. Our HIV/AIDS Clinical Pathway includes evidence-based tools for evaluation, treatment, and monitoring of HIV/AIDS, pharmaceutical and lab

management resources, risk reduction strategies, corresponding *Nursing Encounter Tools* (NETs), patient education, and correctional officer education.

Individuals identified as HIV-positive receive a complete medical history, physical examination, and laboratory evaluation and are counseled regarding the implications of HIV infection. Patients are then followed in an appropriate chronic care clinic. Providers have access to infectious disease specialists to assist in determining individualized, medically necessary treatment and follow-up. An individual's HIV test results or HIV status are not released without the patient's written, informed consent.

YesCare provides HIV disease counseling by trained personnel. Moreover, YesCare makes available *Patient Information Fact Sheets* (PIFS) as well as clinical staff knowledgeable in HIV/AIDS to support patient education. We have in place an HIV/AIDS education program to help reduce virus transmission risk, promote lifestyle changes while living with HIV/AIDS, and reinforce adherence to medication regimes, lab monitoring, and follow-ups. We have extensive experience with working with Florida State Dept of Health not only with co-management of HIV management previously within the FDC, but also within many local counties throughout Florida associated our current jail contracts. These partnerships have fostered great relationships, which has allowed YesCare to use its subject matter expertise within the correctional healthcare sector to offer continuity of care with the community as patients are treated for their concerns "behind the fence" and have maintained low to non-detectable viral counts.

HIV Patient Education Focus: Education is a significant component of our HIV disease management program. YesCare providers receive training on how to maximize education opportunities. Our patient education efforts are based on the following principles:

- Risk Reduction Strategy
- Ongoing Prevention Counseling
- Living with HIV/AIDS
- Culturally Sensitive Care

Goals of Therapy and Ongoing Prevention Counseling: The goals antiretroviral therapy (ART) include:

- Restoration of immune function (as indicated by the CD4 cell count)
- Prevention of HIV transmission
- Improvement in quality of life

Ongoing counseling is an essential component of management for HIV-infected persons. Each patient encounter provides an opportunity to reinforce HIV prevention strategies and quality of life improvements. Education and involvement in therapeutic decisions is critical. Therefore, each encounter includes assessment and documentation of:

- The patient's readiness to start and maintain the ART regimen
- The patient's knowledge and understanding of HIV transmission
- The patient's HIV transmission behaviors since the last encounter with a member of the health services team

Utilization Management Procedures in Accordance with HSB 15.09.04

YesCare Utilization's Management Program (UM) is a physician-driven model whose goal is to partner with on-site providers, state RMD's and the FDC, to deliver quality, medically indicated healthcare and improve patient outcomes while maintaining public safety and mitigating avoidable utilization. **Our UM program focuses on inpatient management, patients recently discharged from the hospital, and outpatient services with the goal of avoiding healthcare crises, maximizing the use of on-site healthcare services including the RMC and the infirmaries, and using off-site services only when clinically indicated and medically necessary, using nationally recognized criteria to help guide determinations.**

YesCare's UM team analyzes and reviews on-site medical services and off-site referrals to preferred providers including sub-specialty and inpatient stays. Our UM program, pursuant to HSB 15.09.04, includes non-urgent hospitalization pre-certification, urgent hospital certification, concurrent review, discharge planning, and prior authorization for targeted procedures and specialty care. We differentiate ourselves by providing evidence-based health care focused on the conscientious use of current best evidence for making decisions about the care of individual patients and the delivery of integrated health services.

As a part of our CQI program, YesCare developed a UM specific Process Measure Audit Screen to ensure appropriate review of the offsite process. The audit addresses the timeliness of the offsite referral , the scheduling of the appointment, alternative treatment plan recommendations, follow up if visit was rescheduled, and provider review of the consultation report/clinical summary provided by the offsite specialist.

We recognize that pursuant to HSB 15.09.04 and Florida statutes 945.6034(1), that the Utilization Management Program was implemented as a component in the Quality Management system. Please see our response to section 3.6.7 Utilization Management and Specialty Care Service Area for a detail narrative of YesCare's physician-driven UM program.

f. Successful Service Delivery

Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery

YesCare's Continuous Quality Improvement (CQI) program is under the leadership of **Dr. Leonora Muhammad, DNP AGPCNP-BC, CCHP, Senior Vice President, Chief Nurse Executive, Patient Care Services**, and reports to the company's Chief Clinical Officer – Operations, Mary Silva, MBA, BSN, RN, NE-BC, CCHP-RN. YesCare's Chief Medical Officer, Dr. Greg Ladele, is the final authority responsible for oversight of the company's quality improvement, patient safety, and patient care services. Our Quality Improvement & Patient Safety Team (QIPS) including our YesCare Lean Six Sigma Program Manager Becca Connelly, MBA-PM, MS-Performance Improvement, BSN, CLSSBB provides program oversight for quality improvement and patient safety as well as service excellence and can quickly mobilize and directly support the FDC as necessary.

The Quality Management Program for the FDC will be under the leadership of the Statewide Medical Director working in collaboration with the Statewide CQI Coordinator, four Regional QM Coordinators, and the medical and nursing leadership at the institutions.

g. Cost Efficacy

Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service

Cost efficacy will be demonstrated through the use of Lean Six Sigma practices that ensure waste is removed from all of our clinical processes, thus reducing risk and costs in offsite transportation, inpatient utilization, pharmacy spend, and productivity with staff.

By understanding how patients move through a process, we can better predict resources and patient care needs. For example, in a pilot study completed in our Maryland DPSCS contract, we focused on improving the monitoring of patients that had been medically supervised during withdrawal (MSW). By using the Lean Six Sigma DMAIC (Define, Measure, Analyze, Improve, Control) method to implement changes within the MSW observation process used on these patients, we predicted a 10% reduction in adverse events, a savings of $29K per 1,000 patients treated, a $406K prevention in litigation costs. That means in this instance, had we applied Lean six Sigma DMAIC at the time, we would have seen these, or very similar results.

h. Value-Added Services

Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost

YesCare offers these Value-Added Services to the FDC as a partner with solutions to your issues and concerns. We believe these additions will benefit the Inmate population as well as the custody and healthcare staff at all FDC institutions and build on the success of the current program. Each of these Value-Added Services have been explained in detail in our response to this section.

- **YesCare certifies staff in Lean Six Sigma through our partnership with GoLeanSixSigma.com, which we believe is an industry first for correctional healthcare**. With this partnership, all of our site staff are certified in Lean Six Sigma and can receive a Yellow, Green, or Black belt certification that can used in and outside of our organization. This increases morale, accountability to the correctional specialty and provides a sense of accomplishment in their professional development.

- **YesCare partners with EverCheck** to monitor license compliance of our nursing staff and behavioral health staff providing direct patient care. With EverCheck, site leadership will be aware of credentials nearing expiration and can be proactive in ensuring licensing compliance.

- **YesCare has established a Leadership Academy** to continue the development of our site leaders beyond merely demonstrating competency. Our Leadership Academy will develop our leaders on topics such as implementing and sustaining quality improvement initiatives, building and enhancing teams, recognizing and addressing client needs, exhibiting organized leadership, culture change, and valuing staff to reduce turnover and improve employee retention.

- **YesCare offers full-time providers and mid-levels a financial stipend** usable for continuing education and professional development courses, seminars, and conferences (to include travel and lodging), licensure, and subscriptions.

3.6.9 Electronic Medical Records (EMR)

a. Acknowledgement & Acceptance: Requirements

Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs

YesCare acknowledges and accepts each requirement as listed in ITN section 3.6.9 Electronic Medical Records.

YesCare will work with the EHR vendor to move GE Fusion Electronic Health Record (EHR) system from CHCC's data center to Cloud hosted HIPAA secured environment. This will provide easy transition in the future to another vendor or department if needed.

Fusion

We have already been in discussions with the EHR Vendor on our ability to enhance the system to create our standard YesCare forms, ensure vitals are mandatory on each encounter type (e.g. weights, BP, etc), to add triggers based on vitals being outside of range or a large increase/decrease in change from previous vitals, etc. adding a task or send to review. During our clinical assessments and workflow analysis any gaps identified will follow our standing change management process and upon approval will initiate plans to enhance the EHR. GE Fusion has confirmed that an HIE integration is not in place for FDC today as they have with many of their other clients, and with approval we will work with the Vendor and HIE to implement this integration. We will be taking a closer look at the features to determine any additional enhancements that should be implemented and determine a timeline based on approval and priority determined.



b. Acknowledgement & Acceptance: Performance Measures

Acknowledge acceptance of each Performance Measure (PM)

YesCare acknowledges and accepts each Performance Measures (PMs) as listed in ITN section 3.6.9 Electronic Medical Records.

c. Exceeding Performance Measures

Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified

YesCare recognizes that the EMR system availability and EMR availability PMs are 100% and 99.99%, respectively. As such, our intention to meet these PMs as written.

d. Proposed Modifications: Performance Measures

Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings)

YesCare is not proposing any modification to the identified PMs listed in ITN section 3.6.9 Electronic Medical Records.

e. Plan for Providing Services

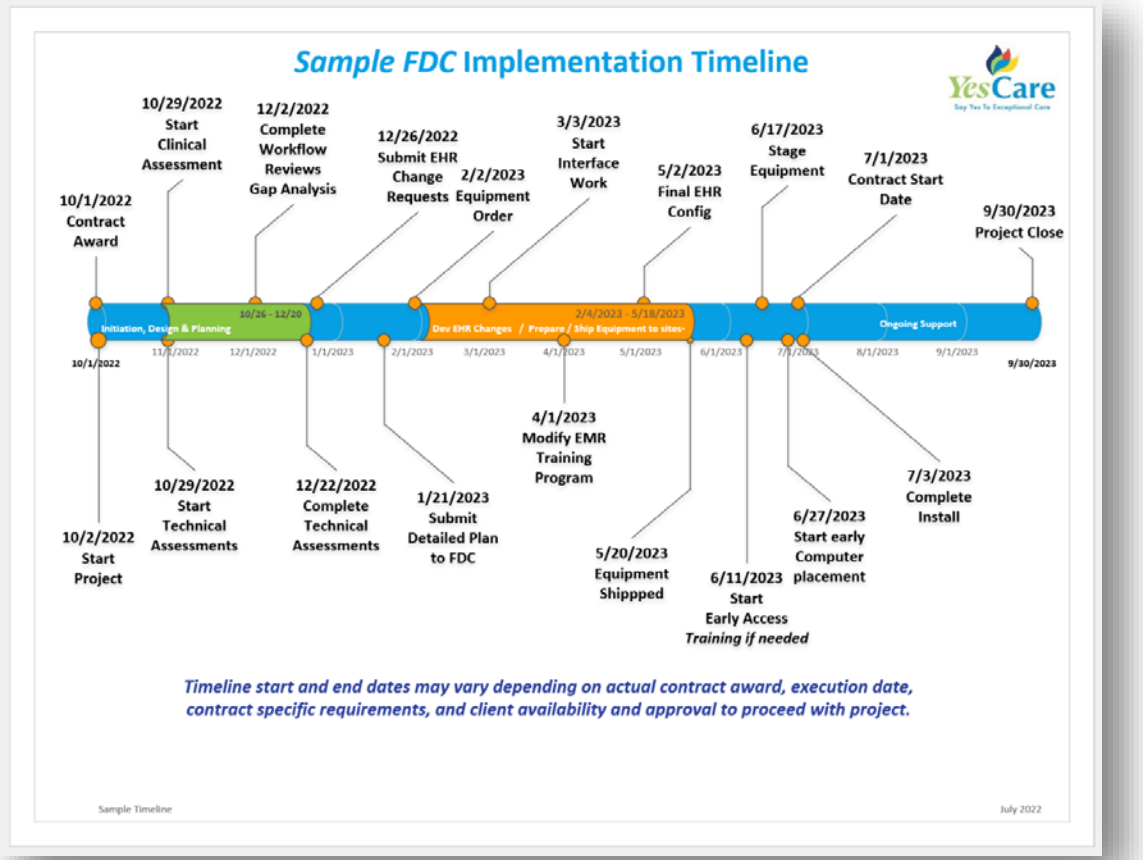
Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place

YesCare acknowledges and accepts the EMR requirements in ITN section 3.6.9 Electronic Medical Records.

With 40+ years of providing healthcare in corrections, YesCare understands what it takes to deliver an electronic health record and has exceptional experience implementing and supporting many different EHR systems for our client partners. We have led the implementation of a number of EHR solutions in both prison and jail environments, and we were the first organization in the industry to offer an EHR to our clients. We have standard project plan templates that will be modified based on the requirements and work needed for the FDC transition to be accomplished on time for the 7/1/2023 startup date.

Our ability to meet any transition timeline is based on the following assumptions:

- Timely receipt of information from previous contractor including an agreement on transition of patient records to ensure continuity of care
- YesCare network connectivity installed, tested, and ready for use
- All computer equipment is installed and ready for use
- OMS vendor provides necessary information to develop interface in a timely manner (if not in place)
- All vendor partners provide resources to complete the contracted integrations.



YesCare will structure a transition plan with the FDC and the outgoing contractor during our initiation and planning phases. Site assessment process and detailed planning starts immediately upon award and includes but is not limited to the following tasks:

- Review of key components integral to efficient EHR transition with essential FDC personnel and YesCare Leadership
- A walk-through of each Institution to formulate plans for infrastructure connectivity, including Wi-Fi access in all required areas; document locations for computers; wireless access points (APs); printers and other hardware needs. Develop a detailed infrastructure plan and obtain approval including wiring and cabling based on OIT's input on what's available and gaps identified.
- Verify an operational workflow through formal review of assessment document and observations within the medical areas of the facility in order to synthesize to YesCare standards
- Any gaps will be shared with FDC, discussed, and our project plan modified to reflect work plans to address gaps

Below is a high-level sample timeline that will be updated with a detailed plan after assessments are completed. The timeline varies based on how much lead time we are provided per the award date.

Major Milestones	Estimated Timeline	Detail
Phase One - Initial 30-60 days - Start immediately upon award!		
Project Planning and Build	**30-60 Days**	Prior to award, YesCare IT and operations have already begun contemplating the transition of the EHR. Detailed planning starts immediately when the contract is awarded to implement a ***Standardized*** cloud based EHR adding YesCare standard forms and evaluating workflows
Project Kick off	1 Day	Scheduled with the client and transition leads. Communicate with OMS/JMS vendor Communicate with priority interface vendors (pharmacy and lab) Notify EHR vendor Transition planning starts immediately
Transition Planning	2-4 Weeks	Plan determined with client, outgoing contractor, EHR vendor and transition leads (Establish transition plan and timeline)
Technical / Clinical Assessments	2-4 Weeks	YesCare IT completes on-site technical and clinical assessment and gap analysis in preparation of our YesCare standard implementation. Based on the Site Survey, determine plan and timeline
Workflow Development	2-4 Weeks	Review Standard workflows with YesCare project leadership and Client contacts in preparation of the implementation; ***This includes the review of YesCare standard forms and determine if any other contractual requirements need to be met.*** Identify any gaps and identify possible super-users
Network / Infrastructure *(Timeline may vary based on requirements)*	4-12 Weeks	Based on the Site Survey, determine plan and timeline. If needed, order circuit immediately, plan installation, (cabling, Wi-Fi, and drops if required). Procure equipment needed and resources for large deployments
Start EHR Build and Interface Development	2-4 Weeks	Provide contract specific configuration components and begin work on priority Interfaces-JMS, pharmacy, lab. Begin development of all required forms necessary for Day-One.
Phase Two –Deployment – Next 30 -60 Days		
Build and Deployment	**30-60 Days**	Finalize build activities and deployment
EHR Configuration & Database Build	4-6 Weeks	Complete YesCare standard configuration and initial testing including any day one required development
Development of required interfaces	4-6 Weeks	Complete OMS/JMS, pharmacy, lab and radiology interfaces
EHR Testing / UAT	2-3 Weeks	Complete final testing
Transition of Patient Care	2-3 Weeks	Prior to go Live date - work with Client and existing contractor to complete and test for transition of data from Current vendor to Cloud environment.
Data Conversion	TBD	YesCare, Current Vendor and EHR Vendor to determine the amount of down-time needed to move the data base from vendor hosted to cloud hosted.
Final Network, Hardware, equipment readiness	TBD	Based on the Site Survey, follow plan and timeline. Verify and complete any work associated with network circuit, cabling, Wi-Fi or equipment imaging and installation
EHR Start-up for selected Staff	**Contract Start Date**	Production environment to be ready – Day-One Support team will work with operations to be onsite where needed and provide virtual response team as well.
EHR Chart Prep	2 Weeks	With the transition of data, using the same EHR, additional chart prep is not required.
Training	10-20 Days	Super-User training, and classroom role-based training for staff. Additional web-based training options and video

		training will be available if required. Training guides and quick reference guides to be provided. Existing staff that are retained will already know the system. Will educate them on any change in forms or workflows.
EHR Go-Live for all Staff	1-2 Weeks	YesCare will have on-site and remote support staff for week one or designated time that includes a combination of management, SMEs and technical support
Daily Operations	Ongoing	After go live, sites will have Super-Users and access to SMEs and trainers. Monitoring will be setup using reports to track how staff are following the workflows. YesCare IT support is available 24/7/365 by calling or emailing our support team. A ticketing system is in place to track all issues and requests to ensure timely resolution.
Phase Three–Support– Next 30 Days		
Post Go-Live Support	30 Days from Go Live Date	The PM and Implementation team will continue to provide support with constant follow-up on questions or issues monitoring activities and site progress daily. Additional onsite visit may be scheduled depending on how the staff are doing determined by the site leaders.
Transition to Ongoing Support	Ongoing	Once site is stable, support is transitioned to YesCare's IT support process. This will include a transition from the PM to the IT Support Manager and IT Clinical Account Manager who takes over monitoring site activities and scheduling calls with site leaders to ensure site remains stable, assists with workflow questions, etc.
Close-out Activities	30 Days	PM will complete all close-out tasks for the project including lessons learned.
Scheduled Meetings	Monthly at Minimum	The IT Clinical Acct Manager / Regional EMR leader will work with Site Leaders as they learn to monitor their site's progress using scheduled or ad-hoc reporting. Schedule of meetings or visits is determined with leadership team.
Future Phase Work		
Future Phase work	90-180 Days	Any non-standard EHR implementation requests will be assessed, approvals obtained, and work scheduled.
		Any additional interface work, enhancements or workflow optimization opportunities will be assessed and planned.
*** Timeline start/end dates may vary depending on resource scheduling, contract specific requirements, network installation, and client or vendor resource availability**		

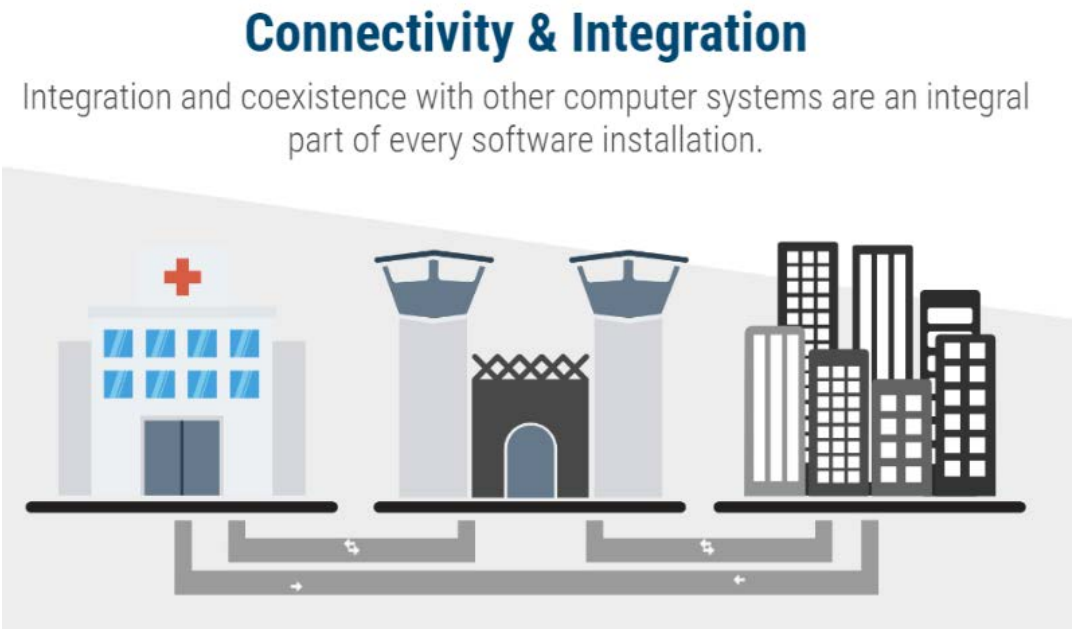
YesCare has expanded experience in implementing and supporting EMRs for a total of 24 clients in 100 facilities with over 70K+ ADP over the last ten years. We will tailor our project plan for the specific requirements of the FDC contract deliverables to ensure a smooth transition.

Transition Plan: YesCare has developed standards to transition the EHR and implement new standards for FDC that includes updating GE Fusion EHR with YesCare's standard forms and workflows that meet NCCHC Standards. We will ensure the interface with your OMS continues along with setting up the integration for our standard Pharmacy, Lab, and Radiology bi-directional interfaces.

Our YesCare team will work with the vendor, FDC, and our operations team to ensure the EHR work necessary is completed timely. YesCare and GE Fusion will utilize secure industry standards to transition the data from CHCC's data center to a cloud hosted environment.

The integrations will include secure HL7 transactions and HIPAA Privacy Rule compliant. The EMR sends and receives HL7 transactions to:

- Initiate the clinical workflows for the tracking and resulting of lab test orders.
- Order and receive radiology readings. This includes capabilities for accessing third party imaging.
- Order entry of medications
- Make Summary of Care record transfers to and from other approved healthcare providers, medical facilities and health agencies using a common dataset and format.
- Make Continuity of Care record transfers to and from outside medical facilities, specialist, and healthcare facilities to ensure the patient's record is always up to date with the latest diagnoses and medical treatments.
- Maintain updated communication with Utilization Review organizations for the management of onsite and offsite consultations and medical treatment.



Hosted EMR Solution: As a partner of Microsoft and their Azure Government Hosting Services, Fusion will provide a Tier 4 hosting environment built on best-in-class technology. The Certified Azure Government Data Centers all are SSAE-18 audited and are FedRAMP, FIPS, NIST, CJIS, ISO, SOC-2, and HIPAA compliant. Fusion leverages Microsoft Azure's highly available, load-balanced data architecture to best serve our clients. CEHR's average uptime has been 99.99% in the last twelve months and that is what we strive to achieve.

Azure Government has earned a P-ATO at the High Impact Level from the Joint Authorization Board, the highest bar for FedRAMP accreditation, which authorizes the use of Azure Government to process highly sensitive data. The FedRAMP audit of Azure Government included the information security management system that encompasses infrastructure, development, operations, management, and support of in-scope services.

f. Successful Service Delivery

Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery

Technology is the backbone of our YesCare Model and having the right resources for this contract is paramount to the success of the delivery of care. The Statewide EMR Director and Statewide EMR Project Manager will be responsible for oversight of the EMR and will work directly with the additional EMR Specific positions per region to support this contract to ensure alignment with all the goals and objectives of this contract. This team will be implementing any new upgrades or enhancement requests and ensure that the Field and Corporate IT resources are available depending on the support level needed. The Statewide IT Manager role will lead the daily support activities overseeing the IT Regional Technicians per region collaborating with our IT Service desk and leaders to resolve all technical issues, assigned IT program initiatives and is the liaison with the Corporate IT resources. This includes a large team of network engineers, field techs, support technicians and more. All IT staff dedicated to the FDC contract will work closely with our corporate subject matter experts to deliver the technology needed.

Our implementation and transition team has a vast amount of experience implementing EHRs having subject matter experts that include clinical, operations, interface developers, IT business analysts, project managers, and specialists. These resources working on the transition is in addition to our EHR partner's PM and resources.

Technical Support: After Go-Live, the project team will continue scheduled meetings as frequently as needed up to 30 days or more for ongoing support to aide in resolving issues or answer any workflow questions. The team proactively utilizes our standard operational reports to identify key areas that site staff may need some additional assistance to ensure workflows are followed. As the site's staff stabilize in the use of the EHR, a transition to our normal support model will occur with communication on the process, contact, and escalation process. Our IT EMR Leader assigned to this contract will setup a schedule with site leadership for ongoing touchpoint calls to assist with future workflow challenges and can also assist with any escalations if needed.

YesCare IT service desk is the primary point of contact for all IT or EHR events which is staffed 24/7/365. When calling our toll-free number 855-267-4848, our telephone system automatically routes callers to live support. Specific departmental contact information can be provided to the FDC and OIT post contract award for direct contact when needed. IT contact list will be provided including IT Management team members along with afterhours escalation process.

EHR Downtime

GE Fusion's Disaster Recovery plan will be incorporated once a contract is fully executed.
Downtime preparedness starts at the point of care. Each location is properly prepared in advance for their individual needs at each location in the event of downtime.

YesCare's EHR team will notify sites via mass communication prior to scheduled downtime. The notification will include release notes and where applicable quick reference guides, or training plans are provided.

Guidelines for documentation when EHR is unavailable:

- "Scheduled" downtime will be performed at a time when it will be least disruptive; problems can occur that would allow the EHR to be offline longer than expected or
- "Unscheduled" due to unplanned disruptive event. (e.g. power outage, internet down.)
  - Check frequently (every 15-30 minutes) - (or designate someone on-site) to see if internet access has been restored unless the service desk has provided an estimated time that the EHR will resume operation.

- Decision to Start Paper Processes:
  - During planned downtime, site staff should be informed prior to the start time and be prepared for manual paper processes.
  - During unplanned downtimes-site leadership will provide direction to the staff on proceeding with the manual paper processes.

Temporary EHR Unavailability: To facilitate continuous quality care, YesCare utilizes the following guidelines to document during EHR down time. YesCare forms will be utilized in order to capture clinical information when the system is unavailable. YesCare staff will work to ensure all required information is captured for entry or scanning documents into the EHR per the downtime procedures outlined below. Downtime Reports are generated daily to local computers that is to be left on at all times. The designated computer will be equipped with a UPS/battery backup system to allow the staff to print the reports needed to ensure continuity of care for Medications, treatments, etc. or where applicable use laptops to document work electronically. These reports are also maintained in a YesCare Network Folder and can be obtained by calling YesCare's Support Desk and requesting our Team to pull the applicable reports for the site.

g. Cost Efficacy

Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service

YesCare will evaluate, obtain approval where needed, and initiate any methods identified to reduce or minimize costs or Department resources associated with the electronic medical record. The EMR dedicated staff will be engaged in CQI processes and audits as areas of improvement are identified and will initiate EHR change requests following our change control processes to implement approved changes quickly.

h. Value-Added Services

Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost

Business Intelligence Program

In addition to reports and dashboards available from the EHR vendor we will utilize EHR data in combination with additional data including claims, UM, and labor data to provide an operational view that does not exist today in your current environment. This approach will take YesCare and FDC to the next level operational and decision-making ability needed by our stakeholders. Examples are provided in section 3.6.10 Information Technology.

3.6.10 Information Technology Services

a. Acknowledgement & Acceptance: Requirements

Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs

YesCare acknowledges and accepts each requirement as listed in ITN section 3.6.10 Information Technology Services.

b. Acknowledgement & Acceptance: Performance Measures

Acknowledge acceptance of each Performance Measure (PM)

YesCare recognizes there are no Performance Measures (PMs) listed in ITN section 3.6.10 Information Technology Services.

c. Exceeding Performance Measures

Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified

YesCare recognizes there are no Performance Measures (PMs) listed in ITN section 3.6.10 Information Technology Services.

d. Proposed Modifications: Performance Measures

Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings)

YesCare recognizes there are no Performance Measures (PMs) listed in ITN section 3.6.10 Information Technology Services.

e. Plan for Providing Services

Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place

With 40+ years of providing healthcare in corrections, YesCare understands the importance of establishing the network infrastructure to meet the specific requirements of the client and ensure the staff have the equipment and connectivity needed to provide patient care following the requirements set forth in ITS-001 through ITS-045. We are constantly undergoing process improvement initiatives to refine our processes and enhance our deployment plan.

After we complete all site surveys in collaboration with the FDC OIT team members, YesCare will provide the needed capabilities in compliance with FDC/OIT and any state policies. We will work with FDC management to obtain approval of the implementation roll-out plan. As part of the transition from the current vendor, we will obtain access to data repositories and migrate them to our platforms.

YesCare will have dedicated project management in place for this transition from initiation through close out. YesCare will partner with commercially available vendors and FDC cleared IT professionals to

perform the work required to meet the requirements of this contract for both network infrastructure and equipment installation and logistics. This includes the following:

- Equipment - Deploy or reimage hardware at complexes. Hardware will be freight shipped to complexes and placed in a staging area where IT Professionals may store, access, and deploy. IT Professionals will remain onsite for a predetermined amount of time to assist with basic hardware / software Q&A.
- Network infrastructure / ISP vendors – based on the established plan at each facility YesCare will either perform the work or partner with vendors to fulfill the scope of work needed with FDC cleared IT professionals.
- IT Regional Manager and IT Regional Technicians will be in place to ensure ongoing support and maintenance work along with collaboration with corporate resources and leadership.

YesCare IT will modify our standard project plan templates based on the requirements and work needed for the FDC transition to be accomplished on time for the 7/1/2023 startup date. Our ability to meet any transition timeline is based on the following assumptions:

- Timely receipt of information from previous contractor including an agreement on transition of patient records to ensure continuity of care
- YesCare network connectivity installed, tested, and ready for use
- All computer equipment is installed and ready for use
- OMS vendor provides necessary information to develop interface in a timely manner (if not in place)
- All vendor partners provide resources to complete the contracted integrations.

f. Successful Service Delivery

Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery

Network Infrastructure: YesCare will establish the necessary network operations and infrastructure to support all facilities including any bandwidth, data lines, or servers deemed necessary to maintain proper function and in accordance with FDC/OIT's requirements that include policies and security standards. This connectivity will be maintained throughout the life of the contract and security will remain active. Security will be in place that meets or exceeds the requirements of HL7 and HIPAA standards utilizing FISMA compliant encryption methods and meets or exceeds Department policy requirements.

Computer Hardware and Peripherals: YesCare will provide the computer hardware and peripherals needed to provide health care services for FDC. Work will start immediately upon award kicking off our IT initiatives. YesCare's new client startup plan includes a site survey assessment and determination of computer hardware and peripherals that will be procured and placed within each of the complexes.

In addition to the large Konica copier MFPs, additional printers and/or scanners are determined based on the layout of the complexes and functions being performed. All units will be up to date, utilizing supported operating systems and encrypted for security.

System Security Compliance: YesCare believes the performance and security of our end user environment is of the utmost importance. As such we maintain compliance with all applicable state and federal laws including HIPAA compliance with annual review and quarterly testing, soc 2 type 2

compliance. Additionally, we have extensive redundancy for all aspects of our Electronic Health Records and systems.

Software Updates: YesCare follows a rigorous change management process for all EHR Software updates working closely with the EHR vendor. All changes are documented, tested, reviewed, and approved through the YesCare Change Advisory Board prior to implementing the change into production which includes a communication plan and training plan where applicable.

We work with the EHR vendor to determine the right time to perform any major upgrades to the EHR software ensuring the vendor has minimized any issues that typically are found in major upgrades to EHR software that includes client customizations. Any major upgrades require additional testing time of the new features, regression testing, and extensive implementation planning to ensure success.

Patches will be deployed on a monthly basis to all computers in the environment with zero day or urgent security patches to be deployed as quickly as possible with advanced communications regarding planned outages.

Technical Support: YesCare IT service desk is the primary point of contact for all IT or EHR events which is staffed 24/7/365. We staff full-time Service Desk employees across three escalating tiers during the day, with additional support staff available after hours. Staff will always be greeted by a live U.S. based technician to assist in resolving issues. An IT contact list will be provided including IT Leadership team members along with afterhours escalation process.

YesCare will continue to maintain, support, and replace all PCs as needed throughout the life of the contract. We monitor each of the computers through our enterprise application. We will replace these units as necessary due to failure, inability to provide sufficient capability to end users, or as dictates based on software upgrades.

YesCare evaluates equipment for replacement with similar hardware of a newer model. All peripheral equipment including printers, scanners, monitors, keyboards, and mice are replaced, as needed. As telehealth plans are expanded, YesCare will add telehealth hardware as necessary.

g. Cost Efficacy

Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service

YesCare is always looking for process improvement initiatives and will notify the FDC of anything identified to reduce or minimize costs or Department resources associated with the providing services.

h. Value-Added Services

Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost

Business Intelligence Program

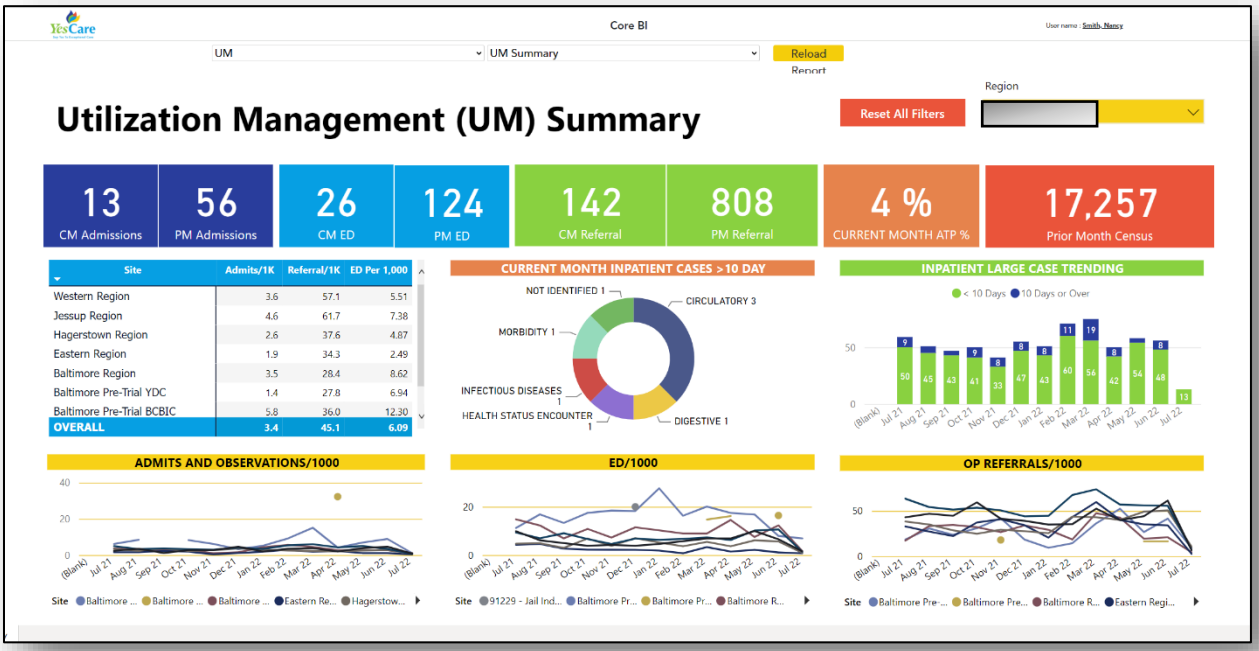
Making the best possible decisions for our patients, partners, and other stakeholders requires a commitment to a data-driven process. YesCare's Business Intelligence Unit specializes in collecting clinical and operational data and formatting it into a user-friendly **YesCare BI Dashboard.** By offering

visibility at the push of a button, our dashboards allow us to operate more intelligently, and more productively.

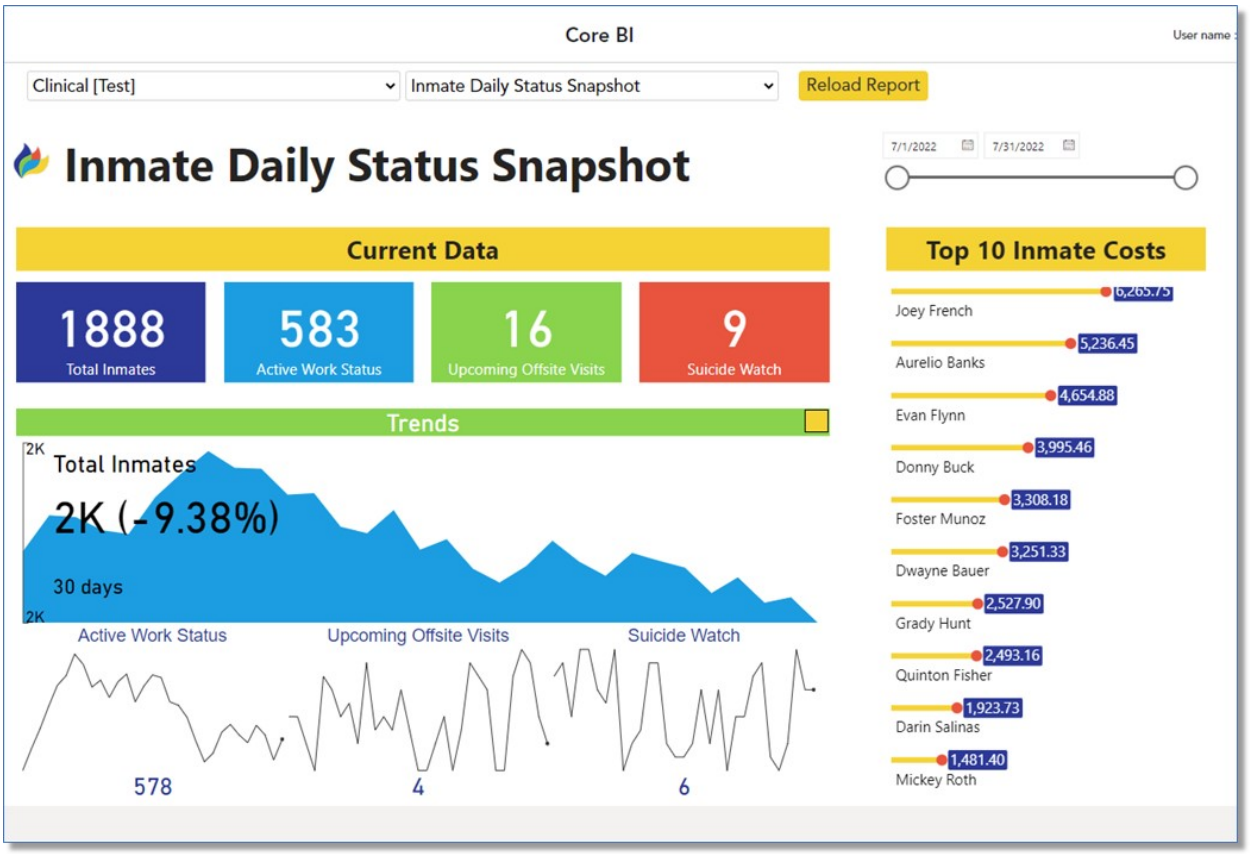
Inmate Health Risk Stratification: As an example, our Risk Stratification dashboard, example shown below, combines data from the Intermountain Risk Score (IMRS), the Charleson Index, and the LACE Score to provide a risk assessment specifically designed for correctional health. These scores help us identify trends and risk factors for our chronically ill patients to provide comprehensive treatment. Having this information at our fingertips allows us to proactively monitor clinical trends and address them expeditiously. Further, the dashboard allows us to compare outcomes across the country to identify deviations and opportunities for best practices or corrective action.



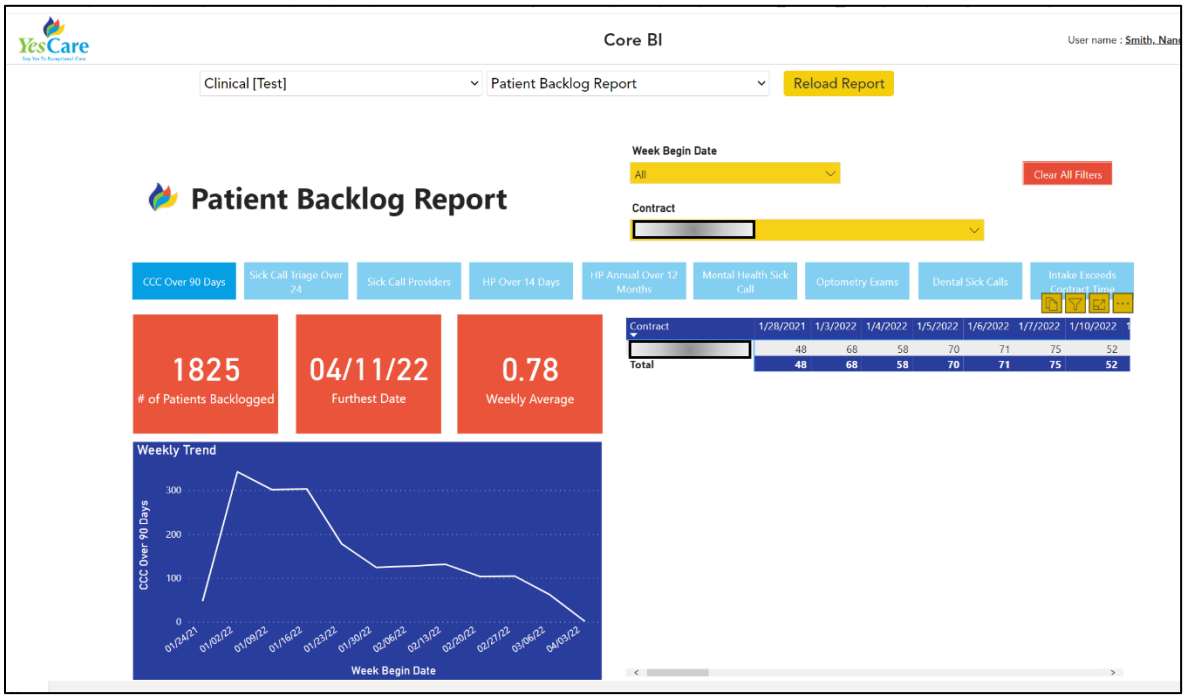
UM Summary: YesCare is committed to aligning behind the fence care with community care, when possible. While our goal is to offer as many services as possible onsite, for continuity of care and cost containment purposes, accessing community health resources is a necessary reality. YesCare's UM dashboard allows monitoring of off-site utilization for more effective use of emergency services, alignment of clinical capabilities to decrease admission days, and recognition of trends in these areas companywide and at the institution level. We leverage technology where it creates efficiencies, better outcomes, and lower costs.



Inmate Daily Snapshot: YesCare's Inmate daily snapshot spreadsheet allows us to actively monitor census data across the organization. This information, when collected in real time, allows YesCare to effectively manage and reassign resources, as well as provide essential information on patient statuses, as provided by our client partner. We are also able to track upcoming off-site appointments to ensure that appropriate pre-appointment tasks are completed to mitigate any delay in treatment and streamline off-site care as much possible.

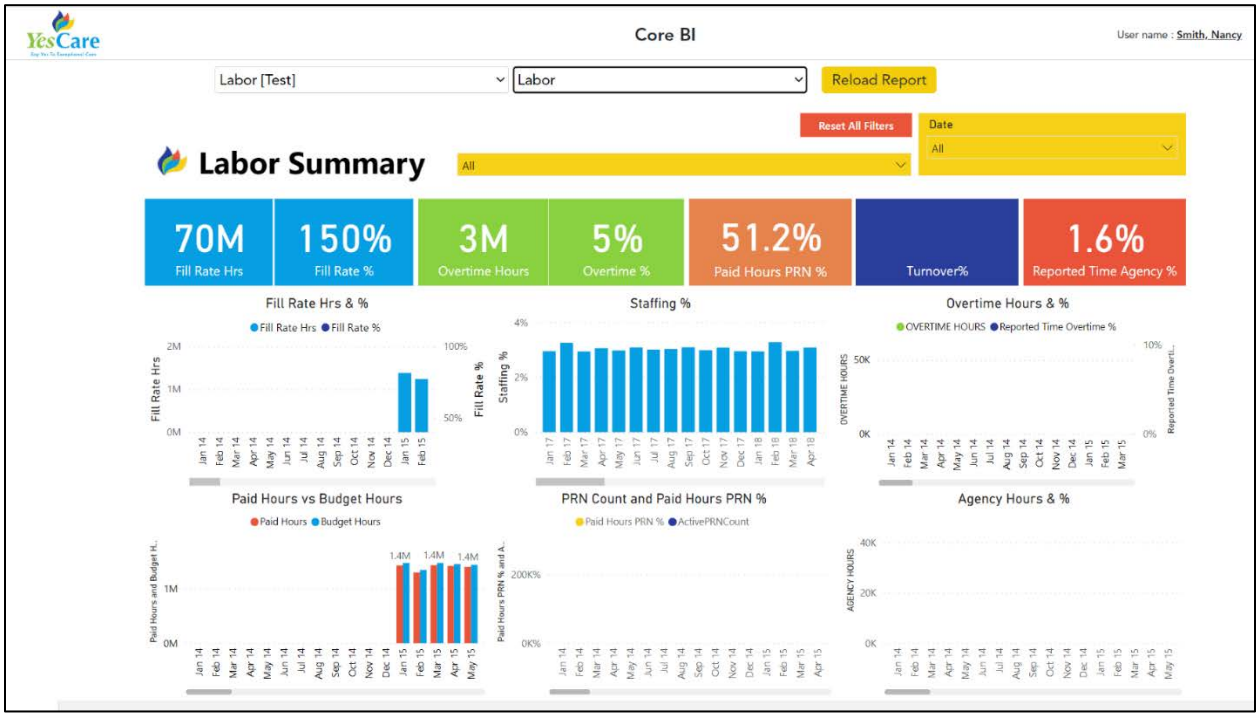


Patient Backlog Report: YesCare strives to see all patients in a timely manner and in accordance with applicable standards, including NCCHC. YesCare actively monitors backlog among all our clinical services to ensure compliance and to allocate resources, as necessary. Backlog is monitored both in aggregate number, as well as aged to so that plans to clear the backlogged appointments incorporate complete information. Performance averages are also calculated to hold staff accountable for output. While this process is currently utilizing data that is input manually, efforts are actively underway to link this dashboard with the various EHRs that are used by YesCare to have an automatic dashboard that is accurate in real time.



Labor Summary: Labor is our most expensive and most valuable resource in any of our contracts. YesCare is proud to employ a dedicated group of employees across multiple disciplines that leverage their respective expertise to provide unparalleled care to our patients. Our labor dashboards are designed to help keep labor expenditures within budgetary constraints. Metrics, such as those shown below, assist us in monitoring fill rates, overtime utilization, PRN utilization, and agency utilization. Data is fed from HR information systems, so they are accurate and as close to real time as possible. Having this data readily available allows site managers to zoom in on where we are overstaffing or understaffing, down to the level of individual jobs, categories, facilities, or even as granular as the individual level.

These dashboards push operators to favor straight-time hours to more costly PRN and agency hours and gives the higher view to know when those costly resources can be offset through more strategic assignment of staff to meet clinical and operational needs. Our turnover dashboard also aids in these areas by showing us what staff is leaving in the greatest numbers and where, down to the level of job category, facility, individual, etc. This is our trigger to strengthen recruitment efforts or analyze the reason for turnover to address any systemic issues that impact staffing.


Core BI
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Labor [Test]
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Date
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All
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51.2%
Paid Hours PRN %
Turnover%
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Fill Rate %
Staffing %
Staffing %
Overtime Hours & %
OVERTIME HOURS
Reported Time Overtime %
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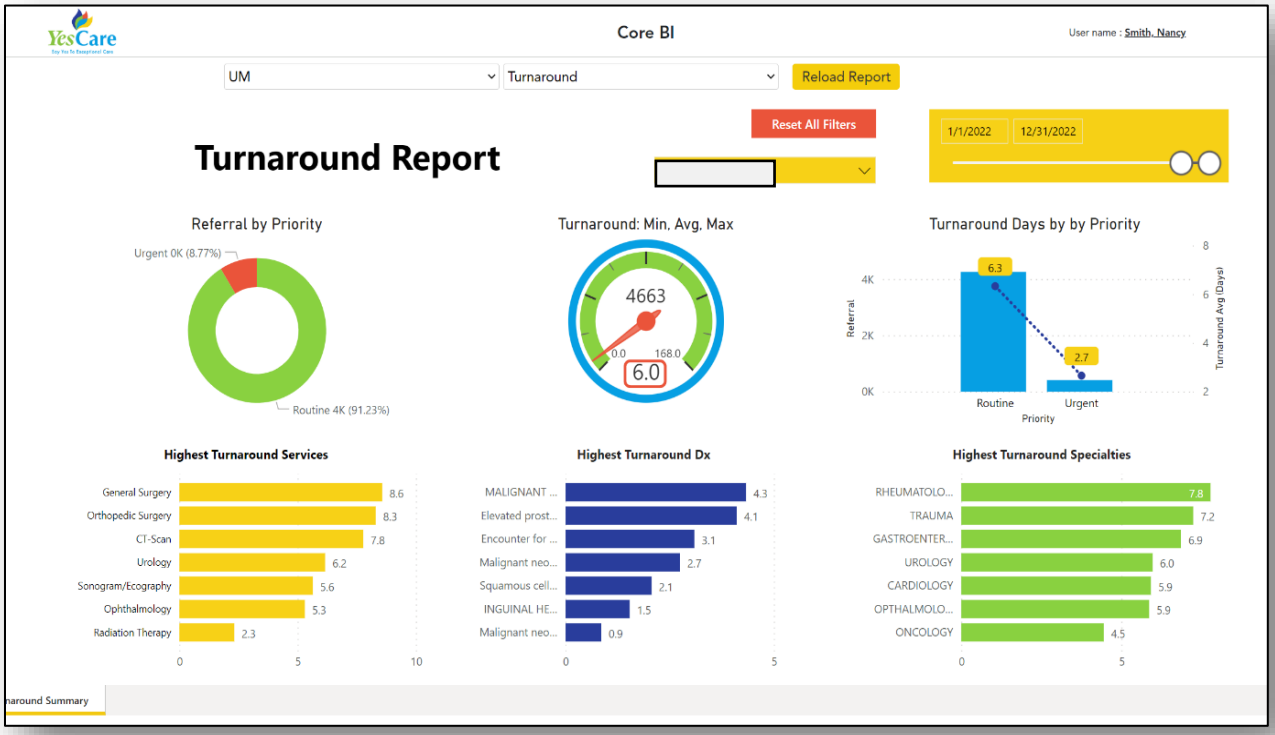
Agency Hours & %
AGENCY HOURS


Core BI
User name : Smith, Nancy
UM
Turnaround
Reload Report
Reset All Filters
1/1/2022
12/31/2022
Turnaround Report
Referral by Priority
Urgent 0K (8.77%)
Routine 4K (91.23%)
Turnaround: Min, Avg, Max
4663
0.0
168.0
6.0
Turnaround Days by by Priority
6.3
2.7
Routine
Urgent
Priority
Referral
Turnaround Avg (Days)
Highest Turnaround Services
General Surgery 8.6
Orthopedic Surgery 8.3
CT-Scan 7.8
Urology 6.2
Sonogram/Ecography 5.6
Ophthalmology 5.3
Radiation Therapy 2.3
Highest Turnaround Dx
MALIGNANT ... 4.3
Elevated prost... 4.1
Encounter for ... 3.1
Malignant neo... 2.7
Squamous cell... 2.1
INGUINAL HE... 1.5
Malignant neo... 0.9
Highest Turnaround Specialties
RHEUMATOLO... 7.8
TRAUMA 7.2
GASTROENTER... 6.9
UROLOGY 6.0
CARDIOLOGY 5.9
OPTHALMOLO... 5.9
ONCOLOGY 4.5

3.6.11 Other Requirements

a. Acknowledgement & Acceptance: Requirements

Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs

YesCare acknowledges and accepts each requirement as listed in ITN section 3.6.11 Other Requirements. We also acknowledge and accept the requirements as listed in 3.7 Key Performance Monitoring, 3.8 Overall Contract Compliance Monitoring, and 3.9 Future Transitions and Contract Expiration Tasks.

b. Acknowledgement & Acceptance: Performance Measures

Acknowledge acceptance of each Performance Measure (PM)

YesCare recognizes there are no Performance Measures (PMs) listed for ITN section D.3.6.11 Other Requirements. We do acknowledge and accept our responsibilities as the "Vendor" as they pertain to 3.7 Key Performance Monitoring and 3.8 Overall Contract Compliance Monitoring.

c. Exceeding Performance Measures

Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified

YesCare recognizes there are no Performance Measures (PMs) listed for ITN section 3.6.11 Other Requirements.

d. Proposed Modifications: Performance Measures

Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings)

YesCare recognizes there are no Performance Measures (PMs) listed for ITN section 3.6.11 Other Requirements.

e. Plan for Providing Services

Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place

YesCare has reviewed each of the Staffing Qualifications for the clinical positions described in this section. YesCare's robust credentialing program ensures all staff will meet the FDC's licensing and certification requirements as required in HSB 15.09.05. **A strong credentialing process reduces provider turnover resulting in improved clinical, financial, and legal outcomes**. It also proactively ensures that provider training and experience are aligned with the clinical needs of the FDC.

YesCare will only place a provider at an FDC Institution after a thorough and satisfactory review of standard documentation, including training and licensure verification, and **National Practitioner Data Bank (NPDB)** review. Once this information is compiled, our Credentials Committee, comprised of physicians and other licensed professionals, will evaluate potential candidates per our credentials policy.

YesCare will also enroll each provider in the NPDB's Continuous Query. This provides instant notification 24 hours a day, 365 days a year of potential adverse information regarding licensure, privileging, Medicare/Medicaid exclusions, civil and criminal convictions, and medical malpractice payments of our practitioners. This practice increases the safety of our patients, our clients, and YesCare. Additionally, for a provider to remain employed with YesCare, he or she must submit a Re-credentialing Application Packet every three years.

YesCare utilizes **MD-Staff**, a comprehensive credentialing system that includes all the modules needed to streamline and automate the credentialing process. The foundation for MD-Staff is an extensive, highly relational database that stores nearly every data element relating to a provider. Unlike other credentialing systems, all MD-Staff modules are built in this single powerful database, thus allowing them to work seamlessly with each other while reducing overall cost and providing the maximum amount of features.

YesCare partners with **EverCheck** to monitor license compliance of our nursing staff and behavioral health staff providing direct patient care. A paperless system, EverCheck runs license verifications behind the scenes 24/7/365. Important changes are reported directly to YesCare in real time via email.

Please see our response to section 3.6.8 Quality Management Service Area for additional information about our credentialing process for clinical staff.

Transition and Implementation

YesCare has provided a detailed Transition and Implementation Plan in *Tab E Implementation Plan*. This plan includes a list of all the major transition activities, with the responsible parties and timelines. YesCare confirms:

- Within three (3) Days after the Contract start date, we will meet with the Department to finalize the implementation plan to ensure an orderly and efficient transition from the current Comprehensive Health Care Vendor. At a minimum, Sara Tirschwell, CEO, Dr. Greg Ladele, CMO, Bill Carr, Corporate Officer, and Ralf Salke, Vice President of Operations will attend this meeting.

- Provide regular reports to the Department, not less than weekly, on the status of filling positions and the transition in general. Ralf Salke will be responsible for providing these reports.

- Submit its Final Transition and Implementation Plan to the Department for approval within 15 Days after Contract execution date. The Final Transition and Implementation Plan will be designed to provide for seamless transition with minimal interruption of health care to Inmates. Final transition at each Institution will be coordinated between YesCare and the Department.

- Commence provision of health care services to the Department's Inmates consistent with the approved Final Transition and Implementation Plan.

- YesCare will assume full responsibility for comprehensive health care service delivery within 90 Days of the Contract execution date, or on such other date agreed upon in writing between YesCare and the Department.

f. Successful Service Delivery

Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery

The YesCare team has effectively transitioned numerous contracts over multiple decades for statewide corrections systems to include medical, mental health, dental and pharmacy programs, as well as IT systems, applications, and networks. Our most recent such statewide contract transition was in January 2019, for the Maryland Department of Public Safety and Correctional Services (DPSCS). Maryland is under the Duvall consent decree. Our success in Maryland is demonstrates significant improvement over the prior vendor and is evidenced through the audited performance measurements of the Duvall monitor which we would be happy to share with the FDC.

The key to our success is to bring seasoned professionals from across our organization with expertise in contract transitions to furnish technical assistance, HR functionality, and project management capability during start-up. Our transition team includes clinical and operational leaders from across our company, members of our Healthcare Support Team along with IT and executive leadership, all of whom have extensive experience with contract and services transitions and would be excited to bring our knowledge and resources to the FDC.

g. Cost Efficacy

Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service

YesCare's **Lean Improvement Program (YCLIP)**, described in detail in section 3.6.8 Quality Management Service Area, **uses a combination of Lean and Six Sigma techniques** to improve clinical quality and mitigate risk through a standardized process improvement modality. Cost efficacy is demonstrated through the use of Lean Six Sigma practices that ensure waste is removed from all of our clinical processes, thus reducing risk and costs in off-site transportation, inpatient utilization, pharmacy spend, and productivity with staff.

By understanding how patients move through a process, we can better predict resources and patient care needs. For example, in a pilot study completed in our Maryland DPSCS contract, we focused on improving the monitoring of patients that had been medically supervised during withdrawal (MSW). By using the Lean Six Sigma DMAIC (Define, Measure, Analyze, Improve, Control) method to implement changes within the MSW observation process used on these patients, we predicted a 10% reduction in adverse events, a savings of $29K per 1,000 patients treated, a $406K prevention in litigation costs. That means in this instance, had we applied Lean six Sigma DMAIC at the time, we would have seen these, or very similar results.

h. Value-Added Services

Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost

Noted above, the YesCare team has, over decades, successfully transitioned no less than 29 statewide corrections systems contracts that include medical, mental health, dental and pharmacy programs, as well as IT systems, applications, and networks. The value-add for the FDC is that our vast experience, deep financial and corporate resources, and data-driven management makes YesCare one of the only

positive alternatives to the current vendor. We will bring experts from across our organization to capably transition this contract with minimal disruption to the FDC.

TAB E – IMPLEMENTATION PLAN

YesCare welcomes the opportunity to use our experience transitioning statewide correctional systems, including our previous experience transitioning the FDC Health Care Services contract in Regions 1, 2, and 3, to implement the FDC's new healthcare contract. We recognize the Department may have reasonable concerns around transitioning the current program, as well as concerns for the employees of the current vendor and the Inmates in the FDC care. **It is our commitment to you to be a partner in every respect.** Making this transition as seamless as possible will require a provider team, like YesCare's, that is skilled in overseeing contract statewide transitions. **YesCare's operational focus on appropriate staffing as the path to quality care and risk mitigation will reduce the bumpiness of transition.**

We have successfully transitioned no less than 29 statewide contracts including medical, behavioral health, pharmacy, and dental programs. **Together with our partners, we have transitioned statewide contracts in challenging circumstances, including a comprehensive transition for the Arizona Department of Corrections upon receipt of 30 days' notice.** In 2019, we transitioned the statewide contract for the **Maryland Department of Public Safety and Correctional Services (DPSCS)**. YesCare is prepared and has the deep bench of resources needed to fully implement services on July 1, 2023. **Currently YesCare is beginning to transition the entire State of Alabama from Wexford Health Sources for an effective date of October 1, 2022.**

E.a. On-boarding of staff and other resources

YesCare's Human Resources (HR) operating model is designed to support our clients and patients by empowering our teams in the field. In a market that is highly competitive for skilled labor, compensation clearly matters; but so does fostering a positive environment that offers a full suite of opportunities for advancement and professional growth. Our reputation, culture, and online presence signifies the kind of company we are. Our experience and employees' tenure reinforces our capacity to attract talent.

Our HR team enables our culture through action. They recognize the importance of devising creative solutions for talented candidates. Our **Centers of Expertise** (COE) devise and introduce tactical HR initiatives; our **HR Business Partners** create solutions to need in the field; and our **HR Service Center** leverages technology to enhance team member experience. YesCare brings to the FDC our strategic advantage in filling vacancies with temporary nursing staff through our affiliated companies, **CareerStaff Unlimited**, **United Staffing,** and **Access Therapies**. We feel that our HR model is a critical enhancement to the YesCare value proposition for the FDC.

YesCare's recruiting model has demonstrably improved our ability to attract and retain clinical talent, particularly in Maryland, a very competitive market. We have revamped our compensation analysis techniques to incorporate significantly more localized market intelligence, including input from our field leadership. We have also reduced internal red tape to facilitate a more responsive, hands-on and proactive process.

Compensation as a Tool to Retain and Recruit

Our goal is to retain the qualified staff who provide daily care throughout the FDC. The combination of our compensation package, Employee Stock Ownership Plan (ESOP), and benefits program, along with educational training, mentoring, and onboarding programs that enable advancement opportunities, will result in our ability to retain most existing healthcare staff.

YesCare's compensation philosophy is to pay all employees well and for them to share in the success of the company. To be competitive, our compensation analysis incorporates significant Florida-based market intelligence, including knowledge from our other six sites within the state. Because the market is evolving rapidly, we review wages monthly. Additionally, all YesCare employees receive a performance evaluation at least annually with potential for **wage and/or responsibility increases based on performance and/or market conditions.**

YesCare is bringing back the oft-forgotten principles of recognizing employees for a job well-done, treating them with respect, and acknowledging that their contributions are the primary reasons for a company's success. As we build a culture of transparency and accountability, our conversion to 100% employee ownership later this year through an Employee Stock Ownership Plan is just one tangible demonstration of our commitment to those principles. The ESOP structure helps to align the interests of our team members with the interest of our clients resulting in a heightened commitment to client service, enhanced employee retention, and strengthened business continuity. Ideally, this is a win-win situation for our client partners, YesCare, and its employee owners.

Boots on the Ground Recruiting

Our experience has shown that **dedicated in-state recruiters and dedicated field-level HR generalists, supported by our corporate talent acquisition team, are critical to attracting and retaining staff**. YesCare will use Florida-based recruiters dedicated to sourcing and attracting candidates to fill open positions at FDC Institutions. We will hire Florida-based HR generalists for each of the four regions, specifically to support attracting and retaining qualified staff at FDC Institutions.

We Love Our Nurses

YesCare's nurse leadership and Talent Acquisition Team have built a multitude of cultural, economic and career development strategies to recruit and retain nurses, including training, continuing education, nurse preceptor and mentoring programs. For example, we provide reimbursement and bonuses for Lean Six Sigma and CCHP accreditation. We also have tuition reimbursement programs for nurses who commit to stay with YesCare for a minimum term. **Our strategies are rooted in the philosophy that if we, as a company, take care of our nurse employees, our nurses will take care of our patients.** This means better, more consistent care and less headaches for our clients.

Employee Referral Bonus Program

Our **Employee Referral Bonus Program** thanks employees with a bonus for referring qualified candidates. **Our employees are uniquely positioned to know what we look for in clinicians and to explain the experience of being a valued employee of YesCare.** While some eligibility requirements apply, there is no cap on the number of referrals and bonuses **can reach up to $3,000** per referral.

Bilingual Bonus Program

Recognizing a growing number of our patients do not speak English, YesCare is going a step further by recruiting staff fluent in both Spanish and English. **Adding a bonus to attract bilingual staff will promote more effective patient/staff interactions and experiences.** Two of our recruiters are bilingual and will assist in this new initiative.

Outstanding Recruiting Resources

YesCare's Talent Acquisition Team consists of over twenty recruiters who develop and implement a recruitment plan specifically tailored for each contract. **Dedicated, in-state recruiters and a dedicated field-level HR generalist, supported by our corporate talent acquisition team,** are critical to attracting and retaining staff. Recognizing that the current provider has over 400 open positions posted on the company's job website, **YesCare will hire Florida-based recruiters at the corporate level. Each Region will have at least one embedded recruiter; the embedded recruiters in Regions 3 and 4 will be bilingual. Also, each Region will have at least one HR generalist to provide additional support in sourcing and attracting candidates to fill open positions.**

The recruiting plans include lead generation, candidate screening, advertisement development and placement, as well as providing recruitment training to site leaders and participating in community awareness activities such as job fairs, industry conferences, open houses, along with nursing school visits and nursing school partnerships. We also offer **sign-on bonuses and relocation** for many positions to encourage new applicants and to attract exceptional personnel with whom we have prior experience.

YesCare has a distinct competitive advantage when it comes to agency usage. Three of our nation's leading health care staffing agencies are a part of our organization - **CareerStaff Unlimited**, **Access Therapies**, and **United Staffing Solutions**. Our exclusive staffing relationships create synergies for our clients that no other company in the industry can match.

Partnership with Local Colleges and Universities

YesCare has partnerships with local universities, colleges, and nursing schools for clinical rotations at our facilities in each geographical region we serve – including Florida. These rotations provide tremendous exposure for students and residents to explore correctional healthcare early in their education. As a result, some students have chosen to pursue correctional healthcare as a career and YesCare has hired them upon graduation. We also pay for interested LPN temporary staff to study at local nursing schools to become RNs in return for a commitment to work for YesCare for a pre-determined amount of time.

Credentialing Programs

Our comprehensive credentialing program ensures all staff meet the requisite licensing and credentialing requirements. Our strong credentialing process reduces provider turnover which results in improved clinical, financial, and legal outcomes for our clients. It also ensures practitioner training and experience are aligned with FDC clinical needs.

YesCare will only place a practitioner at an Institution after a thorough appraisal of standard documentation, including training and licensure verification, and **National Practitioner Data Bank** (NPDB) review. Once this information is compiled, our Credentials Committee, comprised of physicians and other licensed professionals experienced with corrections, evaluates potential candidates.

We store all certifications, credentials and licensing of our team members in our HR tracking and reporting system. This system gives our HSAs and DONs direct access to their individual team member's certifications, credentials, and licensing dates and documentation. Our system provides updated information in real-time, empowering Our HSAs and DONs with alerts regarding credentials nearing expiration.

YesCare utilizes **MD-Staff**, a comprehensive credentialing system. MD-Staff features a highly relational database that stores data elements relating to a practitioner. MD-Staff user modules are built into a single database, which enables a seamless and cost-effective method for credential management.

YesCare partners with **EverCheck** to monitor license compliance of our nursing and behavioral health staff that provide direct patient care. A paperless system, EverCheck searches license verifications behind the scenes 24/7/365. Status changes are reported directly to YesCare team leaders in real-time via email.

Preparing New Teammates for Success

YesCare is committed to developing our team members at all stages of their career. We pay particular attention to the new hire experience because most new hires that leave do so in the first 90 days. From offer letter acceptance through the first 90 days, we prepare new team members for success with training, mentoring, and continuing education opportunities. Our onboarding experience promotes the connection between the new hire's role, the business of YesCare, and the rewarding aspects of delivering high-quality care.

All newly hired employees participate in a minimum of 16 hours of standardized learning that combines classroom training and online content. Clinical employees complete an additional 24 hours of classroom and online learning prior to providing patient care. Further, on their first day at the Institution, we pair new clinical employees with a certified preceptor who prepares them to meet the demands of their role.

Throughout the next two to four weeks (which varies according to role and individual learning needs), the new hire learns about YesCare's Core Processes, receives guided hands-on training, and is gradually assigned independent responsibilities. Clinical employees have an additional three and one-half hours of online learning to complete within the first 30 days, followed by three hours of content to complete by the end of 60 days.

Hiring managers give each team member a customized onboarding plan that includes required, recommended, and optional activities to prepare them for their role. Throughout the first 90 days, the manager coaches the new hire, checks on progress, and adjusts the plan to meet the individual's progress.

All full-time healthcare staff members receive 40 hours of orientation prior to providing patient care, a minimum of 40 hours of training during the first year on the job, and at least 40 hours of training each year thereafter. Through our Continuous Quality Improvement Program (CQI), we select relevant topics to cover that require additional staff training. CQI is our iterative methodology to optimize care.

Training and education are fundamental components of our CQI program. We develop educational programs and tools based on best practices identified within our CQI program, as well as opportunities for improvement. This method benefits individual personnel at an institution, as well as other sites with similar needs or challenges. For example:

In 2021, through our Patient Safety Event Committee and subsequent CQI audits we identified opportunities for improvement in our medically assisted withdrawal process. Using the YesCare Lean Improvement Program, a project team was identified to assess the root cause of the issue, and it was found there was a need for recognition of substance abuse signs and symptoms and the importance of constant observation of patients with substance use disorders (SUD).

Through the CQI program, a modified Substance Abuse Withdrawal (SAW) flowsheet was developed with training that included recognition of symptoms, initiation of medication, recognition of abnormal vital signs, and continued maintenance of patients through withdrawal. In addition to the training, we incorporated a practical application of skills related to SUD into the Core Clinical Skills Competency Program. During this revision to the program, we required staff to complete a hands-on practical session of transcribing medication orders for SAW patients.

Since initiation in May 2021, the inclusion of this process resulted in an increase of 11% compliance in observation rounding to over 90% compliance and a **100% reduction in patient mortalities related to substance abuse withdrawal.**

YesCare provides access to thousands of online courses that earn Continuing Education Units (CEUs), so all employees can maintain professional certifications and licenses, expand their knowledge and hone their skills to become better caretakers. Leveraging the libraries of leading healthcare and professional development content providers, we provide easy access to best meet our team member's learning objectives – at no cost to them.

YesCare Employee Orientation

New employee training begins with our extensive **YesCare Employee Orientation (YEO)** program. This program includes general orientation for all employees with an additional curriculum specific to each employee's discipline. All required training is digitized to create an interactive, learning-rich experience. Each module includes narration, knowledge checks, and additional educational material to support learning transfer to on-the-job experiences.

Annually, all YesCare employees are required to refresh their knowledge and understanding of key topics, including Code of Conduct, HIPAA, Workplace Safety & Violence Prevention, and Counteracting the Dangers of Desensitization. Clinical employees have additional new hire and annual training requirements.

YEO and annual training requirements also include ELI Learning's ***Civil Treatment in the Workplace***. Civil Treatment is a nationally recognized, award-winning program that sets core standards for behavior that build a more productive workplace, while also preventing, detecting and correcting problems across a range of business issues. YesCare's Human Resources and Learning and Organizational Development teams partnered with ELI Learning to customize content to support both employee and leader business needs.

Civil Treatment for Leaders is designed to give leaders the tools they need to manage fairly and legally in today's evolving workplace. This comprehensive course covers a leader's responsibility for the workplace environment, business decisions, and welcoming employees to express concerns. ***Civil Treatment for Employees*** inspires team members to build an inclusive, fair work environment that motivates each of us to do our best work. Team members learn three conduct guidelines that promote teamwork and productivity.

YesCare Site Staff Orientation

The next step in the onboarding process for mid-level clinicians and nursing staff is the **YesCare Site Staff Orientation (YSSO)**, which focuses on essential job duties, core competencies, clinical skills and professional development. Various members of the Institutional or regional healthcare team facilitate the YSSO topics, which were developed to provide focused attention to the following areas:

- Build the new teammate's confidence regarding their role in the unit;
- Provide support for the assertive application of their skills to improve patient care; and
- Support an environment of safety, which is a primary focus of our patient care efforts.

YSSO is specifically structured for nursing and other clinical staff and consists of modules covering a comprehensive array of clinical topics. This orientation program focuses on key clinical skills and tasks, such as physical assessment, medication administration and control, documentation, and emergency response skills.

We track the progress and completion of YSSO in our Human Resources Information System (HRIS) and/or YesCare University. All corresponding documents, checklists, shadow completions and acknowledgements, and continuing education are kept in the employee's YesCare University transcript. This includes certifications and CEU/CME credits earned.

Nursing Preceptor Program

Research shows that evidence-based preceptor programs reduce turnover rates, lower costs, and improve the quality of care. As an answer to the need for more nurses in corrections and as a value-added service for the FDC, YesCare provides a structured, evidence-based approach to training nurses new to corrections. Our Nursing Preceptor Program offers the same demonstrable benefits to the FDC that it does our other clients by mobilizing additional resources, reducing overtime pay and decreasing inpatient days.

Our Nursing Preceptor Program includes two weeks of continuous job shadowing and hands-on training between the new nurse and an experienced YesCare nurse. This two-week period develops growth in the new nurse's skill and comfort level. At the end of the program, an evaluation determines if the nurse has been empowered for success, or if they require further mentoring and/or enhanced on-the-job guidance.

Nursing Skills Competency

YesCare is committed to ensuring our clinicians demonstrate competency at hire and remain competent in the performance of their duties. In addition to YSSO, YesCare requires each healthcare team member/clinician (RN, LPN/LVNs) to physically demonstrate their ability to perform twelve basic clinical skills within 30 days of hire and every two years. This is because competent, well-trained clinicians provide a safer, higher quality of care. Cost savings are realized through increased positive patient outcomes and satisfaction.

Mental Health Staff Training and Orientation

In addition to the orientation programs discussed above, YesCare has developed an inventive orientation for mental health professionals. The YesCare *Mental Health Orientation Manual* is provided as a versatile resource through either an instructor-led program, or via our virtual learning platform. Each manual contains a tailored section with behavioral health deliverables unique to the contract.

This training ensures our behavioral health staff are familiar with our evidence-based assessment tools, standard forms and other resources such as our pioneering suicide prevention program and corrections-specific continuing education modules. We have specialized on-boarding for psychiatrists and psychiatric nurse practitioners/physician assistants. Our eLearning platform, YesCare University, currently offers

over 100 continuing education modules for our behavioral health professionals, available at no cost on the first day of their employment.

As a part of our proposed behavioral health program, **YesCare is proposing a Behavioral Health Training Academy.** Under the direction of a clinical psychologist, the training academy will offer virtual and in person training for both YesCare and FDC staff to address, in part updates to clinical practice, as well as training on new tools/instruments. Additionally, YesCare's National Director of Behavioral Health, Dr Kristina Disney, is implementing Grand Rounds in the second half of 2022. During Grand Rounds, all of YesCare's behavioral health teams can participate to get peer mentoring, as well as up to date information on clinical recommendations for the treatment of behavioral health disorders.

Trauma Informed Care – Social Service Clinician Training: We recognize the growing body of research on the relationship between victimization and later offending. There is a sizeable percentage of individuals in the correctional system that have trauma histories and overlapping problems within mental health, addictions, and physical health classifications; they are frequently both victims and perpetrators of crime. As a solution, we developed Trauma-Informed Care training specifically for our case management staff so that we do our part to address and heal the Inmates in our care.

Value-Added Mental Health Training Services for FDC

Crisis Intervention Training: YesCare proposes specialized Crisis Intervention training for FDC staff, as a value-added service to promote a less violent environment. YesCare's crisis intervention training features clear methodology for verbal de-escalation rooted in the Behavior Influence Stairway Model. In five progressive steps, this approach takes an intervener from a position of no relationship with the person in crisis to an influential relationship.

In addition to the application of preventive approaches, the training would include crisis intervention techniques required during psychiatric emergencies. These would include identification and management of psychiatric emergencies and the practical application of crisis intervention techniques and de-escalation strategies designed to prevent harm to self or others.

Mental Health Staff Learning Series: YesCare also proposes the implementation of a monthly mental health staff learning series. Fostering staff development and team building with colleagues located across the state can be challenging. With the goal of reinforcing collaboration and support, Mental Health staff would meet each month via an online forum to discuss an educational or professional topic and to share their experiences.

Technical Systems Training

A combination of instructor-led, hands-on and refresher virtual learning sessions are utilized for new start-up contracts. All YesCare topics have corresponding tutorials, training materials, recorded sessions, and quick reference guides. The technical training staff also provides instruction to new IT Support Services Department employees, site administrative assistants, and corporate managers who will be using these tools.

Leadership Academy

YesCare has established a Leadership Academy to foster the development of our site leaders. Our Leadership Academy empowers our leaders with further knowledge on implementing and sustaining quality improvement initiatives, building and enhancing teams, recognizing and addressing client needs,

exhibiting organized leadership, and valuing staff with an intention toward reducing turnover and improving employee retention.

YesCare also provides monthly technical system virtual learning sessions for new managers. The classes introduce our electronic systems, tools, and reporting systems for both employee and clinical processes and outcomes. It is important to give our employees the support and skills they need to be successful; this facilitates a more qualified and cohesive culture

YesCare University

YesCare University is our Web-based educational program system. It provides online access 24/7 to customized training programs and up-to-date information using a desktop or laptop computer, tablet or mobile device. This includes all our employee orientation and annual compliance training programs, technical system virtual learning sessions, and training sessions for YesCare applications.

Utilizing cloud-based technology, YesCare can connect, inform, and educate our geographically dispersed workforce using a single, integrated on-line training and communication platform. YesCare provides a wealth of course material on topics as varied as HIPAA, Workplace Violence Prevention, and Continuing Education (CE) and Continuing Medical Education (CME) credits for practitioners, nurses, pharmacists, and mental health professionals.

Courses are updated and/or exchanged multiple times throughout the year (annually for those issued on a yearly schedule) and are eligible for Continuing Education because most are approved by national and state-specific accrediting boards (e.g., NASW, APA, etc.). The YesCare Patient Care Services and Training/Organization Development teams select and update content to address the evolving needs of the corrections space.

YesCare also provides access to numerous **Accreditation Council for Continuing Medical Education** (ACCME) courses and over 2,500 CE/CME courses from some of the leading healthcare education providers — free of charge. YesCare also offers full-time practitioners and mid-level practitioners a financial stipend for continuing education and professional development courses, seminars and conferences (to include travel and lodging), licensure, and professional subscriptions.

E.b. Implementing new services, to include a breakdown by service area;

YesCare welcomes the opportunity to work with the FDC to implement our proposed Value-Added Services including the **return of full laboratory services at RMC**, which will allow STAT labs for local Region 2 institutions and limit inconclusive lab results that occur with off-site lab carriers and the **conversion of urgent care to an emergency room at the RMC** that will increase level of service to FDC patients, while lessening the burden of escalation of care with local hospitals.

Transition Plan for Value Added Services within the FDC			
Goal	**Tasks**	**Timeframe**	**Responsible**
In House Lab Services at RMC	✓ Project planning with Eccolab, FDC and RMCH Leadership to determine logistics, timelines and workflows ✓ Order equipment and supplies	Begin immediately upon contract award	Dr. Greg Ladele, Chief Medical Officer

Transition Plan for Value Added Services within the FDC			
Goal	**Tasks**	**Timeframe**	**Responsible**
	✓ Install equipment including hardware, software, and storage units ✓ Coordinate staff training with Eccolab ✓ Test all systems, including interface(s) and evaluate workflows ✓ Obtain any required certification or licenses ✓ Develop reports for tracking and monitoring results ✓ Finalize policies and procedures		Dr. Patricia Schmidt, Regional Medical Director
Conversion Of Urgent Care to An Emergency Room at the RMC	✓ Project planning with USACS, FDC, and RMCH Leadership to determine logistics, timelines, and patient workflows ✓ Formulate pipeline with locked unit at Jacksonville Memorial Hospital and other health networks. ✓ Order pertinent equipment and supplies ✓ Orient and train USACS providers. ✓ Test all systems, including interface(s) related to hospital cardiac telemetry, lab testing, and imaging protocols. ✓ Obtain any required certification or licenses ✓ Develop reporting for Governors' Board meeting and FDC performance measures relevant to ER and Hospital healthcare delivery.	Begin immediately upon contract award	Dr. Greg Ladele, Chief Medical Officer Dr. Patricia Schmidt, Regional Medical Director Clinical Transition Task Force
Tele-Health /Systems Development for Telehealth Program including Telepsychiatry, Tele-Behavioral Health, Tele-Triage and Specialty Services **Ensure IT Telehealth Equipment, are installed and operational at each unit**	✓ Project planning with Site FDC Leadership ✓ Infrastructure ✓ Order Carts, tabletop, and brief case units along with peripherals ✓ Work with area providers to install Hub services for easier access to telehealth ✓ System testing ✓ Training ✓ Deployment of Telemedicine Hardware, Carts, and Peripherals ✓ Site/staff training on carts ✓ Orientate and Train providers from AmplifyMD and USACS	Begin immediately upon contract award 90-120 days prior to Start up	Ralf Salke, Statewide Vice President of Operations IT Transition Team Contract Development

Transition Plan for Value Added Services within the FDC			
Goal	**Tasks**	**Timeframe**	**Responsible**
Benefits-At-A-Glance **Arrange for FDC and YesCare to develop Laminated Posters and handouts at intake to reflect available services from the FDC**	✓ Identify YesCare Team to take charge of developing Benefits from HSBs ✓ Develop DRAFT and deliver to FDC to review and approve ✓ Develop laminated poster boards for all housing units in the FDC. ✓ Develop intake handouts for all new arrivals into FDC	Upon Contract Award	Statewide DON, Regional VPOs, Regional DONs
Development and Implementation Standardized Grievance Manual for all FDC sites **Train Existing Staff at each site** **Develop onboarding training going forward for new managers for responding to grievances**	✓ Review HSBs re: Grievances. ✓ Develop work groups to identify the areas of grievances ✓ Develop standard answers using HSBs to support responses ✓ Obtain FDC's approval for DRAFT Manual/review ✓ Once approved, have produced for all managers that respond to grievances. ✓ Develop training for the manuals for all managers ✓ Include this training for onboarding of new managers ✓ Complete monthly reports and metrics to FDC, YesCare and CQI teams for identification of trends	Begin immediately upon contract award	Ralf Salke, Vice President of Operations Regional DONs and Statewide DON Directors of Operations YesCare Legal Team Site HSAs and Regional VPOs
Development of Health Fairs	✓ Identify all units to hold health fairs ✓ Educate Nursing, BHS staff on Health fairs ✓ Recruit local agencies to assist with Health Fairs ✓ Order supplies such has games to include STD Roulette and Wheel of Health ✓ Coordinate with site FDC leadership as to date/time/location to hold health fairs ✓ Obtain approval and any give aways such as healthy treats, candy, etc ✓ Complete after-action report to site leadership with roll ups to the regional offices and FDC	Begin within the first 6 months after contract start up	Statewide and Regional DONs, SVP of Nursing Services SVP of Behavioral Health Services
Implement Finger Sticks at Intake and at annual testing such as TB Testing	✓ Meet with FDC and YesCare Leadership ✓ Develop Task force to add Finger stick checks at intake to the EHR.	Begin immediately upon contract award	Dr. Greg Ladele, Chief Medical Officer

Transition Plan for Value Added Services within the FDC			
Goal	**Tasks**	**Timeframe**	**Responsible**
	✓ Develop protocol for Finger Sticks if one does not already exist with FDC to identify abnormal FS and next steps for additional testing ✓ Notify Inmate/patient of any abnormal testing ✓ Schedule for additional follow up with additional testing ✓ Administer annual FS testing for those Inmates not already identified as a diabetic patient. ✓ If abnormal, then schedule Inmate for additional testing and follow up ✓ Report results on monthly and annual reports for trends and if program has return on investment (ROI)		Dr. Patricia Schmidt, Regional Medical Director Dr. Leonora Muhammad, SVP Nursing Services Statewide and Regional DONs
Outside, Objective Review of Services **Use local or national academic partners to assist with objective reviews**	✓ Identify possible academic partners with YesCare and the FDC for objective reviews. ✓ Seek FDC approval prior to formalizing any agreement with academic partner(s) ✓ Once identified, work with academic partner and FDC to identify areas to be reviewed such as chronic care, dialysis, reentry, behavioral health services, etc ✓ Develop benchmarks with numerators and denominators for each standard. ✓ Once identified IT is to write queries from the EHR to extract data per the benchmark descriptor ✓ Pull information from EHR and review with staff from academic partner. Clarify any issues ✓ Develop written report for FDC to review DRAFT ✓ Publish Draft and have a formal presentation to all stakeholders ✓ Develop action plans for areas of concern ✓ Repeat process annually to demonstrate improvement	Begin within the first 6 months after contract start up	Ralf Salke Statewide Director of Operations RMDs Statewide and Regional DONs Director of BHS
New Drug-Drug Interaction Notification Systems	✓ Work with FDC's Pharmacy provider for either an interface or report of DDI notification. ✓ Share information with prescriber within 24 hours	Begin immediately upon contract award	Pharmacy Manager RMDs

Transition Plan for Value Added Services within the FDC			
Goal	**Tasks**	**Timeframe**	**Responsible**
	✓ Report monthly findings of possible DDI that may have caused serious interactions		Psychiatric Director
Reduce Inmate on Inmate violence	✓ Understand current violence and trends occurring within the FDC ✓ Develop action plans for each site ✓ Include Correctional Officer Briefings with FDC approval ✓ Conduct Joint training with Correctional staff ✓ Include Crisis intervention training to de-escalation crisis' ✓ Coordinate multidisciplinary approach within each facility ✓ Use of YesCare's proprietary tools to support the development of interagency safety and risk management ✓ Identify reports to demonstrate progress/improvement in this area	Begin immediately upon contract award	Ralf Salke, Vice President of Operations Director of BHS Regional DON
Patient Self-Management Programs **Take Charge Weight Loss, Patient Information Fact Sheets, Suicide Prevention Programs, Baby and Me**	✓ YesCare staff to seek approval for self-management programs by the FDC ✓ YesCare staff to develop program guidelines for Weight Loss, Suicide prevention and Baby/Me programs ✓ YesCare staff to provide Suicide is Forever Videos made by Inmates for Inmates for male and females. ✓ YesCare will assist the FDC to develop their own in-house Suicide prevention videos for Inmate and staff education to improve self-awareness. ✓ Implement Crisis Hotline for all Inmates, staff and family members ✓ Pharmacy and nursing staff to provide Patient information fact sheets on each medication requested ✓ YesCare will rollout Baby and Me to the FDC sites containing pregnant Inmates ✓ YesCare will develop metrics for reporting monthly / annually to the FDC on the success and / or participation of these programs	Begin immediately upon contract award	Ralf Salke, Vice President of Operations Statewide and Regional DONs RMDs Director of BHS Director of Pharmacy Director of Psychiatry Educational RNs
Overdose Lifeline	✓ Once we have FDC approval for their staff and YesCare, will coordinate with Overdose Lifeline and University of	Begin immediately	Ralf Salke Statewide

Transition Plan for Value Added Services within the FDC			
Goal	**Tasks**	**Timeframe**	**Responsible**
To certify YesCare and / or FDC monitoring staff	Purdue to conduct 20-hour Certificate Program ✓ Identify site and number of trainings that need to be provided ✓ Develop ongoing training schedule for new employees within BHS ✓ Will report number of FDC and YesCare employees receiving certification in annual reporting	upon contract award	Director of Operations Director of BHS Director of Psychiatry
Development of Reentry Website / Activities for FDC **Identify Reentry Activities to include "Corrections to Community" Handbook**	✓ Discuss with FDC all the components of website and handbook ✓ Work with IT to develop the modules for the website. ✓ Identify local resources to be placed in website. Obtain LOI for some providers/as needed ✓ Work with the FDC Probation and Parole so they understand how transition plans for them can be developed and utilized for ongoing supervision ✓ Work with FDC to place website link within their corrections website ✓ Train staff on reentry site so they may use for transitional care/information for soon to be released Inmates ✓ Provide all releasing Inmates a Corrections to Community Handbook specific to Florida	Begin immediately upon contract award	Ralf Salke, Vice President of Operations Reentry Coordinator Director of BHS IT Services and Support National Director of Reentry
Mobile Response Units **Units to provide mobile, portable radiology, optometry, dialysis, etc as needed and agreed with the FDC**	✓ Seek FDC approval for MRUs ✓ YesCare will dedicate a minimum of 3 units for the FDC ✓ Missions will include radiology, optometry, mobile clinics, etc as identified by both FDC and YesCare of the Departments needs ✓ YesCare to develop schedule of MRUs and seek FDC approval of units to enter facilities and if need be recharge generators within the FDC units ✓ Obtain contracts with local providers to staff the MRUs	Upon Contract Award	Ralf Salke, Vice President of Operations Sara Tirschwell, CEO RMD Statewide DON Contract Development
Development of MSVBs for Restrictive Housing Units	✓ FDC, YesCare, Tate and Bick will meet to review plans of the MSVB for restrictive housing units for 5 booths	Upon Contract Award	Ralf Salke, Vice President of Operations,

Transition Plan for Value Added Services within the FDC			
Goal	**Tasks**	**Timeframe**	**Responsible**
	✓ FDC can review plans for MO DOC, IN DOC and AL DOC. ✓ Modifications can be made with additional costs per FDC approval ✓ Tate and Bick will work with FDC's telecom provider to install the kiosk in each of the five booths ✓ River City Construction will deliver and set up the booths at the 5 predetermined locations by the FDC		Jude Widmann, Director of Business Development for Tate Bill Bick, Owner, The Bick Group
Skilled Nursing Homes	✓ YesCare has access to 157 nursing homes throughout FL ✓ Upon discharge and with prior review, FDC can discharge either medically futile or reentry Inmates to nursing homes operated by partners of YesCare ✓ UM will coordinate with FDC for best placement of the available 157 nursing homes in FL for their Inmate ✓ UM will coordinate transportation either by State vehicle or ambulance depending on the condition of the Inmate.	Prior to Start Up of the contract	UM Staff, Regional DONs RMDs Director of BHS
Bridge / Releasing Medications	✓ YesCare will coordinate with Rx Outreach (RxO) in STL MO additional release medications for up to 60 days over their in-house pharmacy provides ✓ Reentry staff will confirm releasing Inmate's home address after release from FDC custody. ✓ RxO will deliver two 30-day supplies of medication to Inmates in child resistant containers ✓ Inmates will have the option of continuing receiving medications from RxO after the 60-day supply of medication has been exhausted. ✓ Report volume monthly and through annual reports	At the Start of the Contract	Director of Pharmacy, Reentry Coordinators Julie Erikson, CEO at RxO RMDs Director of Psychiatry Director of BHS
Capstone Health Network **Supplemental Health Insurance for Inmates and their family**	✓ Review program with FDC ✓ Determine if linkage can be placed on FDC website ✓ Develop handout for Inmates at intake and reentry ✓ Coordinate activities with CHN for the state of Florida	At the Start of the Contract	Ralf Salke, Vice President of Operations, Statewide Medical Director

Transition Plan for Value Added Services within the FDC			
Goal	**Tasks**	**Timeframe**	**Responsible**
	✓ Report monthly on participation for current and former Inmates		Statewide DON Educational Nurses Reentry Staff Site HSAs Site Directors of BHS

E.c. Network establishment for any data services;

After completing a comprehensive site survey of each facility in collaboration with FDC/OIT, YesCare will construct the project plan and obtain necessary approvals to establish the network infrastructure to support all facilities. This will include bandwidth, data lines, and hardware deemed necessary to maintain proper function in accordance with FDC/OIT's requirements, policies, and security standards. This infrastructure will be maintained throughout the life of the contract with emphasis on security and adherence to best practice and regulatory standards. Security will be in place that meets or exceeds the requirements of HL7 and HIPAA standards utilizing FISMA compliant encryption methods and meets or exceeds department policy requirements.

E.d. Collaboration with Department stakeholders;

Our plan for transition and implementation is based on active collaboration with FDC stakeholders and utilization of project management best practices.

Change can be anxiety-provoking to institution staff, health care staff, and Inmates; change also offers the occasion to foster improvements and create a better ecosystem. To mitigate disruption and seize the opportunity to advance the FDC's objectives, YesCare has developed a detailed Transition and Implementation Plan (outlined on the pages that follow) that facilitates continuity of care without interruption or delay in the provision of quality health care.

The YesCare team has successfully transitioned many contracts for statewide corrections systems to include medical, mental health, dental and pharmacy programs, as well as IT systems, applications, and networks. Noted above, our most recent such statewide contract transition was for the Maryland Department of Public Safety and Correctional Services (DPSCS) which is under the Duvall consent decree. Our success in Maryland is clear and demonstrable through the audited performance measurements of the Duvall monitor.

The key to our success is to bring experienced team members from across our organization to provide technical assistance, HR functionality, and managerial expertise during start-up. Our transition team will

include clinical and operational leaders, members of our Healthcare Support Team and IT and executive leadership, all of whom have extensive experience with contract and services transitions.

Communication is Key to Collaboration

Upon notification of contract award, we will develop a Project Communications Plan, so that YesCare may keep the FDC and key stakeholders fully informed of our progress. We will schedule and implement weekly transition team meetings, where we clearly address outstanding issues, action items, and deliverables. As the transition plan continues, we will add daily stand-up meetings to support collaboration.

Site visits by our CEO, Sara Tirschwell and other executive management team members will commence as soon as the FDC approves our transition plan. These visits will provide preparational insight into each Institution's operations and patient care management. Our communication and active collaboration with stakeholders will include:

- FDC Leadership
- Regional Directors of Institutions
- Wardens
- Security/Custody staff
- Community Providers
- Community Advocacy and Support Groups

YesCare teams will focus on employee communication, complex clinical assessments, and current IT structure; all of which will underscore the vital partnership between YesCare and the FDC.

Retaining Your Team

Once the FDC has approved YesCare's proposed transition and implementation plan, we will meet with existing employees with the objective of retaining current employees. Our goal is to have face-to-face meetings with all current staff completed as soon as practicable. To facilitate open communication, we plan to use our mobile response units for private, face-to-face interviews. This will also provide an opportunity for us to hear a candid appraisal of facility operations and apply that information toward refining our implementation approach.

YesCare will hold multiple orientation and training sessions for new employees prior to our go-live date. To facilitate, we will provide as many human resources representatives as needed to assist current staff with their questions about systems, salary, benefits (including participation in our ESOP), retirement, etc. We will also make available numerous members of our clinical leadership teams, so that current employees may feel inspired by our available mentorship, training, and support.

YesCare Teamwork

Our transition team will be led by Corporate Officer Bill Carr and Vice President of Operations Ralf J. Salke. Having served in this position previously for other state contracts, they have the operational insight to deliver as close to a seamless transition as practicable within the requested time frame.

Our transition team will also be comprised of Regional Operations Leadership (Program Directors, Program Administrators, etc.), Clinical Leadership (Regional Medical Directors, Regional Psychiatric Directors, Regional Director of Nursing), and specialized corporate staff (Human Resources, Benefits, Recruiting, Clinical, Training, Nursing, IT, and Finance).

In addition to Mr. Carr and Mr. Salke, the following members of our corporate leadership, and their staff, will be actively involved in the contract transition and working with transition team members to ensure a seamless transition of all services.

- Sara Tirschwell, Chief Executive Officer
- Dr. Ayodeji "Gregory" Ladele, Chief Medical Officer
- Dr. Joseph Pastor, Chief Psychiatry Officer
- Regina Lindsay, Senior Vice President, Human Resources
- Dr. Anthony Waters, PsyD, Chief of Behavioral Health
- Mary Silva, Chief Clinical Officer of Operations
- Brandon De Julius, Chief Administrative Officer of Operations
- Michael Middleton, Chief Information Officer
- Dr. Patricia Schmidt, Regional Medical Director
- Mignon Ernst, Vice President, Utilization Management
- Leonora Muhammad, Patient Care Services and Chief Nursing Executive
- Michael Murphy, SVP, Head of State Partnerships
- Steve Tomlin, Head of Community Partnerships and Reentry
- Rhonda Almanza, RMC Hospital Administrator (proposed)
- Dana Bell, Chief of Staff to the CEO

E.e. Any other required activity relating to the implementation of services under the Contract; and

Our transition and implementation plan for FDC is based on implementation of best practices, utilization of standard project management skills and practices, and (as noted above) by consistent communication and collaboration with stakeholders.

Implementation of Best Practices:

- Performing weekly transition team meetings upon notification of contract award, then daily stand-up meetings, where we clearly address outstanding issues, action items and deliverables.
- Site visits by YesCare senior management team members, including our CEO, will commence as soon as the FDC approves our transition plan. Separate teams will focus on employee communication, complex clinical assessments, and current IT structure.
- Establishing and maintaining effective recruiting and retention protocols, as well as systems for new hires and support personnel to obtain information and provide immediate feedback without red tape. Having three staffing agencies at our disposal makes us uniquely qualified to identify and recruit staff for the FDC.
- Holding multiple orientation and training sessions for new employees prior to the go-live date, utilizing our mobile response clinics for privacy in interviewing and gaining knowledge from existing employees.
- Managing the start-up using project management methodologies promulgated by the Project Management Institute and its wealth of knowledge.

Utilization of Standard Project Management Skills and Practices:

- Using standard project management skills/practices based on national Project Management Body of Knowledge.
- Staying true to our strategy, vision, and values-driven mission for implementation.

- Development of a Project Communications Plan so that YesCare may keep the FDC and key stakeholders fully informed of our progress.
- Focusing on softer skills such as time management, responsiveness, setting a cultural tone and relationship-building.
- Using a standard status reporting process for all deliverables.
- Designated implementation leadership from YesCare and the FDC.
- Developing an implementation website for sharing contract transition information.

Work Plan

YesCare has the capacity to fully implement services on July 1, 2023. Our work plan for providing a seamless contract implementation focuses on the following five major areas:

- **Ensuring continuity of care** to Inmates is not disrupted or compromised in any way.
- **Partnering with FDC personnel** to ensure YesCare's delivery system works efficiently with existing security processes and does not adversely impact security operations.
- **Executing a well-established and agreed upon implementation and transition process**s for healthcare personnel to ensure staff are welcomed, listened to, hired, and scheduled with minimal red tape and minimal disruptions to their work and personal lives when they join the YesCare team.
- **Providing consistent, regular, scheduled communication and problem solving together with the FDC**, security staff, contract oversight personnel, and other key stakeholders to ensure the transition process begins a proactive and collaborative partnership as the foundation of success.
- **Meeting the FDC's expectations for key deliverables**, including provisions for the following: oversight of program management and clinical functions; human resources; setting up a provider network and ancillary services; utilization management; quality management; financial management; claims/invoice processing; reporting; licenses and permits; equipment and supplies; information technology; and target transition dates for each Institution and associated satellite.

In addition, YesCare agrees to the following:

- Within three Days after the Contract start date, meet with the FDC to finalize the implementation plan to ensure an orderly and efficient transition from the current CHCC;
- Provide regular reports to the FDC, not less than weekly, on the status of filling positions and the transition in general;
- Submit our Final Transition and Implementation Plan to the Department for approval within 15 Days after Contract execution date;
- Commence provision of health care services to the FDC's Inmates consistent with the approved Final Transition and Implementation Plan; and
- Assume full responsibility for comprehensive health care service delivery within 90 Days of the Contract execution date, or on a date agreed upon in writing between YesCare and the FDC.

E.f. Estimated Implementation Schedule.

Our transition team will begin the implementation process upon notification of contract award and will match the level of start-up resources to be commensurate with the workload until we peak at actual start up. Support from this team will include the following:

- The development and posting of an initial schedule
- Training and orientation for any staff who were unable to attend prior to start-up
- Opening, inventorying, and stocking supplies and medications
- Providing management and clinical support to Institution providers
- All other needs as they arise

Additionally, the transition team will be utilized for specialized situations including:

- Specialized Human Resource questions/issues
- Specialized Benefits questions/issues
- Strategic Operations questions/issues

Transition and Implementation Plan

An initial Transition and Implementation Plan that includes a list of all major transition activities, with responsible parties and timelines, is shown in the table over the next several pages. Our plan is divided into the following target areas:

- Initial Planning Meetings
  - FDC active participation
  - Current CHCC participation (medical, mental health, pharmacy, and dental)
- Implementation/Development of On and Off-Site Services
  - Arrangements for Off-Site Care
  - Subcontractors and Ancillary Services
  - Specialty Medical Services
- Implementation/Development of RMC Hospital Services
  - Ambulatory care
  - Emergency Department
  - Telemedicine services
  - Specialty Medical Services
  - Ancillary Services
- Staffing
  - Staff Retention and Recruitment
- Coordination with FDC Staff
- Periodic Update and Coordination Meetings
- Communications Development
- Contract Development and Execution
  - Purchase and Inventory of Equipment and Supplies
  - Midnight Start-Up
  - Next Business Day
  - Transition of Active Cases
- Coordination with Current Vendors
- Systems Development
  - Information Technology
  - Telehealth
- Staff Training Schedule
  - Welcome to YesCare Orientation and Training

YesCare Transition & Implementation			
Goal	**Tasks**	**Timeframe**	**Responsible**
Identify Regional Office	✓ Consider the current CHCC's existing offices ✓ Identify permanent office either new/existing ✓ Identify temporary regional offices and supply locations, phones, and communications to the FDC (until permanent offices are available)	Upon notification of Contract Award	Ralf Salke, Vice President of Operations
Initial Planning Meetings **Establish communication channels for all areas, ensure FDC expectations are clearly understood, represented in plans, and tracked against deliverables**	✓ Establish communications at the executive level ✓ Begin arrangements for security clearance ✓ Set meeting with key stakeholders between the FDC, the current CHCC, and YesCare ✓ Establish key contacts, communication channels, and the approval/decision process ✓ Determine ability to begin start-up activities ✓ Complete technical site surveys of all facilities in order prepare network infrastructure and equipment plan. ✓ Review and revise implementation plan document to match FDC expectations and contract requirements ✓ Establish a pre-contract meeting schedule to update the FDC. Supply formal minutes to attendees ✓ Hold department transition meetings: IT, Medical/Clinical, Mental Health, Dental, Network, Pharmacy, Financial ✓ Hold weekly meetings between the FDC, current CHCC (as needed) and YesCare Regional Management Team to confirm progress and discuss challenges and solutions ✓ Establish initial meetings with the FDC to review compliance and conduct Gap analysis of measures currently below established threshold ✓ Hold weekly meetings at each Institution between the Warden / staff and the healthcare leadership team to confirm progress and discuss challenges and solutions ✓ Determine timeframe and mechanisms for equipment and supplies delivery and/or to purchase from current vendor	Upon notification of Award	Ralf Salke, Vice President of Operations Bill Carr, Corporate Officer

YesCare Transition & Implementation			
Goal	**Tasks**	**Timeframe**	**Responsible**
	✓ Establish, if needed, a site update status to the Warden/designee to be provided formally / written format ✓ After implementation of the contract, begin regular meetings with FDC, as agreed upon ✓ Establish the Equipment Fund and process for using fund monies and / or equipment ✓ Develop ongoing site calendars for MAC, CQI, UM, Infection Control, and staff meetings ✓ Develop Health Services Report which meets contractual requirements OR utilize existing format ✓ Develop/implement payback and fines schedules		
Implementation and Development of On and Off-Site Comprehensive Healthcare Services **Arrangements for Off-Site Care** **Coordinate and finalize negotiations with local hospitals,, emergency rooms, subcontractors, network providers, and existing FDC providers.**	✓ Immediately establish relationship and contractual agreements with hospital network as the primary providers of inpatient and outpatient off-site services ✓ Establish database of contracted hospitals to be utilized for emergent and non-emergent inpatient and outpatient services and finalize contracts or Letters of Agreement, if necessary ✓ Establish a database of participating specialists ✓ Confirm specialists to be utilized for on and off-site services ✓ Negotiate contracts for on-site providers as needed ✓ Initiate discussions with vendors regarding scheduling process and other administrative issues ✓ Meet with hospital Emergency Department Medical Directors ✓ Finalize contracts with ambulance providers ✓ Provide facilities with listings of all providers, specialty clinics, and scheduling information	Begin immediately upon contract award	Dr. Greg Ladele, Chief Medical Officer Patricia Schmidt, Regional Medical Director Mignon Ernst, Vice President, Utilization Management Rhonda Almanza, RMC Hospital Administrator Network Development Transition Team
Implementation and Development of On and Off-Site	✓ Incorporate FDC sites into laboratory, radiology, and other ancillary services provider contracts with includes Eccolab, Trident Mobile and begin prepping Mobile Clinics	Begin immediately upon contract award	Dr. Greg Ladele, Chief Medical Officer

YesCare Transition & Implementation			
Goal	**Tasks**	**Timeframe**	**Responsible**
Health Care Services **Subcontractors and Ancillary Services** **Review existing contracts and negotiate new contracts as needed with subcontractors and specialty care providers.**	✓ Contract with on-site optometry providers such as IEC and prepare mobile clinics ✓ Contract to finalize orthotics and prosthetics ✓ Contract as needed with multi-specialty groups for on-site medical services ✓ Identify providers and schedule for telemedicine clinics including USACS and AmplifyMD ✓ Establish on-call coverage schedule		Dr. Patricia Schmidt Network Development Transition Team
Implementation and Development of On and Off-Site Comprehensive Healthcare Services **Mental Health Program** **Assume responsibility for the mental health program to ensure continuity of care, on-site programming, and reentry planning.**	✓ Meet with Institutional leadership to discuss current strengths and concerns ✓ Interview potential mental health team members ✓ Implement program training ✓ Complete case review for existing patients and special care units ✓ Establish communications with community mental health organizations to facilitate discharge planning ✓ Establish clinical and staff meeting schedule for mental health team ✓ Implement mental health CQI and UM processes ✓ Establish on-call coverage schedule ✓ Establish reporting requirements for DOJ (if any)	Begin immediately upon contract award	Dr. Greg Ladele, Chief Medical Officer Dr. Patricia Schmidt, Regional Medical Director Dr. Joseph Pastor, Psychiatric Director Anthony Waters, PsyD, Chief of Behavioral Health Steve Tomlin, SVP Reentry Behavioral Health Transition Team

YesCare Transition & Implementation			
Goal	**Tasks**	**Timeframe**	**Responsible**
Staffing **Staff Retention and Recruitment** **Provide a smooth and quick transition for current FDC Vendor, Current CHCC by providing constant and consistent communication that alleviates any concerns the employees may have during the contract transition.** **Implement recruiting plan for open positions not filled by existing employees.** **Utilize the 3 staffing agencies within YesCare's portfolio to fill open vacancies as needed.**	***Current Employees*** ✓ Receive approval to contact current employees ✓ Obtain list of current employees and positions/job titles/pay from current vendor/ and approved staffing plan ✓ Send communication to current employees providing recruiting contact and pertinent information ✓ Introduce YesCare HR contact information ✓ Introduce online application system for employees to complete the application process ✓ Provide information regarding dates and times for visits to facilities for transition meetings ✓ Conduct Town Hall meetings at each Institution with all current staff to introduce YesCare, present benefit enrollment and participation information, conduct question and answer sessions and provide any needed assistance regarding the online application process ✓ Update credentials as necessary ✓ Execute offers and provide new hire information packets. **Ensure offers are mirroring Current CHCC Staff and take into consideration their seniority** ***New Employees*** ✓ Post all opportunities on company website and leverage all other recruiting resources, including resources from related companies for vacant positions or positions not filled by transitioning current staff ✓ **Work with YesCare's 3 Staffing Companies to identify and recruit candidates for Medical and Mental Health positions** ✓ Screen candidates and coordinate interviews with operational leadership ✓ Conduct interviews, drug screens and background checks as required ✓ Verify licenses and credentials ✓ **Apply bonuses such as linguistic as appropriate. Confirm Start dates so**	Begin immediately upon contract award	Regina Lindsay, Senior Vice President, Human Resources Human Resources Transition Team Recruiting

YesCare Transition & Implementation			
Goal	**Tasks**	**Timeframe**	**Responsible**
	employees begin date for eligibility for retention bonuses at one year ✓ Execute offers		
Coordination with FDC Staff	✓ Provide FDC leadership with a copy of the Work Plan and YesCare Transition contact list ✓ Meet with the FDC leadership representatives to include (but not be limited to) discussion of: - Invoice process requirements - Fiscal budget requirements - EHR interface requirements **(if FDC chooses eOMIS® full implementation)** - Personnel requirements ✓ Develop schedule to meet with Wardens and Security/Custody at each Facility	Begin immediately upon contract award	Ralf Salke, Vice President of Operations Bill Carr, Corporate Officer YesCare Transition Team
Periodic Update Meetings	✓ Identify attendees and schedule for weekly transition team meetings ✓ Identify attendees and time for daily stand-up meetings to address outstanding issues, action items, and deliverables ✓ Provide designated FDC leadership transition progress assessments and status updates on a bi-weekly basis. Daily and weekly updates will be provided if needed	Begin immediately upon contract award	Ralf Salke, Vice President of Operations Bill Carr, Corporate Officer
Communications Development **Ensure current employees are welcomed, listened to, hired, and scheduled with minimal disruption to their professional lives**	✓ Meet with designated FDC personnel to review and finalize the Work Plan ✓ Identify an FDC liaison(s) to assist with the transition ✓ Provide the FDC with contact list (name, telephone number, and e-mail) of YesCare Transition leadership ✓ Launch toll-free telephone number and email address dedicated solely to answering questions and providing up-to-date information regarding the transition, including positions/availability and employee benefits ✓ Implement plan to reach out to community providers, advocacy groups and support groups for Inmates	Begin immediately upon contract award	Ralf Salke, Vice President of Operations Bill Carr, Corporate Officer YesCare Human Resources and IT Transition Teams

YesCare Transition & Implementation			
Goal	**Tasks**	**Timeframe**	**Responsible**
	✓ Keep current vendors leadership informed of communications to staff.		
Contract Development and Execution	✓ Obtain copies of settlement agreements and pending litigation not received during the ITN process ✓ Negotiate contract ✓ Review contract, ITN and proposal ✓ Identify key contract provisions ✓ Obtain fully executed contract ✓ Schedule Contract Review Meeting with FDC ✓ leadership/administration to confirm both the FDC and YesCare are comfortable with all contract provisions and understand each other's expectations	Begin immediately upon contract award	Ralf Salke Statewide Director of Operations Bill Carr, Corporate Officer Maya Patel, Vice President, Associate General Counsel
Contract Development and Execution **Purchase and Inventory of Equipment and Supplies** **Inventory existing equipment and supplies and purchase all supplies as required by contract.**	✓ Conduct inventory of existing supplies and equipment. Make arrangements to purchase existing supplies in accordance with final contract terms and purchase new supplies, as needed. Consider purchasing usable items from current CHCC ✓ Purchase existing Mental Health supplies and testing materials from Current CHCC and order as needed for the sites ✓ Establish par levels for medical and dental supplies ✓ Assess need and order any needed office supplies ✓ Coordinate delivery of supplies and equipment with vendors and schedule delivery with Institution management ✓ Review maintenance agreements on existing equipment and renew or replace as needed ✓ Identify equipment needs and submit Capital Expenditure Requests in accordance with contract terms ✓ Obtain property tags and tag each piece of YesCare equipment ✓ Order appropriate dental supplies ✓ Order emergency medical equipment and supplies ✓ Order appropriate forms and medical records jacket	Begin immediately upon contract award	Ralf Salke, Vice President of Operations Bill Carr, Corporate Officer

YesCare Transition & Implementation			
Goal	**Tasks**	**Timeframe**	**Responsible**
	✓ Implement medical waste contract		
Contract Development and Execution **Midnight Start-up** **Maintain existing medical, mental health, dental and pharmacy services at all FDC facilities**	✓ Verify sharps and narcotics counts ✓ Verify pharmacy, DEA and State licensure ✓ Ensure YesCare training and education resources are available for staff ✓ Verify chronic care appointments and waiting list ✓ Replace current vendors forms with YesCare forms ✓ Remove all previous vendors manuals and replace with YesCare Health manuals	Midnight Contract Start Date	Ralf Salke, Vice President of Operations Bill Carr, Corporate Officer YesCare Transition Team Anuco Rx Team
Contract Development and Execution **Next Business Day** **Ensure smooth transition to YesCare**	✓ Meet with Warden at each Institution and the FDC ✓ Provide experienced management staff and administrative assistants on-site ✓ Each site to verify inpatient census ✓ Implement Infirmary Census Log ✓ Review all clinical processes to include, at a minimum – Intake processes – Sick Call – Health Assessments – Emergency/Disaster Plans – Medication Lines – Laboratory Services, BioReference – Institutional Dialysis Services – Pending Outpatient Referrals ✓ Begin working on site-specific policy and procedures ✓ Ensure Infection Control Program is underway ✓ Begin services for FDC employees and authorized contract staff to include physicals, immunizations	30 Days from Contract Award/TBD	Ralf Salke, Vice President of Operations Bill Carr, Corporate Officer Leonora Muhammad, Senior Vice President, Patient Care Services and Chief Nursing Executive Regional Management Team YesCare Transition Team
Transition of Active Cases	✓ Receive and evaluate any backlog of pending off-site specialty consultations ordered prior to YesCare assuming responsibility for	Begin immediately upon contract award	Dr. Greg Ladele, Chief Medical Officer

YesCare Transition & Implementation			
Goal	**Tasks**	**Timeframe**	**Responsible**
Facilitate continuity of care by identifying and evaluating specialty cases and coordinate the assumption of care for ongoing clinical cases	patient health and working with Current CHCC on these pending consultations. ✓ Triage and facilitate pending consultations ordered prior to YesCare assuming responsibility for patient health. May need to discuss some cases with current CHCC to understand what has been provided thus far on identified patients. ✓ Triage Inmates with pending specialty consultations and coordinate clinician confirmation of the ongoing need for the requested consultation ✓ Schedule Inmates for on-site specialty and chronic care clinics		Dr. Patricia Schmidt, Regional Medical Director Dr. Joseph Pastor, Psychiatric Director Mignon Ernst, RN Vice President, Utilization Management Clinical Transition Team
Coordination with Current CHCC	✓ Establish ongoing meeting schedule with current CHCC	Begin immediately upon contract award	Ralf Salke, Vice President of Operations Bill Carr, Corporate Officer Regional Management Team

YesCare Transition & Implementation			
Goal	**Tasks**	**Timeframe**	**Responsible**
IT Infrastructure and Systems Implementation **Ensure IT Infrastructure, Equipment, and Systems are installed and operational at each Institution**	✓ **Initiation and Project Planning** – Conduct site surveys at each facility documenting all requirements including logistics for installation and implementation – Determine Infrastructure and equipment plan – Determine EHR system transition plan from current vender to cloud hosted – Determine integration plans for OMS, Pharmacy, Lab and Radiology requirements – Complete clinical assessment and workflow analysis to verify if any EHR development is needed for Day one; get all YesCare required forms configured. – Obtain approvals for IT plans – Execute IT specific contracts – Procurement of circuits and equipment – Facilitate transition plan for medical records ✓ **Build and Deployment of Infrastructure and Systems** – Execute plan to install circuits and network infrastructure – Execute plan to ship, stage, and deploy equipment (Computers, peripherals, printers, scanners, Telehealth equipment, etc.) – Complete application/integration testing and development of forms along with any additional day one requirements. – Complete train the trainer plan and begin early training initiatives – Setup and provide all employee credentials for network and systems ✓ **Execution and Go-Live Activities** – Work with operations on completing training initiatives with form changes or new staff required training – Enable access to Client specific repository for tracking all data needed for reporting – Provide onsite support	Begin immediately upon contract award Begin work immediately upon approval of IT Plans according to timelines established	Michael Middleton, CIO Nancy Smith, Sr. Director Customer Solutions & Integrations Teron Butler, Manager, Clinical Apps Timeka Mister, IT Site Manager IT Transition Team

YesCare Transition & Implementation			
Goal	**Tasks**	**Timeframe**	**Responsible**
Staff Training Schedule **Orientation and Training** **Launch YesCare's Orientation and Training Programs** – **YesCare Employee Orientation (YEO) for new employees** – **YesCare Site Staff Orientation (YSSO)** – **Provider Orientation** – **Technical Systems Training** **Continue with regularly scheduled, relevant in-service training relative to each employee's respective professions**	✓ Establish orientation schedule ✓ Identify who will be involved in orientation prior to start-up (HR, Clinical Services, Dental Services UM, etc.) ✓ Arrange orientation for Regional Office positions ✓ Arrange orientation for the regional leadership and site medical directors, mental health staff, and mid-levels ✓ Coordinate site orientation for new YesCare staff ✓ Explain payroll procedures at time of orientation ✓ Orient staff to UM procedures ✓ Orient staff to using Daily Operating Indicators, Reporting of Events, and associated forms ✓ Orient staff to the time keeping system to be utilized ✓ Orient contract leadership to YesCare's national and local PR resources and client public relations, media communication and release of information policies ✓ Implement and coordinate on-going in-service training program ✓ Assure all staff attend any mandatory client training	Begin immediately upon contract award	Dr. Greg Ladele, Chief Medical Officer Leonora Muhammad, Senior Vice President, Patient Care Services and Chief Nursing Executive Mignon Ernst, Vice President, Utilization Management Dr. Joseph Pastor, Psychiatric Director Anthony Waters, PsyD, Chief of Behavioral Health Clinical Transition Team Regina Lindsay, Senior Vice President, Human Resources Human Resources Transition Team

TAB F – ADDITIONAL IDEAS FOR IMPROVEMENT OR COST REDUCTION, AND OTHER SUPPLEMENTAL MATERIALS

YesCare's primary mission is to optimize long-run cost savings by making judgment calls that consider the ultimate objective of improving lives through an elevated, preventive model of care. Over 40 years, we have been a trusted partner and provider of choice to state and local governments across the county. YesCare's unique Patient Safety program sets a standard of excellence for quality, safe patient care in the correctional healthcare setting. We recognize that quality care relies on the identification of untreated and underdiagnosed medical and behavioral health issues, and we are committed to leading the way to set higher standards for correctional healthcare.

YesCare is made up of the former employees of Corizon Health, bringing 43 years of experience and institutional expertise together with the perspective of fresh leadership and a deep bench of healthcare companies owned by management. We are committed to Florida, currently operating in six county jails for a total of almost 100 years, including Leon County since 2002, Polk County since 2001 and Charlotte County since 1997. Our affiliated companies have 157 nursing homes and assisted living facilities in the state, an addiction treatment company based in Delray Beach, a lab company based in Miami and a managed care company based in Palm Beach Gardens, among others. Under our new ownership structure, we have extensive clinical, communications and financial resources that are at the disposal of each of our clients. We welcome the opportunity to partner with the Florida Department of Corrections.



The company we are building encourages collaboration, candid assessments and taking responsibility. Each operating division holds weekly Teams calls in which all disciplines come together, including IT, Legal, Finance, HR, and CEO, to identify and discuss their patient, personnel, and process issues. This has led to more informed decision-making, better communication, and more solutions-oriented results for our client partners. **The YesCare team is aligned with the FDC in our mission to change the paradigm of correctional care to one that favors investing early to optimize the long-term cost savings of proactive care, while vigilantly managing risk for all stakeholders**. In the last five years, YesCare's Florida operations have not had a single legal settlement or judgment.

YesCare appreciates that Florida, like most correctional systems, faces a major headwind in recruiting and retaining correctional staff. By all accounts, these challenges will not quickly fade away. Too often, medical, and mental health providers fail to appreciate this challenge, using it as an excuse to forego contractual performance. **Rather than hiding behind the challenges facing our clients in correctional staffing, YesCare is committed to a different approach.** If selected for this engagement, YesCare is dedicated to working with all levels of FDC's leadership – from facility sergeants to operations leadership – to identify creative solutions to deliver mental health and medical services. This means bringing more services behind the fence so as not to compromise care, nor safety, and to control the expense of

transportation and security. YesCare's depth of experience in adjusting our delivery of comprehensive healthcare services to meet the reality on the ground makes us the right partner to assist the FDC in achieving its objectives.

Since YesCare professionals began providing healthcare to the incarcerated population in 1978, we have seen the face of the prison population nationwide and in Florida change. Today's correctional population is aging and disproportionately afflicted with chronic illnesses and their associated complications. This aging population consists of more women, more individuals with serious mental illness and more individuals with communicable diseases. Geriatric Inmate populations have grown almost 600% in twenty years. By 2030, projections suggest that older inmates will make up 1/3 of the U.S. prison population. Inmates over 50 make up almost 25% of the FDC population today. **Geneva Consulting, a subsidiary of Genesis Healthcare and the MSA of YesCare, offers an innovative means to transfer significant healthcare costs away from States by developing and managing skilled nursing facilities that are dedicated to the care of medically fragile elderly inmates.** YesCare's Reentry and Transition Division leads this effort to compassionately balance the responsibility of care for aging inmates against other budget priorities.

The number of women in the care of the FDC has increased more than 700% since 1980. YesCare welcomes the opportunity to bring to the FDC our Women's Health Education program, which debuted at the state of Maryland's Correctional Institution for Women in 2020. This program educates women on their individual healthcare needs, empowering them with the skills for self-care and the tools to access external care. It is an example of our commitment to prepare patients for reentry.

> **"Our mission is to turn the goals of recovery and rehabilitation into a reality."**
> ***Sara Tirschwell***

The strains of the last several years and the continuing depletion of emergency mental health resources have caused violence, suicide, and addiction rates to escalate, among other long-standing mental health issues in correctional facility populations. YesCare appreciates the State of Florida holding those responsible for the opioid epidemic accountable. At the same time, custodial and clinical staffing shortages erupted. YesCare responded by a) organizing a Telehealth Task Force to determine the effectiveness of different offerings and its impact on reducing the need and expense for security transport/escort and clinical personnel and b) expanding our mental health offerings and affiliations to ensure access to state-of-the-art treatment options.

YesCare leadership has stakes in a number of licensed and accredited substance use disorder (SUD) treatment companies, as well as in Oui Therapeutics, a CBT-based digital therapeutics and telehealth business focused on suicide prevention, founded by Dr. Seth Feuerstein, advisor to the NIH and Department of Defense on issues of addiction and suicide. In accordance with new DOJ guidelines on Medication-Assisted Treatment (MAT), we are designing and implementing MAT programs for our clients nationwide. Here is a video that the DOJ filmed of our **Intake, Covid protocols and MAT** at Philadelphia County, where we have been providing quality care for 26 years, and MAT for almost five years.

https://www.youtube.com/watch?v=IoLzmEjIH68

In an effort to reduce violence and its associated costs in prisons, YesCare's behavioral health team is currently vetting a system that utilizes patient data to predict and prevent violence. Preliminary results in multiple DOCs suggest a 30% reduction in violence. We look forward to demonstrating this product to

the FDC. SAS, the manufacturer of this software, has approximately 100 employees within the state of Florida.

Building the Future

YesCare is at the forefront of changing correctional healthcare, an industry starved for 21st century solutions. Our programs and information technology applications represent best practices in healthcare delivery. The following examples highlight our innovations, ideas, pricing structures, or tools for service improvements in which YesCare is improving the wellness of patients in custody.

YesCare Strength and Experience Exceeds all Competitors. Our new ownership structure provides a deep bench of related healthcare companies, as shown in the graphic below. The depth of our combined experience, innovations, and best practices gives FDC the confidence in YesCare to deliver proven and proactive solutions.



The YesCare team has provided correctional healthcare longer than any other private company, having served clients and millions of patients at more than 475 facilities across the country for over 40 years.

In addition to providing services **to FDC at various times for approximately 20 years from 1994 to 2016**, YesCare and its predecessor entities have held contracts with 29 state departments of correction. As the list below shows, most of our state clients chose to partner with us for 15 years or more. **Of note, YesCare is currently beginning to transition the entire State of Alabama from Wexford Health Sources for an effective date of October 1, 2022.**

- Alabama – 25 years
- Arizona – 6 years
- Arkansas – 16 years
- Delaware – 22 years
- Florida – 20 years
- Georgia – 15 years
- Idaho – 25 years
- Illinois – 13 years
- Indiana – 12 years
- Iowa – 19 years
- Kansas – 21 years
- Louisiana – 1 year
- Maine – 14 years
- Maryland – 28 years
- Massachusetts – 8 years
- Michigan – 23 years
- Minnesota – 15 years
- Mississippi – 3 years
- Missouri – 29 years
- New Jersey – 12 years
- New Mexico – 22 years
- New York – 17 years
- Pennsylvania – 25 years
- South Carolina – 14 years
- Tennessee – 17 years
- Vermont – 9 years
- Virginia – 15 years
- West Virginia – 23 years
- Wyoming – 22 years

Recruitment and Retention Programs. YesCare has a competitive advantage in staffing. YesCare and its related companies - **United Staffing, Career Staff Unlimited and Access Therapies** have a pool of over 10,000 nursing and behavioral health professionals. No other company can bring an in-house network and breadth of resources as YesCare can. Here is a brief review of CareerStaff Unlimited:

CareerStaff provides a **nimble approach to helping healthcare facilities** meet their workforce objectives and **connect clinicians** with unique **career opportunities nationwide**. The CareerStaff mission is to **connect clients** with talented **healthcare professionals** ensuring the delivery of **exceptional patient care**.

With 30+ years of experience, 25+ offices nationwide, over 4,300 clinicians on staff, and serving all 50 states, CareerStaff brings incredible opportunities to YesCare to cover our staffing needs in an unparalleled, supportive, and collaborative manner. Lines of business include nursing, allied health professionals, pharmacy, non-clinical, and leadership, offering per diem, local, and travel opportunities.

Under the Master Services Agreement (MSP) model, CareerStaff unburdens YesCare from having to source and negotiate with staffing agencies nationwide. Rather, CareerStaff brings its robust network of staffing agencies to YesCare, holding those contracts directly and ensuring they are fairly negotiated, priced, and managed. Proprietary software further allows CareerStaff to broadcast staffing needs to all their agency partners instantly, creating competition for shifts, thereby lowering costs and increasing the applicant pool.

Facilities are able to customize their requisitions to include their site-specific requirements, and the system actively monitors applicants to ensure blacklisted staff are not brought on site and avoidance of placement fees from nurses working for multiple agencies simultaneously. The use of a global electronic system further aides in the collection and presentation of key performance indicators, prevents pay rates outside of negotiated rates, and allows a one-stop-shop for facility administrators to enter all of

their agency needs. No more calling agency after agency, negotiating with individual candidates, or labor-intensive screening/cross-checking required!

CareerStaff was implemented companywide at YesCare in June 2022. In only their first week with YesCare, they were able to **identify candidates for 41% of our requisitions, with an average time to fill of three days.**

CareerStaff ranked in **SIA largest healthcare staffing firms** in the U.S.



YesCare believes our hard-working and dedicated personnel should be rewarded for their commitment to us and to the FDC. **For every 12 months of employment, YesCare will provide a retention bonus for qualified full- and part-time staff members.** This initiative, coupled with robust onboarding, capacity for advancement and a multitude of continuing education self-improvement opportunities for licensed staff, will extend the longevity of YesCare staff, paying dividends for both our organizations.

We believe adding a bonus to attract bilingual and multi-lingual staff will increase the effectiveness of patient/staff interactions and experiences, which begin at intake. YesCare understands that many of the inmates speak Spanish as their primary language. Our dedicated team of over 20 recruiters is responsible for identifying and hiring qualified candidates. This initiative will offer monetary incentives to bilingual and multi-lingual candidates. Two of our national recruiters are bilingual. Our recruiters are developing a recruitment plan for Florida that includes strategies for recruiting foreign language speaking employees in a ratio that is in keeping with the FDC Inmate population. In addition, our embedded recruiters in Regions 3 and 4 will also be bilingual.

YesCare is a member of professional and diversity associations, including the **Women's Business Enterprise National Council, Inc. (WBENC)** and the National Minority Supplier Development Council (NMSDC). We also support academic and diverse organizations through scholarship opportunities. YesCare has more female and minority representation in executive leadership than any other correctional healthcare company, reflecting our talented workforce.

Reentry Initiatives. YesCare's reentry initiatives are driven by our Reentry Committee, comprised of our clinical team members and our IT and corporate support teams. YesCare has developed several tools, described in the pages that follow, to assist our reentry efforts, including:

- Corrections to Community Handbook
- Reentry Tools
- Reentry Website and App
- Skilled Nursing for Medically Fragile Patients

YesCare has developed a database of Reentry services that was gathered across state and county resource manuals. This extensive undertaking led to over 350 Reentry points-of-contact, providing treatment, housing, educational, vocational, employment, housing and food, to name a few.

In addition, YesCare has standing Letters of Intent with six (6) treatment providers encompassing 54 sites. YesCare has developed a Letter of Intent and preliminary Memorandums of Understanding with **New Seasons** a leading provider of care for Opioid Use Disorder (OUD) since 1986, with more than 80 addiction treatment centers in 20 states nationwide. In addition to providing customized therapeutic programs and Medication-Assisted Treatment (MAT) programs to patients, they also work to support the education and understanding of opioid addiction as a disease that can be addressed with treatment services.

We are aware of the new DOJ guidelines for offering Mediation Assisted Treatment (MAT) in correctional settings. YesCare has worked to establish referral relationships with multi-site, multi-county Florida-based providers familiar with justice involved clients; **Operation PAR, Cove Behavioral Health, The Transition House, Central Florida Treatment Centers, Centerstone, First Step of Sarasota, Guardian Recovery Network, and Perspective integrated Treatment and Sober Living.** YesCare is also working with two national telehealth MAT providers and a national certified Peer Recovery Support Specialists group to ease transition back to the community without the encumbrance of travel.

Our extensive provider network will be embedded into our online and mobile accessible website, along with our YesCare app (available in Android and Apple). The app will serve as a geographically based Yelp-type tool for reentry services, even highlighting preferred providers.

Finally, through our affiliation with Genesis, YesCare is developing release options for medically fragile individuals that can be served in secure nursing facilities. In the Florida prison system, which accounts for one of every four inmates serving a life sentence in the United States, the average age of Florida prisoners has climbed from 32 in 1996 to 42 today, according to Florida Department of Corrections records. Now, Florida is currently incarcerating inmates as old as 97. Florida's current sentencing structure does not allow for the type of sentencing discretion or nuance that is critical in any sensible criminal justice system, according to Senator Jeff Brandes. "By incarcerating people who don't pose a threat, especially after they reach a certain age, we're denying the science of sentencing that is supposed to provide some sort of public safety value," he added. "It's not logical and it's incredibly costly to Florida's taxpayers and residents who get trapped in this system alike."

A 2019 audit of healthcare in the Department of Corrections found the state's **elderly Inmate population grew by 77 percent over the last 10 years**. Older prisoners cost the state about three times as much, largely due to healthcare costs. YesCare has a model and resources to transfer those costs out of the department in a humane, secure setting that continues to place public safety at the forefront of compassionate care.

Telehealth. YesCare is committed to expanding telehealth, particularly for behavioral health therapy, where it has been shown to be comparable to in-person care. We believe it facilitates access to elevated levels of care, breaking down the many barriers of in-person counseling, and allowing for more aggregate therapy to inmates at a lower cost.

In other statewide systems we were able to avert officer costs by over $2 million per year by implementing a robust telehealth program, developing "hub" units at hospitals, urgent care centers and

physician offices. In addition to the aversion of correctional officer time, there are also secondary savings to include: wear and tear on state vehicles, fuel charges and the elimination of the security risk to the general public. Our Patient Satisfaction Surveys demonstrated that patients viewed telehealth encounters as a positive experience when compared to the involved process of dressing out, traveling, and long waiting periods for a few minutes of a provider's time.

YesCare recognizes that FDC seeks to maximize technology and efficiencies to provide enhanced services at reduced costs. **To support the FDC's goals, YesCare proposes a telemedicine solution in partnership with USACS.** We implemented a similar solution with USACS for the Maryland Department of Public Safety and Correctional Services (DPSCS).

This approach will be one of several options for our telemedicine programming as we are planning on working with **AmplifyMD**, which assists with telemedicine specialty care and will be another resource for providing clinical support and advisement for healthcare delivery. Not only will it provide specialty care, but it will simultaneously eradicate and enhance curbside consults, that involves a more personalized virtual conversation between specialists and our YesCare providers. AmplifyMD offers a network of licensed and board-certified providers in cardiology, dermatology, endocrinology, gastroenterology, hematology/oncology, hospitalist/ED coverage, infectious disease, nephrology, neurology, orthopedics, psychiatry, pulmonology, radiology, rheumatology, and speech therapy.

For the Maryland DPSCS, YesCare and USACS successfully utilize telemedicine technology to facilitate access to patient care by allowing a remote connection through video between a clinician and a patient or a clinician and other clinicians. The proven strengths of this telemedicine partnership are accessibility, timeliness, quality improvement, addressing surge/staffing needs, and risk mitigation through access to consultation.

Another great benefit is that the relationships between USACS, the major academic hospital networks, and other state agencies (State Department of Health) in Maryland optimized triage of services in/out of the facility and minimized expected prolonged Length of stay (LOS) during the earlier waves of the Pandemic. This relationship contributed substantially to reducing the COVID-19 infection rate to single-digit percentages.

For the FDC, YesCare telemedicine with USACS will empower more informed decision-making regarding patient care. Our telemedicine will allow a connection with the right team at the right time, whether between a patient and a clinician or two clinicians who need to collaborate on a time-sensitive decision. Such care is frequently not practicable in corrections.

YesCare and USACS will establish a more refined and integrated relationship for the FDC. This relationship is a significant consideration and differentiator when choosing a comprehensive healthcare program that includes a multi-faceted telemedicine solution.

Our connections with local hospitals and providers will also facilitate tele-health. Our objective is to drive more services performed on site by bringing the necessary equipment and personnel behind the walls; this includes maximizing the use of telehealth, to the extent it can be without compromising care. These YesCare initiatives will significantly reduce officer transports off-site. At YesCare, we strive to keep our client partners away from negative headlines. We are implementing clinical assist telehealth units with peripherals and are proposing the following services as part of FDC telehealth's implementation:

Telepsychiatry: Telepsychiatry is a proven method to increase psychiatric access for patients at single facilities and across entire systems. It is as effective as in-person care. Telepsychiatry enables organizations to access psychiatric coverage without the recruiting, logistical, and financial burdens the onsite, in-person model requires. Telepsychiatry increases provider efficiency, adds value, and improves care.

Tele-behavioral health: Like telepsychiatry, tele-therapy is evidence-based, as effective as in-person care, and remains essential to increasing access in the community. Our community is corrections. From behavioral health screening and assessment to psychotherapy and crisis evaluations, tele-behavioral health broadens access to care, reduces escorting needs, and, consequently, reduces risk and delivers improved outcomes.

The COVID-19 pandemic caused the world to embrace telepsychology, opening doors and minds to a flexible and efficient resource for counseling. YesCare has put together an internal team to design the most productive process for delivering the optimal amount of therapy to the incarcerated. We intend to lead the correctional industry in determining how best to match the demand for therapy in correctional settings with the excess supply generated by technological progress. In doing so, we also address labor shortages across corrections.

Reentry Services via telehealth include:

- Corrections to community pamphlet customized to FDC and placed on reentry website
- Community Services
- Federally Qualified Health Centers

Tele-triage: Using existing telehealth equipment, qualified healthcare staff rapidly create a virtual consultation with an on-call provider or an experienced trauma specialist. This program is proving particularly effective at minimizing after-hours patient transport, saving sites from providing off-site trips that are costly both financially, and reducing manhours. As our tele-triage program matures, we expect to see a decrease in ED runs. This means a lower percentage of our ED runs result in a procedure or overnight stay, and an overall reduction in the cost of care and security outcounts.

Laboratory Solution with Eccolab Group. Recognizing that the laboratory previously housed at the Regional Medical Center Hospital (RMCH) has been discontinued and to support the FDC's goal of improving waiting times for consultations, diagnostic testing, and treatment, **YesCare is proposing to bring laboratory services on site at the RMCH. Eccolab delivers timely and accurate laboratory results which is an integral part of our commitment to health care excellence at the FDC.**

YesCare will subcontract with **Eccolab Group** (Eccolab) for laboratory diagnostic services (see, B.2.3. Subcontractor Information). Eccolab is a full-service clinical laboratory that provides clinical tests and services. Headquartered in Miami, Eccolab laboratory testing facilities currently extend throughout the State of Florida (as well as other parts of the United States). Within the RMCH, Eccolab will be able to serve as the STAT lab for the RMCH and Region 2 institutions close to RMCH. Of note, Eccolab has relationships with local hospitals throughout the State of Florida and can provide STAT labs for institutions in remote areas with turnaround times between 2-4 hours from when the specimen is received by the local hospital.

Core Processes Program. This proprietary program standardizes evidence-based decision making; it is a framework for daily care: Intake, Sick Call, Health Assessment, Infirmary/Bed Management, Chronic Care/Special Needs, Emergent/Urgent Care, and Medication Management. The benefits of this program are a more standardized method of delivering services leading to more consistent outcomes, lower costs, and decreased litigation.

SMART Care Programs and Resources. YesCare is continually deploying resources to adjust to the evolving needs of the Inmate population. SMART Care (Successful Management and Responsive Treatment) from intake through reentry to the local community refers to the methods our clinicians employ in delivering care. We take a population health/risk-based approach with a direct, patient-centered focus on the clinical encounter. The following are examples of SMART Care programs implemented in select DOC facilities:

- **Benefits at a Glance** – It is important for all inmates to know exactly what can and cannot be provided to them during incarceration. YesCare has developed Benefits at a Glance which explains the medical and mental health services inmates can receive within the FDC. YesCare places posters in the housing units and distributes handouts at intake which have proven effective at educating inmates about the type of care to which they are entitled. Providing this information assists in Inmate satisfaction and a reduction in grievances since they are made aware upon intake of the services



- **Standardized Grievance Response Manuals** – YesCare has developed a Grievance Book that serves as a quick reference guide, containing tips on how to de-escalate patient concerns properly. With the FDC's approval, each of our management staff will be provided a copy to help keep patients satisfied with the health care they are receiving. Additionally, our CQI process monitors, tracks, and reviews all grievances. YesCare is also proposing a Clinical Review Committee to review Inmate grievances on a regular basis. This committee would be comprised of one or two members from the YesCare Regional Office, one or two members from the FDC, and several members of our field staff. This committee will meet no less than quarterly, review

grievances for any trends, and look at new ways to enhance patient satisfaction that result in increased performance metrics.

- **Health Fairs** – YesCare uses health fairs as an opportunity to promote self-care and wellness by offering information and preventive care tips and making it fun by using interactive games such as Wheel of Health and STD Roulette. Our strategies of utilizing health fairs for inmates and all staff coincides with the FDC's strategies regarding changing culture. We understand the FDC's cultural change / commitment for improving employee health and well-being. YesCare is steadfast in assisting the FDC in achieving this goal.

- **Finger Sticks at Intake and Annual initiative** – With millions of undiagnosed diabetics in America today, identification at intake and an annual follow up helps to ensure early detection and treatment. In other statewide systems, we have identified as many as 40 undiagnosed diabetics in a year.

- **Opioid Use Disorder** – No population has been as disproportionately harmed by the opioid crisis as the presently and formerly incarcerated. Opioid overdoses are the leading cause of death for re-entering citizens. There is considerable evidence that Medication-Assisted Treatment during and after incarceration can help break the cycle of relapse and recidivism.

- The following is a link to a video about YesCare and the Philadelphia Department of Prisons work with Medication Assisted Treatment: https://www.youtube.com/watch?v=IoLzmEjIH68

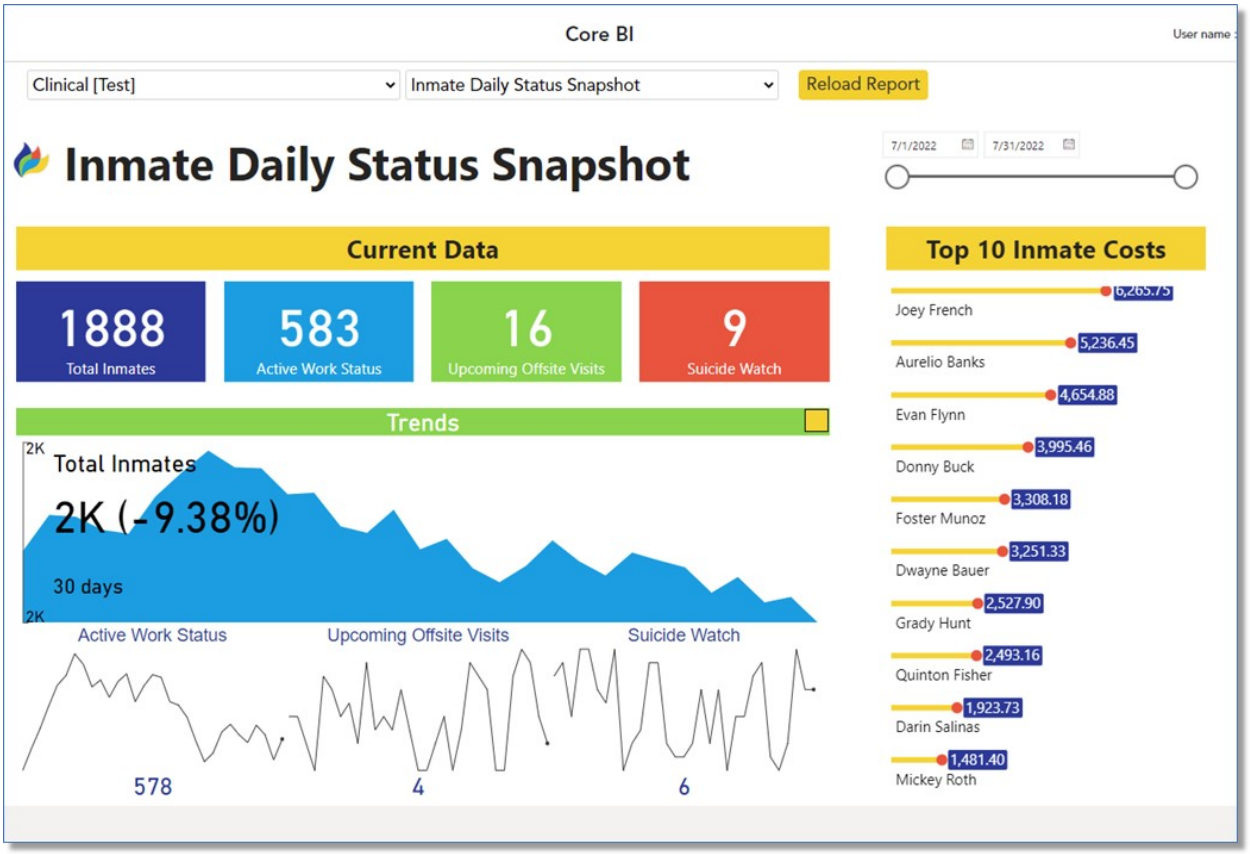
- The following is a link to an op-ed by YesCare's CEO about the need for increased mental health care for released inmates: https://www.al.com/opinion/2022/05/guest-opinion-alabama-must-raise-standard-of-mental-healthcare-to-support-released-inmates.html

Information Technology Resources. YesCare is committed to expanding telehealth, particularly for behavioral health therapy, where it has been shown to be comparable to in-person care. Telepsychiatry enables organizations to access psychiatric coverage without the recruiting, logistical, and financial burdens the onsite, in-person model requires. Like telepsychiatry, tele-therapy is evidence-based and remains essential to increasing access to care in the community. It can do the same in correctional institutions. In times such as today, when staffing challenges persist in both custody and healthcare, tele-behavioral health is an effective bridge to employ with willing client partners.

YesCare employs telehealth as a key strategy to improve access to specialty care. We have used it in all of our statewide partners in more than 20 specialties, including telepsychiatry, oncology, HIV, and orthopedics. YesCare will continue to increase its investment in telehealth technologies and resources to improve patient care, reduce strains on security, and lower transportation costs. In 2021, we conducted approximately 56,000 telehealth encounters companywide.

Making the best possible decisions for our patients, partners, and other stakeholders requires a commitment to a data-driven process. YesCare's Business Intelligence Unit specializes in collecting clinical and operational data and formatting it into a user-friendly **YesCare BI Dashboard.** By offering visibility at the push of a button, our dashboards allow us to operate more intelligently, more productively.

For example, YesCare's Inmate daily snapshot spreadsheet, shown below, allows us to actively monitor census data across the organization. This information, when collected in real time, allows YesCare to effectively manage and reassign resources, as well as provide essential information on patient statuses, as provided by our client partner. We are also able to track upcoming offsite appointments to ensure that appropriate pre-appointment tasks are completed to mitigate any delay in treatment and streamline offsite care as much possible. (Please see Tab D, 3.6.10 Information Technology Services.)



New drug-drug interaction (DDI) notification system. Designed by YesCare to enhance patient safety, inform prescribers of potential issues, and fill gaps in current workflow processes, DDI notifies the prescriber, via email, if a drug interaction is possible. Prescribers are notified daily if they have prescribed medications that could have a significant interaction with another medication.

Reducing Inmate on Inmate Violence. YesCare's approach to preventative care extends beyond the typical scope of healthcare providers by incorporating violence reduction goals. The high frequency of trauma exposure among incarcerated populations, combined with an environment that often evokes guardedness, contributes to high rates of violence, injury and retraumatization. We have a commitment to incorporating next generation applications and are currently evaluating an algorithmic tool that takes patient data and uses it to predict violent behavior. This tool has reportedly reduced violence within the Indiana DOC by approximately 30%. **Because our commitment to continuous improvement permeates our organization, the FDC can count on YesCare to regularly offer cost-effective solutions.**

Recognizing trauma's serious impact on health, our programming targets causes of violence. Our behavioral health services and interagency training have a significant impact on recognizing and reducing the causes of violence, thereby preventing incidents from occurring and avoiding the resulting injury and retraumatization. Specific examples that differentiate YesCare are detailed more thoroughly in our proposal and include:

- Joint training with correctional staff on:
  - Team communication, which includes an emphasis on identifying and communicating risk
  - Crisis Intervention, which builds capacity and confidence utilizing verbal de-escalation to reduce risk during moments of crisis
- Multidisciplinary management of behavioral health units that focus on establishing reliable, coordinated processes. By discussing all aspects of care with the patient, reducing anxiety, and increasing clarity regarding expectations, the likelihood of impulsive acts of violence is minimized.
- Proprietary tools to support the development of interagency safety and risk management plans for patients with histories of engaging in repeated incidents of self- or other-directed violence and have mental disorders

Patient Self-Management Programs. YesCare employs a variety of programs that support patient self-management. Our healthcare team identifies and implements programs that address the unique characteristics of the Inmate population. Social Determinants of Health, such as economic stability, education, health, neighborhood/built environment, and community context are factors we incorporate in designing programming to support incarcerated populations. Sample programs include:

- **Take Charge Weight Loss** – an award-winning wellness initiative designed to educate participants on diet and exercise and provide them with the skills necessary to attain and, subsequently, maintain a healthy lifestyle while inside the correctional facility, as well as following reentry into the community. **Take Charge was awarded NCCHC Program of the Year.**

YesCare's "Take Charge Weight Loss" program was awarded the NCCHC Program of the Year.

- **Patient Information Fact Sheets (PIFS**) – PIFS are handouts that provide succinct, easy to understand education about a specific disease or disability, as well as self-care, safety, or prevention topic. They are used during individual patient encounters and available for the patient to take with them.
- **Suicide Prevention Programs –** Produced by inmates for inmates, the ***Suicide is Forever*** video, created with the Missouri DOC and made available to the public, has been making an impact on offenders since its release in July 2016. The two-part video educates inmates on the warning signs and repercussions of suicide to raise awareness and encourage open dialogue on this historically taboo topic and inmates' feelings surrounding it.

  https://www.youtube.com/watch?v=BjSCUb_JS58
  https://www.youtube.com/watch?v=4C9qdOVUwPE

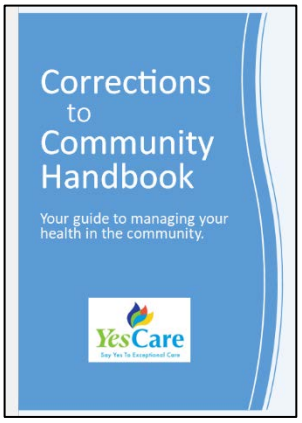
Our suicide prevention task force, started in 2019 and brought back in 2022, demonstrably reduced suicides by over 10% across our facilities while nationwide rates were increasing. We have used peer support programs such as suicide watch companions that, while difficult to measure, have been part of our overall success in reducing suicide attempts and completions.

YesCare is proposing a partnership with Overdose Lifeline and Purdue University to certify clinicians with up to 20 hours of credits to increase their knowledge and awareness of Substance Use Disorder (SUD) and treatment. The certification consists of eight online courses to have a more informed and aware professional.

20- Credit Hour Certificate Program	
Course	**Credits**
The Brain and Disease of Addiction	2.0
Removing the Shame and Stigma of SUD / Addiction	3.0
The Opioid Public Health Crisis	3.0
Layperson Naloxone Administration	1.5
Medication Assisted Treatment: Understanding the Role of MAT in Recovery	3.0
Guide to SUD Treatment and Recovery	3.0
Guide to Harm Reduction: Reducing Harm and Improving Health for Patients who Use Drugs and For the Community	3.0
Exploring the Role of ACEs and Trauma in SUD	1.5

This program will help reduce discriminatory attitudes and the discomfort of working with patients who have SUDs and better prepare our clinicians to serve patients affected by SUD. By reducing these barriers to care patients will be able to receive support more easily and earlier in the disease cycle which will lead to improved health outcomes.

- **Reentry Website –** As indicated earlier, YesCare personnel have led the industry in the development and implementation of reentry websites that serve as a one-stop shop for patients, families, probation and parole staff, and community workers in finding local resources for ex-offenders returning to the community. Our website covers many items to ensure successful reentry for the discharging patient.



- **Reentry –Corrections to Community Handbook –** YesCare will provide the FDC with our Healthcare from Corrections to the Community resource guide to share with inmates as they transition to the community. This tool has been utilized throughout our contracts to assist inmates with better understanding of how to find a doctor, make an appointment, be ready for a doctor's appointment, getting medication that a doctor has ordered, and how to find resources available within the state and/or one's local community.

- **Baby and Me** – Baby and Me is a program that helps medical staff anticipate the needs of pregnant inmates, including the amount of hydration, the necessity for prenatal vitamins, as well as the importance of proper diet and nutrition. This program supports improved quality of care and better patient outcomes. The

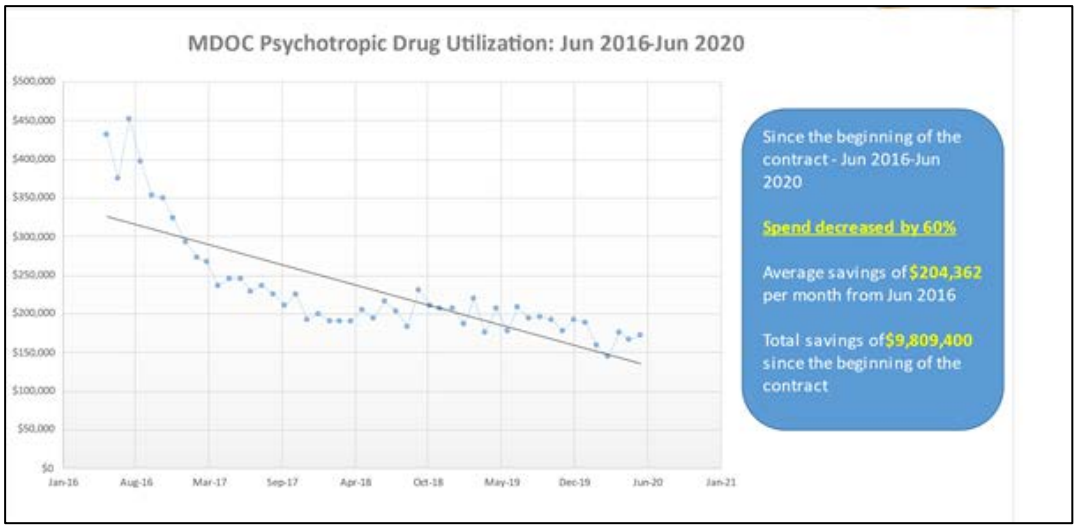
Baby and Me program has been adopted in other YesCare contracted facilities across the country.

Improving Care to Incarcerated Transgender Individuals. In an effort to increase the quality of care provided to our transgender patients, YesCare's healthcare team at the Maryland Department of Public Safety and Correctional Services (DPSCS) and the University of Maryland School of Medicine (UMMS) collaborated to develop an educational program to increase the number of providers with foundational transgender competent care knowledge. The recipient of a grant from the Alliance for Academic Internal Medicine (AAIM) in 2021, the 12-month curriculum was launched at the DPSCS in June 2022. YesCare is proud to be part of this groundbreaking program leading the way to improve the comfort and care provided to incarcerated transgender individuals. This has been a common source of litigation in recent years, and we believe our program will limit Department liability and its associated media spotlight. However, we would only implement treatment modalities consistent with FDC existing policies.

YesCare will work with the FDC to address the care of gender dysphoria patients including safe and secure health care services, medical and mental health needs, hair removal items, clothing, and assignments to the appropriate living units.

Psychiatric Medication Management. YesCare measures prescriptive practice and reduces polypharmacy because we rely solely upon evidence-based prescribing. Our processes reduce client costs and promote patient safety. We teach, coach, and train providers individually and in group settings so that patients receive evidence-based medication trials that match their DSM-5 diagnoses.

The following graphic illustrates how our program generated savings of almost $10 million in psychotropic drug usage for the Michigan Department of Corrections over a four-year period.

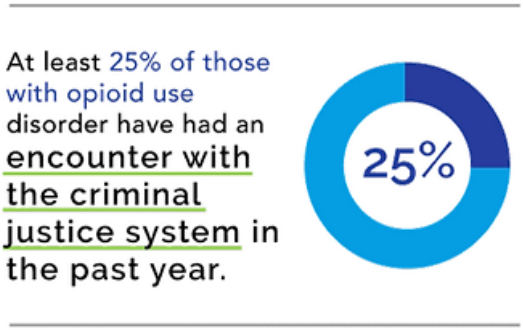


Comprehensive Continuum of Care. YesCare tailors care to each patient based on their individualized needs and circumstances. To do this, we provide a full continuum of behavioral health services, from short-term outpatient care to inpatient psychiatric hospitalization. Within each setting, we customize programming to support recovery, and, when ready, transition the patient to another level of care where we can continue to reinforce recovery while building autonomy through evidence-based intervention.

Suicide Prevention Task Force. YesCare introduced our Suicide Reduction Task Force in 2019. In our first year, we realized a 10% reduction in suicides across our network of care, despite a significant rise in jails and prisons nationally. In 2022 and in response to the rising rates of suicide nationwide, we reconvened our task force to look at data across our facilities to determine what we can do better to a) identify suicidality and b) to prevent self-harm. We are committed to reducing the number of completed and attempted suicides and are building best-in-class tools and programs to support our professionals in the field while establishing partnerships with cutting-edge companies to address suicide risk with novel, yet proven, interventions. One such partnership is with Oui Therapeutics, a company that provides digital therapeutic products and accompanying telehealth services that have reduced suicide attempts by 60% in the military and general population.

Provision of Medication Assisted Treatment and Substance Use Treatment. YesCare will provide MAT through our mental health staff prior to EOS and/or Parole. We will work with local providers for those inmates that qualify for MAT to ensure procedures are followed from the work up evaluations to additional services after release.

YesCare's patient-centered MAT service delivery model is rooted in continuity of care. Where possible, patients that were MAT compliant in the community will be continued in their treatment regimen following assessment and confirmation of their community compliance. Individuals deemed in need of and/or seeking induction will be assessed by medical staff for appropriateness.



The continuity of care may include telehealth, and telepsych appointments with preferred community providers and as previously stated, with the option to keep individuals within the current treatment plan and network. As practicable, this holds through treatment plan and into aftercare. Best practices and research show that familiarity with the aftercare provider increases show rates for initial appointments, overall treatment compliance and lowers the rate of recidivism and reincarceration.

It is YesCare's goal in all communities to build a network of local providers to enhance continuity of care. However, a recent study of Reentry in Boston found that 40 percent of a Reentry programs participants returned to just two neighborhoods. YesCare will work with FDC, Pardon and Parole and the community provider networks to identify and ensure areas of high reentrants are properly researched and resourced.

The Department of Justice (DOJ) guidance states that it is a violation of the Americans with Disabilities Act (ADA) for correctional facilities to have or implement a blanket policy prohibiting the use of medication for opioid use disorder (MOUD) or medication-assisted treatment (MAT) for individuals taking MOUD/MAT prescribed before their incarceration once they are in custody.

While we believe that this guidance supports a decision by the provider as to whether an individual should receive MAT, we also believe that, sooner rather than later, MAT will become the community standard of care for MOUD.

Mobile Response Clinics. YesCare has recently purchased nine Mobile Response Clinics (MRCs) which will enable us to expand the scope and volume of services performed on site. Our MRCs can be outfitted for mobile radiology, optometry, and a host of other services depending on need. These units will significantly decrease the demand for correctional officer staffing for offsite transport and will help us clear any backlogs in primary and chronic care. These MRCs can also be used to transport appropriate staff to the release centers for the provision of primary care services as needed.

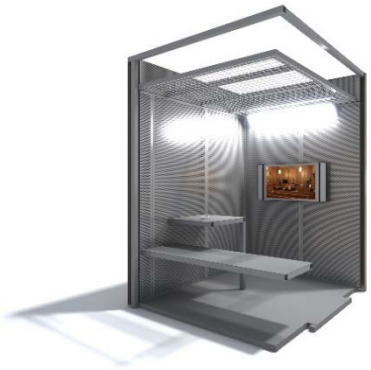


In addition, YesCare will offer access to an onsite optometrist to FDC staff as a matter of convenience and wellness. Institutional Eye Care has agreed to provide deep discounts on any eyewear purchased by FDC employees.

Restrictive Housing Units with Corrections. YesCare is keenly aware of the staffing difficulties all DOCs are facing, especially in the wake of the pandemic. As your partner, we are in this together and would like to offer some solutions to assist the FDC with Restrictive Housing solutions.

- Maximum Security Visitation Booth – YesCare supports the strategic mission of the FDC - World Class Professionals, Security, Safety, Health and Wellness of Inmates, Protect Communities and Mission Support and Infrastructure changes are a priority for us, as well. We have embarked on a mission of our own **to be a solutions-oriented partner** with resources devoted to solving today's challenges. At YesCare, safety and security are paramount.

  We have established a venture with Tate, Inc. to provide three Maximum Secured Visitation Booths to the FDC to assist with Restrictive Housing as well as Staffing difficulties DOCs face today. Our intent is to use them at Limestone, St. Clair and Donaldson (although we can change the sites at the request of the FDC) for placement within restrictive housing. This should minimize the need for officer escorts out of Restrictive Housing, thus improving safety and security, limiting disease transmission, and reducing costs for the Department. These booths are ideal for:

  - Legal Consultation
  - Judicial Hearings
  - Telehealth and mental health evaluations
  - Family visitation

  The booths are:

  - Designed and installed with premier corrections partners
  - Manufactured in the USA with detention-grade components
  - Simple to install, no capital improvements required

- Plug and Play integration with telecom and video hardware
- Sound masking with acoustical insulation
- Custom-sized to fit FDC housing units
- ADA compliant
- Outfitted with an optional ramp, desk, intercom and air filtration system

Skilled Nursing for Medically Fragile Patients. We understand that medical furloughs are denied more than they are approved thus creating additional burdens to the FDC and the healthcare providers. YesCare and Geneva Consulting can assist the Department when releasing patients who need access to nursing homes or long-term care facilities. In most cases, releasing patients are denied access to nursing homes due to their history of violence or their infectious disease status such as having HIV or HCV.

Returning to the Community



YesCare is pleased to have William "Bill" Carr, JD and Ralf Salke, RN, BSN, CCHP-A, assisting us on this response. Mr. Carr is our proposed Corporate Officer and brings over 30 years of corrections leadership and management experience, **including serving as the Assistant Secretary of Re-Entry for the Florida Department of Corrections from 2011-2013.**

Mr. Salke, our proposed Statewide Vice President of Operations, is a long-time employee dating back to 1988 with YesCare. In 2010 Mr. Salke conceived of a reentry website to assist patients in locating necessary resources upon their return to the community. In June 2011, YesCare became the first correctional health care company to provide a website of this kind when we launched the site in coordination with the Missouri Department of Corrections. The Deputy Director of the Missouri DOC, Matt Sturm, would be happy to give the FDC a reference for Mr. Salke.



Metrics measuring usage have demonstrated positive results prompting the introduction of the website in other contracts. The website has over 20 unique features to YesCare such as Partner welcoming message, translations of 50 languages, intuitive search capabilities, enhanced printing and mapping capabilities and the creation and development of Transition Plans for Discharge. These plans can be developed and utilized by Probation and Parole Staff in addition to family and friends of the transitioning offender.

In 2012 we implemented the site for the Missouri Department of Corrections. From there we included several other systems and jails within YesCare.

The website is a force multiplier in providing critical resources, enhancing public safety and promoting effective re-entry. This valuable tool identifies community resources such as:

- Mental health services
- Medical services
- Crisis intervention services
- Dental services
- Pharmacy assistance
- Housing
- Religious
- Employment
- Veterans' affairs
- Food and clothing
- Education/training
- Medicare and Medicaid

YesCare has already identified over 100 resources and we will implement the reentry website within the contract's first 30 days, pending FDC approval. YesCare also proposes adding a reentry website link to the FDC website to ensure ease of access for released patients, their families, friends, and area providers. This website will also benefit probation officers and FDC staff as they assist with reentry activities and transition plan development.



Release Medications. YesCare acknowledges the difficult truth that released patients often must decide between lifesaving medications and basic items such as food. While the ITN allows for a 30-day supply or prescription, **YesCare is proposing an additional 60 days of select medications**. **Patients will receive a total of 90 days of medication**, along with access to other support services, as a bridge to a more successful transition. YesCare will utilize the nation's largest nonprofit pharmacy provider, Rx Outreach (RxO) from St. Louis MO. Our proposed Statewide Director of Operations, Mr. Salke was a former Vice President of Business Development for RxO. Mr. Salke began using this organization in 2016 for additional release medications for the Missouri Department of Corrections, specifically for behavioral health medications and serious ill mental health patients.

Our program will drive continuity of patient care. It is often difficult for patients to access a provider after discharge. Many providers refused to see new patients, which adds pressure on released patients to obtain services and medications. RxO will ship 60 days of prescribed medications directly to the patient's home or to their healthcare advocate in a childproof container. These shipments will occur every 30 days over a two-month period. If necessary, we can obtain a signature receipt from the released patient for verification of these medications, depending on the provider's preferences. This strategy supports the released patient's holistic health while facilitating a successful community reintegration.

Capstone Partnership. YesCare is committed to securing continuity of care for reentering individuals and maintaining a holistic approach to healthcare. Therefore, we have partnered with **Capstone Health Network** to offer a supplemental healthcare program to releasing inmates and their families in the area of physical health and mental health services to include emergent. The releasing patient, family, or friend can choose to either enroll just themselves or their entire family at a minimal cost. The monthly costs range from $15 for individuals to $30 for a family plan. **Neither the State of Florida, FDC, nor YesCare are responsible for payment**. This program is an affordable alternative for released inmates and families who may not qualify for Medicaid/care services.

Studies have documented that inmates who are able to secure consistent, affordable healthcare upon release have a markedly lower rate of recidivism

Once enrolled, the patient is guaranteed a provider via telehealth appointment within 60 minutes after the request. The table below displays the discharged patient's benefits with Capstone compared to a traditional healthcare plan:

Healthcare Service or Topic	Traditional Health Insurance	CapstoneCare™
Covers top 75-80% of reasons people see doctors	Yes	Yes
Provides doctor consultations 24/7/365 in English or Spanish	Possibly	Yes
Doctors can write non-narcotic prescriptions	Yes	Yes
Deductibles/co-pays for Doctor-Provided Services	Yes	No
Telemedicine Doctor Care Included	Possibly	Yes
Time It Takes to Get Treated by a Doctor (minutes)	Hour/day/week	10 – 60 min
Covers In-Hospital Stays, Cancer Treatments, etc.	Probably	No
Mental Health Counseling with NO counselor fees, co-pays, OR deductibles	No	Yes
Doctor Care and Mental Health Help from Home	No	Yes
Discount Dental Services Included	No	Yes
Prescription Drug Discounts Included	Possibly	Yes
Complicated Paperwork/Billing Statements	Yes	No
Contract Required	Yes	No
HIPAA Compliant	Yes	Yes
Substantial Administration Required	Yes	No
Monthly Individual / Family Cost	$200 - $1000+	**$15 - $30**

The program will assist patients/families during the challenging transition into civilian life and eliminate many of the barriers to obtaining quality healthcare upon release. **Studies have documented that inmates who are able to secure consistent, affordable healthcare upon release have a markedly lower rate of recidivism.**

Pricing Structure: With more than 40 years in the industry, YesCare has encountered a variety of pricing structures. Every structure has its own benefits and challenges. In addition to the ITN method of cost reimbursement plus a management fee percentage, many correctional programs are contracted with annual fixed fees, or partial fixed fees with shared risk on catastrophic offsite services and pharmacy expenditures. With annual fixed fee contracts, a variable cost component is added to cover population changes.

Regardless of structure, annual inflation is always built into a correctional healthcare program to cover rising wages, hospital, and specialty costs, as well as pharmaceutical increases. YesCare is open to a variety of contracting methods and welcomes the opportunity to discuss with the FDC during the next phase of this procurement.

Summary

With over 40 years in correctional health and new ownership and leadership, YesCare has the knowledge and understanding that come from experience and the fresh perspective and substantial resources of a well-funded start-up. YesCare's affiliated staffing, imaging, addiction treatment, and nursing home companies, provide a vast network of resources to the FDC that cannot be matched.

Using all of the resources available to us, we will be a solutions-based partner to the FDC by:

- Reducing officer usage for outside appointments
- Establishing strategic partnerships with other agencies to ensure patient continuity of care, especially after release
- Providing an additional 60 days of generic medications for released inmates, so they do not have to choose between spending money on medication rather than a more immediate need
- Improving patient satisfaction
- Decreasing litigation
- Decreasing Inmate grievances
- Improving outcomes for medical, mental health, and reentry patients
- Decreasing security risk to the general public
- Innovative efficiencies for safety and security within Restrictive Housing
- Employing evidenced-based practices subject to continued ACA, NCCHC verification and review

YesCare's aggressive steps toward innovation, accountability, and service to the field, as evidenced by our initiatives in Expanded Technical Capabilities, Employee Ownership, Medication Assisted Treatment, Business Intelligence, Mobile Response Clinics, Staffing Solutions, and more, are one indication of the new culture we are building and why we are the logical choice to serve as the FDC's correctional healthcare partner.

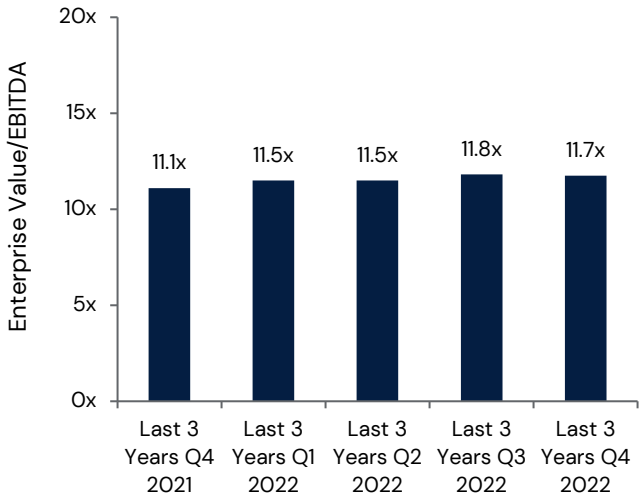
07 Healthcare

Middle market Healthcare M&A valuations outperformed the broader market through 2022, averaging 11.7x EV/EBITDA. The nondiscretionary nature of many Healthcare procedures and applications has created a degree of insulation from adverse economic forces, reflected by the robust industry M&A multiples. Target companies in the Medical Device Outsourcing sector have attracted strong buyer attention as elective surgeries have resumed post-pandemic and healthcare delivery organizations have recovered to more normalized capacity levels. In addition, pharmaceutical players offering contract development and manufacturing for drug products have continued to command premium pricing from strategic and financial buyers.

Middle market deal volume in 2022 failed to match the record levels of M&A activity in 2021, falling 24.1% YOY. Financial buyers have maintained a strong presence in the industry, despite increased target company selectivity and scrutiny by private equity firms. In 2022, financial buyers accounted for 39.1% of transactions, with add-ons comprising 30.7% of deal volume. Strategic buyers accounted for the remaining 60.9% of M&A transactions, led by private strategics at 34.0%.

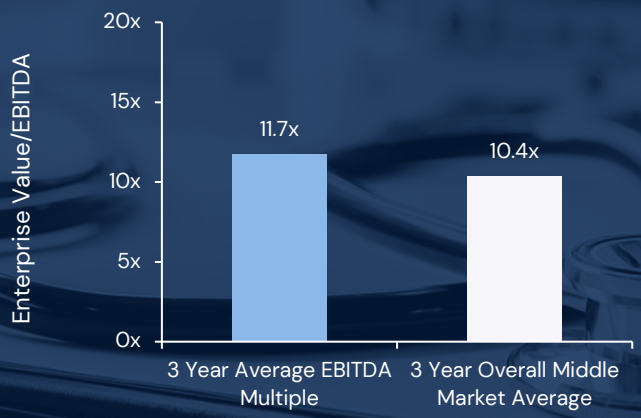
Healthcare
Average M&A Valuations

Healthcare M&A valuations have held steady, averaging 11.7x EV/EBITDA. Quality privately-owned businesses have continued to fetch strong pricing.

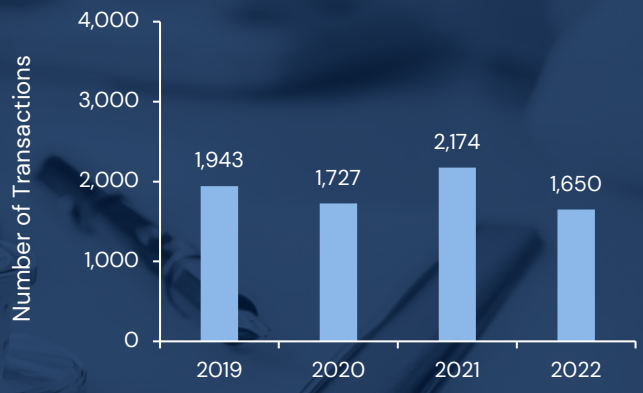


Enterprise Value <$500mm
Source: Capital IQ and Capstone Partners

Healthcare vs. Middle Market Average



Healthcare Middle Market M&A Volume



Enterprise Value <$500mm
Source: Capital IQ and Capstone Partners

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

W.A. FOOTE MEMORIAL HOSPITAL
d/b/a ALLEGIANCE HEALTH,
a Michigan Nonprofit Corporation,

Plaintiff,

v.

CORIZON HEALTH, INC.
a Delaware Corporation,

Defendant.

Case No.
Hon.

_____/

The Dragich Law Firm PLLC
David G. Dragich (P63234)
January A. Dragich (P63108)
17000 Kercheval Ave., Suite 210
Grosse Pointe, MI 48230
(313) 886-4550
ddragich@dragichlaw.com
jdragich@dragichlaw.com

Leo Nouhan & Associates PLC
Leo A. Nouhan (P30763)
22930 E. Nine Mile Rd.
St. Clair Shores, MI 48080
(313) 550-0304
lnouhan@nouhanlaw.com

Attorneys for Plaintiff W.A. Foote Memorial Hospital d/b/a Allegiance Health

_____/

COMPLAINT

Plaintiff W.A. Foote Memorial Hospital d/b/a Allegiance Health ("Allegiance"), for its complaint against Defendant Corizon Health, Inc. ("Corizon"), states as follows:

THE PARTIES

1. Allegiance is a Michigan nonprofit corporation with its principal place of business in Jackson, Michigan. Allegiance is a health care provider and accredited hospital.

2. Upon information and belief, Corizon is a Delaware corporation with its principal place of business in Brentwood, Tennessee. Corizon is in the business of providing health care services to state correctional facilities.

JURISDICTION AND VENUE

3. This Court has jurisdiction over this matter pursuant to 28 U.S.C. § 1332(a)(1). The amount in controversy exceeds $75,000, exclusive of interest and costs, and there is complete diversity of citizenship between the parties.

4. Venue is appropriate in this Court pursuant to 28 U.S.C. § 1391(b)(2) because a substantial part of the events giving rise to the claim occurred in the State of Michigan in Jackson County.

5. Pursuant to Section 12 of the Agreement (as defined below), Michigan law applies to all disputes between the parties.

FACTUAL ALLEGATIONS

6. Allegiance and Corizon are both in the health care industry.

7. Effective June 13, 2011, Allegiance and Corizon entered into an agreement (as amended, restated, supplemented, or otherwise modified from time to time, the "Agreement") whereby Allegiance agreed to provide professional health care services to prison inmates under the care of Corizon, pursuant to Corizon's agreement with the Michigan Department of Corrections (the "MDOC"). A copy of the Agreement and all amendments to the Agreement are attached hereto as **Exhibit A**.

8. Pursuant to the Agreement, Allegiance provided both inpatient and outpatient health care to inmates under the control of Corizon and the MDOC. See Agreement.

9. Pursuant to the Agreement, Corizon must reimburse Allegiance for health care services in accordance with the reimbursement rates listed on Attachment 1 to the Agreement. See Agreement.

10. Pursuant to Section 2.3 of the sixth amendment to the Agreement, Corizon is required to reimburse Allegiance for services rendered within 45 days of receipt of a "clean claim." A "clean claim" is defined as "a claim that contains no defect, impropriety or lack of substantiating data that prevents timely payment." See Agreement. Further, Corizon must pay an additional twelve percent (12%) per

annum on claims that remain unpaid after the 45-day payment deadline. See Agreement.

11. Several claims for reimbursement submitted to Corizon by Allegiance remain unpaid. A statement of account on the unpaid reimbursements (the "Statement of Account") is attached hereto as **Exhibit B**. See Statement of Account.

12. The Statement of Account represents the bona fide amount owed by Corizon to Allegiance and does not include amounts for disputed claims or partial payments.

13. To date, Corizon has not stated an objection, nor has it disputed this amount as due and owing.

14. The claims for reimbursement, as reflected in the Statement of Account, are for clean claims, which Corizon has not denied or otherwise challenged.

15. On September 28, 2021, Allegiance corresponded with Corizon regarding the outstanding balance owed by Corizon to Allegiance. Allegiance also corresponded with Corizon regarding the outstanding balance on October 19, 2021 and November 23, 2021. Throughout those discussions, Corizon indicated that it would make payment by the end of the year.

16. Allegiance terminated the Agreement on September 29, 2021.

17. Corizon currently owes Allegiance $4,241,098, which includes the total unpaid reimbursements of health care services rendered in the amount of $3,903,229, plus interest in the amount of $337,869.

COUNT I: BREACH OF CONTRACT

18. Allegiance realleges and incorporates by reference the allegations asserted in paragraphs 1-17 above as if fully set forth herein.

19. The Agreement is a valid and enforceable contract for services between Allegiance and Corizon.

20. Allegiance fully performed its obligations to Corizon under their contractual relationship and terms or condition of payment, including without limitation, providing all health care services required by Corizon.

21. Corizon has breached the Agreement by failing and refusing to reimburse Allegiance for the amounts due and owing to Allegiance under the Agreement.

22. Corizon's failure to reimburse Allegiance has caused, and will continue to cause, Allegiance damage.

23. Allegiance is entitled to judgment against Corizon for Corizon's breach of contract in an amount of at least $4,241,098, to be determined at trial, plus costs and accruing interest.

COUNT II: ACTION ON ACCOUNT STATED

24. Allegiance realleges and incorporates by reference the allegations asserted in paragraphs 1-23 above as if fully set forth herein.

25. $3,903,229 remains due and owing on Corizon's account with Allegiance for reimbursement of health care services rendered, plus accrued interest pursuant to the Agreement in the amount of $337,869. See Affidavit, attached hereto as **Exhibit C**. See also, Statement of Account.

26. The unpaid reimbursements represent a true and accurate description of the amounts due and owing to Allegiance by Corizon.

27. Corizon has never objected to the amounts stated in Allegiance's claims for reimbursement as due and owing. As a result, this account has become an account stated.

28. Allegiance is entitled to a judgment against Corizon for the amount due and owing on its account with Allegiance, with accrued interest, totaling $4,241,098, plus accruing interest.

COUNT III: UNJUST ENRICHMENT

29. Allegiance realleges and incorporates by reference the allegations asserted in paragraphs 1-28 above as if fully set forth herein.

30. To the extent Corizon would deny the existence or enforceability of an express contractual relationship with Allegiance, Allegiance brings a claim of unjust enrichment.

31. Corizon received a benefit from the health care services Allegiance provided to Corizon.

32. Corizon knows that it received a benefit from the health care services Allegiance provided to Corizon.

33. Corizon has not paid Allegiance for the benefit Allegiance conferred to Corizon.

34. Corizon has received the benefit Allegiance conferred to Corizon without paying for the benefit.

35. An inequity resulted to Allegiance because Corizon received the provision of health care services without reimbursing Allegiance for services rendered.

36. It would be unjust for Corizon to receive the benefit without reimbursing Allegiance for services rendered.

37. Allegiance is entitled to a judgment against Corizon for Corizon's unjust enrichment in the amount of at least $4,241,098, plus accruing interest.

COUNT IV: PROMISSORY ESTOPPEL

38. Allegiance realleges and incorporates by reference the allegations asserted in paragraphs 1-37 above as if fully set forth herein.

39. To the extent Corizon would deny the existence or enforceability of an express contractual relationship or account with Allegiance, Allegiance brings a claim of promissory estoppel.

40. Corizon promised to Allegiance – through words and conduct – that it required certain health care services from Allegiance and would reimburse Allegiance for the services rendered.

41. Corizon expected Allegiance to reasonably rely on its promise and made the promise to induce Allegiance to provide health care services.

42. Allegiance reasonably relied on Corizon's promise and, therefore, Allegiance provided Corizon with health care services.

43. Corizon has not reimbursed Allegiance for the services provided to Corizon in reliance on Corizon's promise to reimburse Allegiance.

44. Corizon's promise to reimburse Allegiance for services rendered must be enforced in order to avoid injustice.

45. Allegiance is entitled to judgment against Corizon on a theory of promissory estoppel in the amount of at least $4,241,098, plus accruing interest.

WHEREFORE, Allegiance requests that this Court enter a judgment in favor of Allegiance and against Corizon in an amount of at least $4,241,098, plus accruing interest and award all other relief that this Court deems just and proper.

Dated: August 24, 2022

Respectfully Submitted,

THE DRAGICH LAW FIRM PLLC

By:/s/David G. Dragich
David G. Dragich (P63234)
January A. Dragich (P63108)
17000 Kercheval Ave., Suite 210
Grosse Pointe, MI, 48230
(313) 886-4550
ddragich@dragichlaw.com
jdragich@dragichlaw.com

Leo Nouhan & Associates PLC
Leo A. Nouhan (P30763)
22930 E. Nine Mile Rd.
St. Clair Shores, MI 48080
(313) 550-0304
lnouhan@nouhanlaw.com

Attorneys for Plaintiff W.A. Foote Memorial Hospital d/b/a Allegiance Health

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

W.A. FOOTE MEMORIAL HOSPITAL
d/b/a ALLEGIANCE HEALTH,
a Michigan Nonprofit Corporation,

Plaintiff,

v.

CORIZON HEALTH, INC.
a Delaware Corporation,

Defendant.

Case No. 2:22-cv-11981-DML-DRG
Hon. David M. Lawson

_____/

The Dragich Law Firm PLLC
David G. Dragich (P63234)
January A. Dragich (P63108)
Eric C. Addy (P85474)
17000 Kercheval Ave., Suite 210
Grosse Pointe, MI 48230
(313) 886-4550
ddragich@dragichlaw.com
jdragich@dragichlaw.com
eaddy@dragichlaw.com

Leo Nouhan & Associates PLC
Leo A. Nouhan (P30763)
22930 E. Nine Mile Rd.
St. Clair Shores, MI 48080
(313) 550-0304
lnouhan@nouhanlaw.com

Attorneys for Plaintiff W.A. Foote Memorial Hospital d/b/a Allegiance Health

_____/

NOTICE OF VOLUNTARY DISMISSAL

Pursuant to Rule 41(a)(1)(A)(i) of the Federal Rules of Civil Procedure, Plaintiff W.A. Foote Memorial Hospital d/b/a Allegiance Health and its counsel, hereby give notice that the above captioned action is voluntarily dismissed against Defendant Corizon Health, Inc., pursuant to the terms of the Settlement Agreement and Mutual Release.

Dated: December 22, 2022

DRAGICH LAW FIRM PLLC

By:/s/ January A. Dragich
David G. Dragich (P63234)
January A. Dragich (P63108)
17000 Kercheval Ave., Suite 210
Grosse Pointe, MI 48230
(313) 886-4550
ddragich@dragichlaw.com
jdragich@dragichlaw.com
Counsel for Plaintiff

LEO NOUHAN & ASSOCIATES PLC

By:/s/ Leo A. Nouhan (w/consent)
Leo A. Nouhan (P30763)
22930 E. Nine Mile Rd.
St. Clair Shores, MI 48080
(313) 550-0304
lnouhan@nouhanlaw.com
Counsel for Plaintiff