



Genesee County
Governmental Operations Committee
Agenda

Wednesday, April 16, 2025

5:30 PM

Harris Auditorium, 1101 Beach St.

I. CALL TO ORDER

II. ROLL CALL

III. APPROVAL OF MINUTES

[RES-2025-1541](#) Approval of Meeting Minutes - March 19, 2025

IV. PUBLIC COMMENT TO COMMITTEE

V. COMMUNICATIONS

[25-149](#) Circuit Court Presentation

[25-224](#) Update on Employee Health Insurance - Anita Galajda

VI. OLD BUSINESS

VII. NEW BUSINESS

1. [RES-2025-0019](#) Approval of a request for a blanket purchase order to Zoll, in the amount of \$86,136.00, to purchase life-saving devices

2. [RES-2025-1248](#) Approval of a purchase order to Printing Systems, Inc. for the fiscal year ending 2025, in an amount not to exceed \$90,000.00, to provide for the printing of ballots for various elections; the cost of this purchase order will be paid from account 1010-215.00-900.008

3. [RES-2025-1306](#) Approval of an agreement between Genesee County and District Health Department #2 to provide for their fiduciary role for all Homeland Security Grants in Region 3; the term of this agreement is from September 1, 2024 through May 31, 2027

4. [RES-2025-1319](#) Approval of a request by Genesee County's Clerk/Register to update the Election Programming Fees Schedule
5. [RES-2025-1355](#) Approval of Transitional Return to Work Policy
6. [RES-2025-1363](#) Approval of a purchase order to Motorola Solutions, for the fiscal years ending 2025 and 2026, in an amount not to exceed \$44,040.00, for body worn camera and video manager services; the cost for this purchase order will be paid from account 1010-351.00-933.001
7. [RES-2025-1369](#) Approval of an update to Genesee County's Vehicle Operation & Driving for Work Policy
8. [RES-2025-1392](#) Approval of the creation of the America 250 - Genesee County Commission
9. [RES-2025-1397](#) Approval of an agreement between Genesee County and the University of Michigan, in the amount of \$120,000.00, to provide monthly training to County Medics; the term of this agreement is May 1, 2025 through April 30, 2026; the cost of this agreement will be paid from account 2110-313.00-801.000
10. [RES-2025-1398](#) Recognition of National Public Safety Telecommunicators Week - April 13-19, 2025
11. [RES-2025-1399](#) Recognition of National County Government Month - April 2025
12. [RES-2025-1438](#) Approval of a five-year agreement between Genesee County and Vitalcore Health Strategies, in the total amount of \$30,798,819.21, to provide health care services at Genesee County's Jail

VIII. OTHER BUSINESS

IX. ADJOURNMENT



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1541

Agenda Date: 4/16/2025

Agenda #:

Approval of Meeting Minutes - March 19, 2025



**Genesee County
Governmental Operations Committee
Meeting Minutes**

Wednesday, March 19, 2025

5:30 PM

Harris Auditorium, 1101 Beach St.

I. CALL TO ORDER

Commissioner Weighill called the meeting to order at 6:19 PM.

II. ROLL CALL

Present: Dale K. Weighill, Shaun Shumaker and Charles Winfrey

Absent: Brian K. Flewelling and Delrico J. Loyd

III. APPROVAL OF MINUTES

[RES-2025-1316](#) Approval of Meeting Minutes - March 5, 2025

RESULT: APPROVED

MOVER: Charles Winfrey

SECONDER: Shaun Shumaker

Aye: Chairperson Weighill, Vice Chair Shumaker and
Commissioner Winfrey

Absent: Commissioner Flewelling and Commissioner Loyd

IV. PUBLIC COMMENT TO COMMITTEE

V. COMMUNICATIONS

VI. OLD BUSINESS

VII. NEW BUSINESS

-
1. [RES-2025-1241](#) Approval of an agreement between Genesee County and the Flint Downtown Development Authority, in the annual amount of \$168,000.00, to provide parking spaces for Genesee County employees; the cost of this agreement will be paid from account 1010-202.00-907.011; the term of this agreement is May 1, 2025 through April 30, 2028
RESULT: REFERRED
MOVER: Charles Winfrey
SECONDER: Dale K. Weighill
Aye: Chairperson Weighill, Vice Chair Shumaker and Commissioner Winfrey
Absent: Commissioner Flewelling and Commissioner Loyd
 2. [RES-2025-1274](#) Approval of a purchase order to Pinnacle Design for the fiscal year ending 2025, in the amount not to exceed \$40,382.34, to provide for furniture at the Office of the Sheriff; the cost of this purchase order will be paid from account 1010-318.00-752.000
RESULT: REFERRED
MOVER: Charles Winfrey
SECONDER: Dale K. Weighill
Aye: Chairperson Weighill, Vice Chair Shumaker and Commissioner Winfrey
Absent: Commissioner Flewelling and Commissioner Loyd
 3. [RES-2025-1284](#) Approval of a request from the Diversity, Equity and Inclusion Commission for the Equity in All Policies Resolution
RESULT: REFERRED
MOVER: Charles Winfrey
SECONDER: Dale K. Weighill
Aye: Chairperson Weighill and Commissioner Winfrey
Nay: Vice Chair Shumaker
Absent: Commissioner Flewelling and Commissioner Loyd
 4. [RES-2025-1286](#) 2025 Child Abuse Awareness & Prevention Month Proclamation
RESULT: REFERRED
MOVER: Shaun Shumaker
SECONDER: Charles Winfrey
Aye: Chairperson Weighill, Vice Chair Shumaker and Commissioner Winfrey
Absent: Commissioner Flewelling and Commissioner Loyd
-

5. [RES-2025-1287](#) 2025 Crime Victims' Rights Week Proclamation

RESULT: REFERRED

MOVER: Charles Winfrey

SECONDER: Shaun Shumaker

Aye: Chairperson Weighill, Vice Chair Shumaker and
Commissioner Winfrey

Absent: Commissioner Flewelling and Commissioner Loyd

VIII. OTHER BUSINESS

IX. ADJOURNMENT

The meeting was adjourned at 6:53 PM.



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: 25-149

Agenda Date: 4/16/2025

Agenda #:

Circuit Court Presentation

Specialty Courts: 2024 Annual Fact Sheet

Program Overview:

- Specialty Courts provide treatment-based alternatives to traditional criminal justice processes.
- Specialty Courts in Genesee County:
 - Adult Felony Recovery Court
 - Mental Health Court
 - Veterans Treatment Court
 - Family Dependency Treatment Court

Mission: To reduce recidivism, promote public safety, and support rehabilitation by addressing the root causes of criminal behavior.

2024 Adult Felony Recovery Court Program Statistics:

- **Participants Admitted:** 152
- **Graduation Rate:** 37%
- **Termination Rate:** 20%
- **Ongoing Participants:** 43%

Demographics:

- 64% Male | 36% Female
- Age Range: 21 - 66 years
- 26% identified as minorities

Drug Testing Compliance:

- Tests Administered: 22,344
- Negative (Appropriate) Results: 90%
- Positive (Inappropriate) Results: 10%

Recidivism Rates:

- 12-month post-graduation re-arrest rate: 14%
- Compared to 23% for non-participants

Cost Savings Estimate:

- Jail bed days saved 2024: 52,480
 - Estimated taxpayer savings: ~\$3,000,000
-

Attorney's Role in Specialty Courts:

- Educate clients on program benefits and expectations
- Advocate during review hearings
- Collaborate with the court team to promote client success

Key Challenges:

- Emerging drug trends (e.g., xylazine, ketamine, psilocybin)
 - Funding needs for expanded drug testing
-

Contact Information: Breana Benham LLMSW, CAADC - Specialty Courts Services
Director

(810) 908-2728 | bbenham@geneseecountymi.gov

Thank you for partnering with us to create healthier, safer communities!

Strengthening Specialty Courts: Request for Expanded Drug Testing

Bree Benham LLMSW, CAADC – Specialty Courts Services Director

Honorable Mark Latchana – Adult Felony Recovery Court Judge

What are Specialty Courts?

- Alternative courts focused on treatment and rehabilitation
- Genesee County Specialty Courts:
 - Adult Felony Recovery Court
 - Mental Health Court
 - Veterans Treatment Court
 - Family Dependency Treatment Court
- Goal: Address root causes, reduce recidivism



Why Specialty Courts Matter

1

Reduce re-arrest rates by up to 45%

- Recovery Court – 14%
- Michigan State Rate – 23%

2

Save \$3 to \$6 for every \$1 invested

- Our recovery court saved ~\$3 million in 2024

3

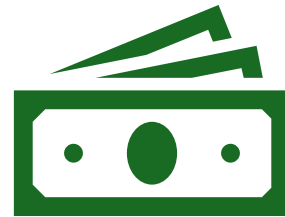
Save county jail bed days

- Saved 52,480 jail days in 2024

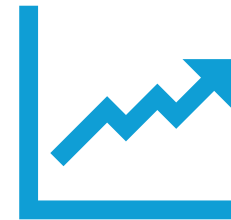
Federal Funding Climate



Uncertainty



Restructuring and
funding cuts



Cannot predict future
funding forecast

Current Challenges

Limited drug testing options

Inability to detect emerging drugs (e.g., xylazine, ketamine)

Gaps in monitoring jeopardize program success

The Risk of Inaction



Increased relapse
rates



Higher public safety
risks



Erosion of court
program credibility

Our Proposal

- Requesting Funds to:
 - Expand drug testing capabilities
 - Enact more frequent testing
 - Obtain broader substance panels
 - Obtain faster lab results

Cost-Benefit Snapshot

Expanded testing cost:
\$50,000



Potential savings:

Lower jail costs

Reduced
emergency
services

Stronger long-
term recovery
outcomes

Call to Action

1

Invest in
expanded drug
testing

2

Strengthen
specialty court
outcomes

3

Protect public
safety and
community
health



Thank You! 😊



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: 25-224

Agenda Date: 4/16/2025

Agenda #:

Update on Employee Health Insurance - Anita Galajda



HEALTH INSURANCE RATES



3 SIGNIFICANT FACTORS



Increased Costs

New Medications / New Uses

PA 152 Hard Cap



COSTS

Things. Cost. More.

Eggs

Airplane Tickets

Vehicles

Healthcare Services

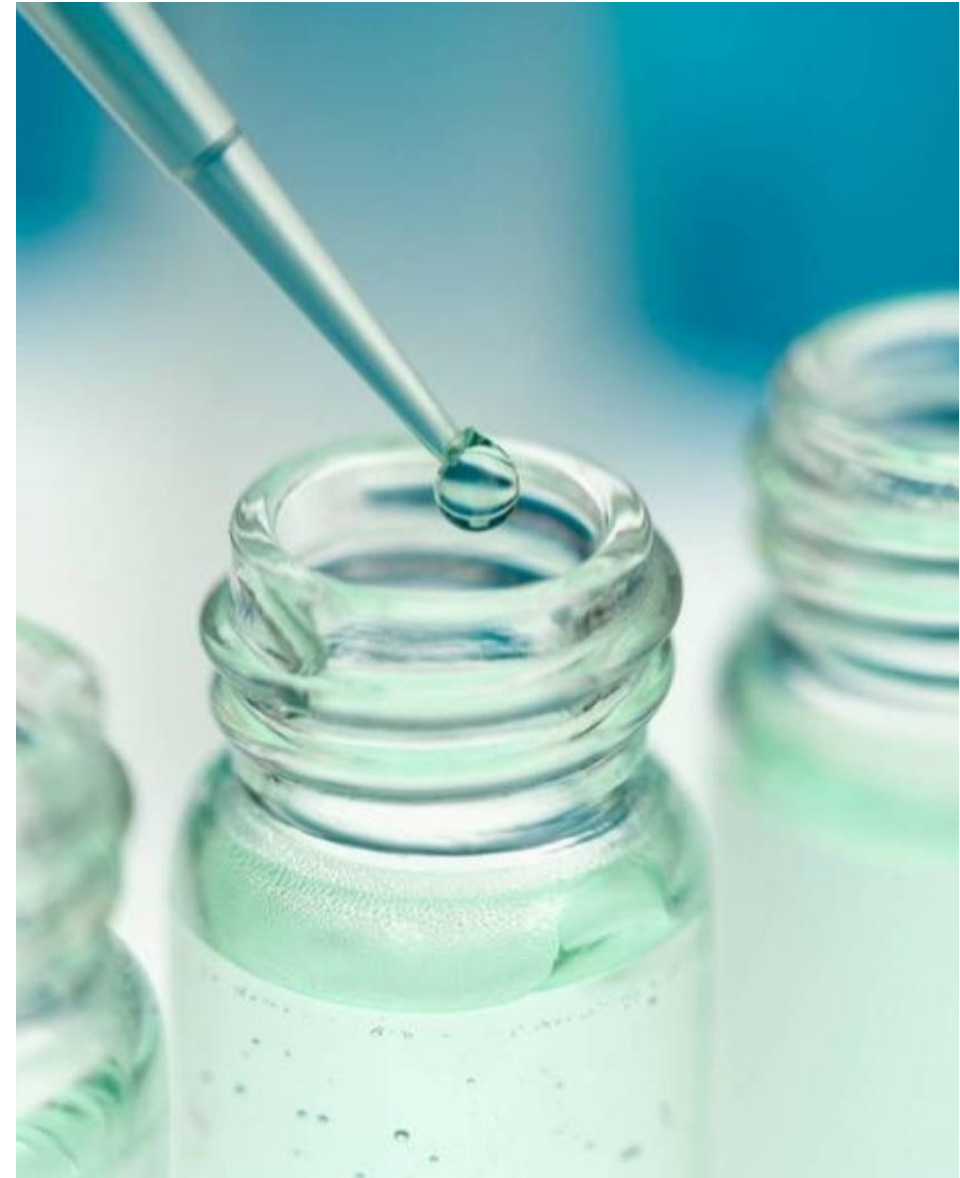


NEW MEDICATIONS NEW USES

GLP-1's - \$1,300/mo.
Diabetes

Weight loss
Alzheimer's
Parkinsons
Cardiovascular issues
Sleep Apnea
Kidney Disease.....

New = No Generics



PA 152 HARD CAP

Publicly Funded Health Insurance Contribution Act

- Sets a limit on the amount a public employer may contribute to a medical benefit plan.
- Genesee County negotiated with our Unions, the Hard Cap option.





PA 152 HARD CAP

- Allows employer to pay up to the Hard Cap.
- Cap set by the Michigan Department of Treasury.
 - Medical Care Component of the US Consumer Price index

HISTORY OF PA 152 INCREASES

2017	3.3%	2021	3.3%
2018	3.4%	2022	3.7%
2019	1.9%	2023	1.3%
2020	2.0%	2024	4.1%



2025 HARD CAP INCREASE



0.2% increase from 2024 rates



2025 HEALTHCARE COSTS



Genesee County 13.29%

Other Public Employers 15-20%





HISTORIC MONTHLY EMPLOYEE CONTRIBUTIONS										
	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
ASR Buy-Up										
Single	\$126.23	\$37.23	\$45.68	NA	NA	NA	NA	NA	NA	NA
2-Person	\$263.99	\$77.86	\$95.53	NA	NA	NA	NA	NA	NA	NA
Family	\$344.27	\$101.53	\$124.58	NA	NA	NA	NA	NA	NA	NA
ASR Base										
Single	\$31.59	\$0.00	\$0.00	NA	NA	NA	NA	NA	NA	NA
2-Person	\$66.07	\$0.00	\$0.00	NA	NA	NA	NA	NA	NA	NA
Family	\$86.16	\$0.00	\$0.00	NA	NA	NA	NA	NA	NA	NA
BCBSM										
Single	NA	NA	NA	\$235.83	\$40.16	\$127.88	\$72.56	\$36.52	\$83.88	\$134.62
2-Person	NA	NA	NA	\$492.09	\$83.16	\$306.92	\$145.12	\$73.06	\$167.75	\$269.22
Family	NA	NA	NA	\$645.47	\$111.20	\$383.64	\$198.08	\$99.72	\$228.99	\$367.48
HAP HMO										
Single	NA	NA	NA	\$0.00	\$0.00	\$18.12	\$23.14	\$41.06	\$71.14	\$79.28
2-Person	NA	NA	NA	\$0.00	\$0.00	\$43.50	\$46.28	\$82.08	\$142.23	\$158.50
Family	NA	NA	NA	\$0.00	\$0.00	\$54.38	\$62.18	\$112.06	\$194.16	\$216.36
HAP PPO										
Single	NA	NA	NA	\$7.98	\$0.00	\$30.78	\$53.50	\$80.18	\$107.24	\$116.86
2-Person	NA	NA	NA	\$16.69	\$0.00	\$73.88	\$107.02	\$160.34	\$214.44	\$233.68
Family	NA	NA	NA	\$21.77	\$0.00	\$92.36	\$146.08	\$218.86	\$292.71	\$318.98
Hard Cap Increase	0.20%	4.10%	1.30%	3.70%	3.30%	2.00%	1.90%	3.40%	3.30%	2.50%

HEALTHCARE COALITION

- Collaborative Approach
- Monitoring Trends and Utilization
- Evaluating Options

GOAL

Maintain meaningful healthcare
at an affordable cost





Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-0019

Agenda Date: 4/16/2025

Agenda #: 1.

To: Board of County Commissioners

From: Christopher Swanson, Sheriff

RE: Approval of a request for a blanket purchase order to Zoll, in the amount of \$86,136.00, to purchase life-saving devices

BOARD ACTION REQUESTED:

Review and approval of Zoll Medical Corporation Quote No: Q-97110/V. 1 in the amount of \$86,136.00 to in turn create a PO to the vendor to be paid from Paramedics account line: 2110-313.00-764.000 (Supplies Medical) for the purchase of 600 life-saving devices (ResQPOD ITD10) to be utilized by the Genesee County Office of the Sheriff Paramedic team County-Wide.

BACKGROUND:

The GCOS earlier in the Spring of 2024 purchased 72 of these devices (reference is attached). The additional purchase will ensure continuity of services to the public using the same device as is already in use/practice from the same vendor, Zoll Medical.

DISCUSSION:

The use of these specific devices is a Med Control Mandate Genesee County-wide to be used with Lucas Devices (existing devices operated and maintained within the Paramedic vehicles).

IMPACT ON HUMAN RESOURCES:

N/A

IMPACT ON BUDGET:

\$86,136.00 to be paid from account 2110-313.00-764.000 (Supplies Medical).

IMPACT ON FACILITIES:

N/A

IMPACT ON TECHNOLOGY:

N/A

CONFORMITY TO COUNTY PRIORITIES:

This Purchase Order request conforms to county priorities by providing the Sheriff Office Paramedics personnel with lifesaving equipment. (Healthy, Livable & Safe Communities)

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Office of Genesee County Sheriff to authorize an expenditure, in the form of a purchase order, to Zoll Medical Corporation for the purchase of 600 ResQPOD ITD 10 life-saving medical devices, at a cost not to exceed \$86,136.00 to be paid from account 2110-313.00-764.000 (Supplies Medical), is approved (a copy of the memorandum request and supporting documents being on file with the official records of the March 19, 2025 meeting of the Governmental Operations Committee of this Board).



LEGISTAR SUBMISSION CHECKLIST*

Before submission of a request for payment/authorization for goods, services, or construction work, the following questions must be answered to determine whether to use a purchase order or formal contract. You must check an option in all questions until the form directs you to what workflow and/or document to use.

DOES THE PROJECT NEED A CONTRACT?

1) Is this a request for the purchase of goods? (i.e. office supplies, vehicles, equipment, etc.)

Yes: ____ (Go to Question 2)

No: ____ (Go to Question 4)

2) If providing goods, does the vendor require time on any Genesee County premises for installation and/or maintenance for the goods?

Yes: ____ This project requires a contract, skip to the contracts section.

No: ____ (Go to Question 3)

3) Has the vendor presented a document for the county to sign?

Yes: ____

- This document needs to go through Legistar and be reviewed by the proper departments before it can be signed. It is recommended that Corporate Counsel and Risk Management review prior to submission to avoid potential last step denial.

No: ____

- Use a **Purchase Order** You do not need to complete the remainder of this form.

4) Is this a request for services, an IT submission, or construction work?

Yes: ____ This project requires a contract, skip to the contracts section.

No: ____ Contact Corporate Counsel office prior to submitting into Legistar.

CONTRACTS

*** After selecting a template, contact the Risk Manager to obtain insurance requirements before submitting it to Legistar. * If the vendor has provided a contract, or if you have a department specific template that you are using or have used historically, have it reviewed by risk management and corporate counsel prior to submission into Legistar. Even if the agreement was used previously, it may need changes.**

1) Is this a new contract or a renewal/extension? _____

- a. Renewal/Extension: Use the appropriate renewal/amendment template based on the type of agreement. Include the original signed agreement and all prior amendments in the review process.
- b. New Contract: Go to Question 2.

2) How is the contract funded?

- a. Budgeted or General Funds: _____(Go to Question 3)
- b. Grant Funded: _____(Go to Question 4)
- c. Millage Funded: _____ (Go to Question 5)

3) What is the vendor providing?

- a. Services: _____
 - Use the **Professional Service Contract Template**
- b. Construction/Physical Building Altercation/Remodel _____
 - If the contractor has not provided a proposed contract use the **Construction Contract Template** If the contractor has provided a proposed contract, contact Corporate Counsel prior to submitting into Legistar.

*** To avoid a last step rejection, ask corporate counsel to review updated template before submission into Legistar. ***

4) Complete the AGA Recipient Checklist for Determining Contractor vs. Subrecipient

- a. If the service provider is a **contractor**, go back to Question 3.
- b. If the service provider is a **subrecipient**, a department/grant specific subrecipient agreement template must be used. If the template has not been reviewed by corporate counsel within the last year, contact Corporate Counsel office for review of the agreement/template.

5) Is this a new contract/agreement?

Yes: _____ No: _____

- a. If **yes** - contact Corporate Counsel office for assistance in selecting a template and/or creating an agreement.
- b. If **no** – has the template/previous agreement used for this program been reviewed by Corporate Counsel since August 1, 2023?

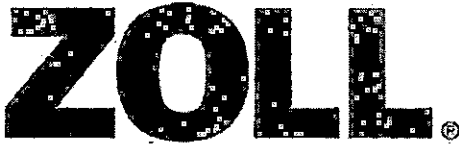
If **yes**, use the template/previous agreement.
If **no**, contact Corporate Counsel regarding template/previous agreement.

6) Is a contract that is not a County prepared contract being submitted for review?

Yes: _____ No: _____

- a. If yes, submit the contract to Corporate Counsel office for review prior to submitting to Legistar.

* If at any point in time you have questions while completing this checklist, it is recommended that you contact the appropriate reviewing department (Fiscal Services, Purchasing, Risk Management, or Corporate Counsel) to address your question prior to submission into Legistar.



ZOLL Medical Corporation

269 Mill Road
Chelmsford, MA 01824-4105
Federal ID# 04-2711626

Phone: (800) 348-9011
Fax: (978) 421-0015
Email: esales@zoll.com

Quote No: Q-97110 Version: 1

Genesee County Sheriff Office (Paramedic Division)
1002 S. Saginaw Street
Flint, MI 48502

Quote No: Q-97110
Version: 1

ZOLL Customer No: 211761
Mike Galajda

Issued Date: January 7, 2025
Expiration Date: March 31, 2025
Terms: NET 30 DAYS

FOB: Shipping Point
Freight: Prepay & Add

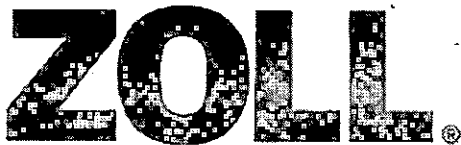
Prepared by: Daniel Majors
EMS CPR Territory Manager
daniel.majors@zoll.com
+1 3179190502

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1		12-0242-000	ResQPOD ITD 10 (only)	600	\$148.00	\$143.56	\$86,136.00

Subtotal: \$86,136.00
Total: \$86,136.00

To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <https://www.zoll.com/terms-and-conditions-of-sale>, for software products can be found at <https://www.zoll.com/software-legal>, and for ExpertCare Service Plans can be found at <https://www.zoll.com/ExpertCare-Service-Terms>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

1. Delivery will be made upon availability.
2. This Quote expires on March 31, 2025. Pricing is subject to change after this date.
3. Applicable tax, shipping & handling will be added at the time of invoicing.
4. All purchase orders are subject to credit approval before being accepted by ZOLL.
5. To place an order, please forward the purchase order with a copy of this quotation to esales@zoll.com or via fax to 978-421-0015.
6. All discounts from list price are contingent upon payment within the agreed upon terms.
7. Place your future accessory orders online by visiting the ZOLL web store.



ZOLL Medical Corporation

269 Mill Road
Chelmsford, MA 01824-4105
Federal ID# 04-2711626

Phone: (800) 348-9011
Fax: (978) 421-0015
Email: esales@zoll.com

Genesee County Sheriff Office (Paramedic Division)
Quote No: Q-97110 Version: 1

Order Information (to be completed by the customer)

- Tax Exempt Entity (Tax Exempt Certificate must be provided to ZOLL)
- Taxable Entity (Applicable tax will be applied at time of invoice)

BILL TO ADDRESS	SHIP TO ADDRESS
Name/Department:	Name/Department:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:

Is a Purchase Order (PO) required for the purchase and/or payment of the products listed on this quotation?

- Yes PO Number: _____ PO Amount: _____
(A copy of the Purchase Order must be included with this Quote when returned to ZOLL)
- No (Please complete the below section when submitting this order)

For organizations that do not require a PO, ZOLL requires written execution of this order. The person signing below represents and warrants that she or he has the authority to bind the party for which he or she is signing to the terms and prices in this quotation.

Genesee County Sheriff Office (Paramedic Division)

Authorized Signature:

 Name: _____
 Title: _____
 Date: _____



269 Mill Road
Chelmsford, Massachusetts 01824-4105
978-421-9655 (main)
978-421-0025 (fax)
www.zoll.com

December 10, 2024

Sergeant Michael Galajda
Genesee County Sheriff Office, Paramedic Division
1002 Saginaw St.
Flint, MI 48502

Dear Sergeant Galajda:

Thank you for your interest in ZOLL products and technologies. This letter serves to confirm that ZOLL Medical Corporation at 269 Mill Road Chelmsford, MA is the sole manufacturer and source of the ResQCPR System including the ResQPOD and its accessories.

While there are distributors that sell certain products into other healthcare channels, the nature of all ZOLL's distribution agreements limits said distributors to their respective channel. The terms and conditions do not allow for sale into the EMS marketplace.

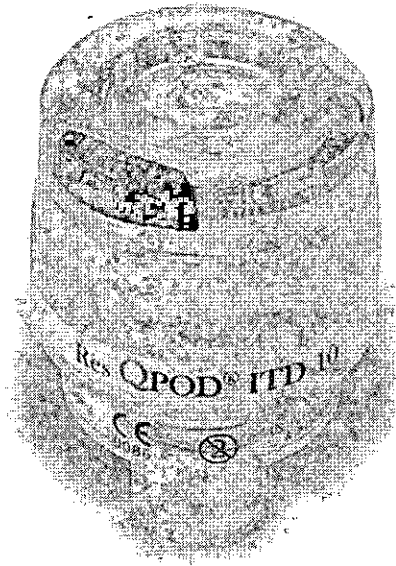
Feel free to contact me directly should you have any questions or need additional information.

Sincerely,

Jillian K Banville

Jillian K Banville
Sr. Marketing Manager, North America EMS
Jillian.Banville@zoll.com
ZOLL Medical Corporation

This device is for pressure management during CPR. It helps drive more blood back to the heart by increasing negative intrathoracic pressure. It increases carotid and cerebral perfusion pressures while reducing intracranial pressure. So, to make it super easy; it drives a ton of blood to the heart and brain while lowering the pressure that damages the brain during standard CPR.



ZOLL

Worldwide Headquarters
269 Mill Rd.
Chelmsford, MA 01824-4105

Remit To:
ZOLL Medical Corporation
PO Box 27028
NEW YORK NY 10087-7028
Phone: 978-421-9655
Toll Free: 800-348-9011

Prior Purchase for reference / consistency in (re) purchased product

Invoice		
Invoice	Seq	PO Number
3927794		24-00522

Bill To

Attn: Accounts Payable
GENESEE COUNTY SHERIFFS OFFICE
1002 SOUTH SAGINAW STREET
FLINT, MI 48502

Ship To

GENESEE COUNTY SHERIFFS OFFICE
1002 SOUTH SAGINAW STREET
FLINT, MI 48502

Payment Terms	Inv Date	Due Date	Sales Order Number	Customer Number
NET 30 DAYS	05-MAR-24	04-APR-24	4220041	211761
	Ship Date	Ship Via	Shipping Reference	Sales Person
	05-MAR-24	UPS	1Z038E070316518775	GILLESPIE, KEVIN CPM

Item	Description	Qty	Unit Price	Amount
1 12-0242-000	RESQPOD ITD 10	72	136.77	9,847.44

Remit to: ZOLL Medical Corporation
PO Box 27028
NEW YORK NY 10087-7028

Sub-Total:	9,847.44
Tax Total:	0.00
Invoice Total:	9,847.44
Currency:	USD

EFT or ACH information: Acct # 50084320 ABA # 011000138
Please email EFT/ACH remittance to EFT-ACHremit@zoll.com

Online Payments – Register or pay as guest at
<https://zollbillpay.radiusone.com/>

TAX REGISTRATION NUMBER: 04-2711626

All discounts off list price are contingent upon payment within agreed upon terms.
Any invoice discrepancies must be reported to ZOLL in writing within 7 business days of receipt. Otherwise, the customer deems all charges, terms and conditions valid.
For invoice terms and conditions go to - <http://www.zoll.com/about-zoll/compliance/>

If you wish to receive your invoices via email or if you have any questions, please contact us at
CHM-Collection_Team@zoll.com

Paramedic medical supply
-KC



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1248

Agenda Date: 4/16/2025

Agenda #: 2.

To: Dale K. Weighill, Governmental Operations Committee Chairperson

From: Domonique Clemons, Genesee County Clerk and Register of Deeds

RE: Approval of a purchase order to Printing Systems, Inc. for the fiscal year ending 2025, in an amount not to exceed \$90,000.00, to provide for the printing of ballots for various elections; the cost of this purchase order will be paid from account 1010-215.00-900.008

BOARD ACTION REQUESTED:

Approval of a purchase order for purchasing ballots for elections to be conducted in 2025.

BACKGROUND:

In 2025 there will be at 3 elections dates with Jurisdictions within Genesee County Participating in - May special Elections, August Primary and November General Election

DISCUSSION:

Each of these elections will require the use of paper ballots, to be provided by the Genesee County Clerk's Office. PSI (Printing Systems, Inc) is a state approved vendor for Ballot printing that has a long-standing relationship with Genesee County, and other vendors are not currently accepting new clients.

This ballot order is significantly less than even year elections because only a portion of the county will be participating and lower turnout is expected.

IMPACT ON HUMAN RESOURCES:

No impact on HR.

IMPACT ON BUDGET:

This is a budgeted expense. We are requesting a purchase order of up to \$90,000.00 to come out of account 1010-215.00-900.008 for FY24. Each Election will be billed separately based on the exact quantities of ballots needed. The exact number is not known until jurisdictions submit their ballot order before each election.

IMPACT ON FACILITIES:

No impact on Facilities

IMPACT ON TECHNOLOGY:

No impact on Technology

CONFORMITY TO COUNTY PRIORITIES:

This is a statutory requirement of the Office of the County Clerk. In fulfilling our statutory duty in the most fiscally responsible way possible we are conforming to all 4 of the county priorities.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Office of County Clerk/Register to authorize an expenditure, in the form of a Purchase Order to Printing Systems, Inc., to purchase ballots for the elections to be conducted in 2025, at a total cost not to exceed \$90,000.00 to be paid from account 1010-215.00-900.008, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the April 16, 2025 meeting of the Governmental Operations Committee of this Board).



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1306

Agenda Date: 4/16/2025

Agenda #: 3.

To: Board of County Commissioners

From: Sheriff Christopher R. Swanson

RE: Approval of an agreement between Genesee County and District Health Department #2 to provide for their fiduciary role for all Homeland Security Grants in Region 3; the term of this agreement is from September 1, 2024 through May 31, 2027

BOARD ACTION REQUESTED:

The Office of Genesee County Sheriff requests that the Board of Commissioners (Board Chair) accept and sign the subrecipient agreement with Homeland Security and District Health Department #2. The grant program is a primary funding mechanism, administered by the United States Department of Homeland Security (DHS) and plays an important role in the implementation of the National Preparedness System (NHS) by supporting the building, sustainment, and delivery of core capabilities essential to achieving the National Preparedness Goal (NPG) of a secure and resilient nation.

BACKGROUND:

The Region 3 Homeland Security Planning Board (R3HSPB) has elected and appointed the District Health Department #2 as the fiduciary for our region. The District Health Department #2 has accepted this position and has entered into an agreement with the Michigan State Police Emergency and Homeland Security Division (MSP-EMHSD) to become the sub-grantee for the region. As a result, District Health Department #2 has drafted the subrecipient agreement and is requesting review and signatures of the agreement. All grant reimbursements for the Homeland Security Grant Program in Region 3 will be administered by District Health Department #2.

DISCUSSION:

Acceptance of this grant agreement allows the Sheriff's Office to accept grant dollars from the fiduciary established by the United States Department of Homeland Security.

IMPACT ON HUMAN RESOURCES:

None

IMPACT ON BUDGET:

None

IMPACT ON FACILITIES:

None

IMPACT ON TECHNOLOGY:

None

CONFORMITY TO COUNTY PRIORITIES:

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Office of Genesee County Sheriff to authorize entering into the 2024 Homeland Security Grant Program Subrecipient Funding Agreement between Genesee County and District Health Department #2 (“DHD2”), whereby DHD2 will act as the fiduciary to pass through grant program funds to Genesee County for purposes related to homeland security and the national preparedness system related to achieving the goal of a secure and resilient nation, for a term through May 31, 2027, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the April 16, 2025 meeting of the Governmental Operations Committee of this Board), and the Chairperson of this Board is authorized to execute the subrecipient agreement on behalf of Genesee County.

From: [Cronkright, Richard Captain](#)
To: [Kline, Shelly](#)
Subject: FW: subrecipient agreement
Date: Wednesday, March 5, 2025 11:19:23 AM
Attachments: [FY 2024 HSGP Subrecipient Agreement - Fillable PDF.pdf](#)
[Exhibit C - FY 24 HSGP Agreement Articles Applicable to Subrecipients.pdf](#)
[image004.png](#)

Can you enter this for Doc review to get signatures.

Captain Richard Cronkright

Office of Genesee County Sheriff

1002 South Saginaw Street

Flint, MI 48502

Work: 810-424-4456

Rcronkright@geneseecountymi.gov



Fiscal Year 2024 Homeland Security Grant Program- Articles of Agreement

Article 1 Assurances, Administrative Requirements, Cost Principles, Representations, and Certifications

I. Recipients must complete either the Office of Management and Budget (OMB) Standard Form 424B Assurances – Non- Construction Programs, or OMB Standard Form 424D Assurances – Construction Programs, as applicable. Certain assurances in these documents may not be applicable to your program and the DHS financial assistance office (DHS FAO) may require applicants to certify additional assurances. Applicants are required to fill out the assurances as instructed by the federal awarding agency.

Article 2 General Acknowledgements and Assurances

Recipients are required to follow the applicable provisions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in effect as of the federal award date and located at 2 C.F.R. Part 200 and adopted by DHS at 2 C.F.R. § 3002.10. All recipients and subrecipients must acknowledge and agree to provide DHS access to records, accounts, documents, information, facilities, and staff pursuant to 2 C.F.R. § 200.337. I. Recipients must cooperate with any DHS compliance reviews or compliance investigations. II. Recipients must give DHS access to examine and copy records, accounts, and other documents and sources of information related to the federal financial assistance award and permit access to facilities and personnel. III. Recipients must submit timely, complete, and accurate reports to the appropriate DHS officials and maintain appropriate backup documentation to support the reports. IV. Recipients must comply with all other special reporting, data collection, and evaluation requirements required by law, federal regulation, Notice of Funding Opportunity, federal award specific terms and conditions, and/or federal awarding agency program guidance. V. Recipients must complete the DHS Civil Rights Evaluation Tool within thirty (30) days of receiving the Notice of Award for the first award under which this term applies. Recipients of multiple federal awards from DHS should only submit one completed tool for their organization, not per federal award. After the initial submission, recipients are required to complete the tool once every two (2) years if they have an active federal award, not every time a federal award is made. Recipients must submit the completed tool, including supporting materials, to CivilRightsEvaluation@hq.dhs.gov. This tool clarifies the civil rights obligations and related reporting requirements contained in these DHS Standard Terms and Conditions. Subrecipients are not required to complete and submit this tool to DHS. The evaluation tool can be found at <https://www.dhs.gov/publication/dhs-civil-rights-evaluation-tool>. DHS Civil Rights Evaluation Tool | Homeland Security. The DHS Office for Civil Rights and Civil Liberties will consider, in its discretion, granting an extension to the 30-day deadline if the recipient identifies steps and a timeline for completing the tool. Recipients must request extensions by emailing the request to CivilRightsEvaluation@hq.dhs.gov prior to expiration of the 30-day deadline.

Article 3 Acknowledgement of Federal Funding from DHS

Recipients must acknowledge their use of federal award funding when issuing statements, press releases, requests for proposal, bid invitations, and other documents describing projects or programs funded in whole or in part with federal award funds.

- Article 4 **Activities Conducted Abroad****
Recipients must coordinate with appropriate government authorities when performing project activities outside the United States obtain all appropriate licenses, permits, or approvals.
- Article 5 **Age Discrimination Act of 1975****
Recipients must comply with the requirements of the Age Discrimination Act of 1975, Pub. L. No. 94-135 (codified as amended at 42 U.S.C. § 6101 et seq.), which prohibits discrimination on the basis of age in any program or activity receiving federal financial assistance.
- Article 6 **Americans with Disabilities Act of 1990****
Recipients must comply with the requirements of Titles I, II, and III of the Americans with Disabilities Act, Pub. L. No. 101-336 (1990) (codified as amended at 42 U.S.C. §§ 12101– 12213), which prohibits recipients from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities.
- Article 7 **Best Practices for Collection and Use of Personally Identifiable Information****
Recipients who collect personally identifiable information (PII) as part of carrying out the scope of work under a federal award are required to have a publicly available privacy policy that describes standards on the usage and maintenance of the PII they collect. DHS defines PII as any information that permits the identity of an individual to be directly or indirectly inferred, including any information that is linked or linkable to that individual. Recipients may also find the DHS Privacy Impact Assessments: Privacy Guidance and Privacy Template as useful resources respectively.
- Article 8 **Civil Rights Act of 1964 – Title VI****
Recipients must comply with the requirements of Title VI of the Civil Rights Act of 1964, Pub. L. No. 88-352 (codified as amended at 42 U.S.C. § 2000d et seq.), which provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. DHS implementing regulations for the Act are found at 6 C.F.R. Part 21. Recipients of an award from the Federal Emergency Management Agency (FEMA) must also comply with FEMA's implementing regulations at 44 C.F.R. Part 7.
- Article 9 **Civil Rights Act of 1968****
Recipients must comply with Title VIII of the Civil Rights Act of 1968, Pub. L. No. 90-284 (codified as amended at 42 U.S.C. § 3601 et seq.) which prohibits recipients from discriminating in the sale, rental, financing, and advertising of dwellings, or in the provision of services in connection therewith, on the basis of race, color, national origin, religion, disability, familial status, and sex, as implemented by the U.S. Department of Housing and Urban Development at 24 C.F.R. Part 100. The prohibition on disability discrimination includes the requirement that new multifamily housing with four or more dwelling units— i.e., the public and common use areas and individual apartment units (all units in buildings with elevators and ground-floor units in buildings without elevators)—be designed and constructed with certain accessible features. (See 24 C.F.R. Part 100, Subpart D.)

- Article 10 Copyright**
Recipients must affix the applicable copyright notices of 17 U.S.C. §§ 401 or 402 to any work first produced under federal awards and also include an acknowledgement that the work was produced under a federal award (including the federal award number and federal awarding agency). As detailed in 2 C.F.R. § 200.315, a federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for federal purposes and to authorize others to do so.
- Article 11 Debarment and Suspension**
Recipients must comply with the non-procurement debarment and suspension regulations implementing Executive Orders (E.O.) 12549 and 12689 set forth at 2 C.F.R. Part 180 as implemented by DHS at 2 C.F.R. Part 3000. These regulations prohibit recipients from entering into covered transactions (such as subawards and contracts) with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities.
- Article 12 Drug-Free Workplace Regulations**
Recipients must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of 2 C.F.R. Part 3001, which adopts the Government-wide implementation (2 C.F.R. Part 182) of the Drug-Free Workplace Act of 1988 (41 U.S.C. §§ 8101-8106).
- Article 13 Duplicative Costs**
Recipients are prohibited from charging any cost to this federal award that will be included as a cost or used to meet cost sharing or matching requirements of any other federal award in either the current or a prior budget period. (See 2 C.F.R. § 200.403(f)). However, recipients may shift costs that are allowable under two or more federal awards where otherwise permitted by federal statutes, regulations, or the federal financial assistance award terms and conditions.
- Article 14 Education Amendments of 1972 (Equal Opportunity in Education Act) – Title IX**
Recipients must comply with the requirements of Title IX of the Education Amendments of 1972, Pub. L. No. 92-318 (codified as amended at 20 U.S.C. § 1681 et seq.), which provide that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance. DHS implementing regulations are codified at 6 C.F.R. Part 17. Recipients of an award from the Federal Emergency Management Agency (FEMA) must also comply with FEMA's implementing regulations at 44 C.F.R. Part 19.
- Article 15 E.O. 14074 – Advancing Effective, Accountable Policing and Criminal Justice Practices to Enhance Public Trust and Public Safety**
Recipient State, Tribal, local, or territorial law enforcement agencies must comply with the requirements of section 12(c) of E.O. 14074. Recipient State, Tribal, local, or territorial law enforcement agencies are also encouraged to adopt and enforce policies consistent with E.O. 14074 to support safe and effective policing.

- Article 16 Energy Policy and Conservation Act**
Recipients must comply with the requirements of the Energy Policy and Conservation Act, Pub. L. No. 94-163 (1975) (codified as amended at 42 U.S.C. § 6201 et seq.), which contain policies relating to energy efficiency that are defined in the state energy conservation plan issued in compliance with this Act.
- Article 17 False Claims Act and Program Fraud Civil Remedies**
Recipients must comply with the requirements of the False Claims Act, 31 U.S.C. §§ 3729- 3733, which prohibit the submission of false or fraudulent claims for payment to the Federal Government. (See 31 U.S.C. §§ 3801-3812, which details the administrative remedies for false claims and statements made.)
- Article 18 Federal Debt Status**
All recipients are required to be non-delinquent in their repayment of any federal debt. Examples of relevant debt include delinquent payroll and other taxes, audit disallowances, and benefit overpayments. (See OMB Circular A-129.)
- Article 19 Federal Leadership on Reducing Text Messaging while Driving**
Recipients are encouraged to adopt and enforce policies that ban text messaging while driving recipient-owned, recipient-rented, or privately owned vehicles when on official government business or when performing any work for or on behalf of the Federal Government. Recipients are also encouraged to conduct the initiatives of the type described in Section 3(a) of E.O. 13513.
- Article 20 Fly America Act of 1974**
Recipients must comply with Preference for U.S. Flag Air Carriers (a list of certified air carriers can be found at: Certificated Air Carriers List | US Department of Transportation, <https://www.transportation.gov/policy/aviation-policy/certificated-air-carriers-list>) for international air transportation of people and property to the extent that such service is available, in accordance with the International Air Transportation Fair Competitive Practices Act of 1974, 49 U.S.C. § 40118, and the interpretative guidelines issued by the Comptroller General of the United States in the March 31, 1981, amendment to Comptroller General Decision B-138942.
- Article 21 Hotel and Motel Fire Safety Act of 1990**
Recipients must ensure that all conference, meeting, convention, or training space funded entirely or in part by federal award funds complies with the fire prevention and control guidelines of Section 6 of the Hotel and Motel Fire Safety Act of 1990, 15 U.S.C. § 2225a.
- Article 22 John S. McCain National Defense Authorization Act of Fiscal Year 2019**
Recipients, subrecipients, and their contractors and subcontractors are subject to the prohibitions described in section 889 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019, Pub. L. No. 115-232 (2018) and 2 C.F.R. §§ 200.216, 200.327, 200.471, and Appendix II to 2 C.F.R. Part 200. The statute – as it applies to DHS recipients, subrecipients, and their contractors and subcontractors – prohibits obligating or expending federal award funds on certain telecommunications and video surveillance products and contracting with certain entities for national security reasons.

- Article 23 Limited English Proficiency (Civil Rights Act of 1964, Title VI)**
Recipients must comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) prohibition against discrimination on the basis of national origin, which requires that recipients of federal financial assistance take reasonable steps to provide meaningful access to persons with limited English proficiency (LEP) to their programs and services. For additional assistance and information regarding language access obligations, please refer to the DHS Recipient Guidance: <https://www.dhs.gov/guidance-published-help-department-supported-organizations-provide-meaningful-access-people-limited> and additional resources on <http://www.lep.gov>.
- Article 24 Lobbying Prohibitions**
Recipients must comply with 31 U.S.C. § 1352 and 6 C.F.R. Part 9, which provide that none of the funds provided under a federal award may be expended by the recipient to pay any person to influence, or attempt to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any federal action related to a federal award or contract, including any extension, continuation, renewal, amendment, or modification. Per 6 C.F.R. Part 9, recipients must file a lobbying certification form as described in Appendix A to 6 C.F.R. Part 9 or available on Grants.gov as the Grants.gov Lobbying Form and file a lobbying disclosure form as described in Appendix B to 6 C.F.R. Part 9 or available on Grants.gov as the Disclosure of Lobbying Activities (SF-LLL).
- Article 25 National Environmental Policy Act**
Recipients must comply with the requirements of the National Environmental Policy Act of 1969, Pub. L. No. 91-190 (1970) (codified as amended at 42 U.S.C. § 4321 et seq.) (NEPA) and the Council on Environmental Quality (CEQ) Regulations for Implementing the Procedural Provisions of NEPA, which require recipients to use all practicable means within their authority, and consistent with other essential considerations of national policy, to create and maintain conditions under which people and nature can exist in productive harmony and fulfill the social, economic, and other needs of present and future generations of Americans.
- Article 26 Nondiscrimination in Matters Pertaining to Faith-Based Organizations**
It is DHS policy to ensure the equal treatment of faith-based organizations in social service programs administered or supported by DHS or its component agencies, enabling those organizations to participate in providing important social services to beneficiaries. Recipients must comply with the equal treatment policies and requirements contained in 6 C.F.R. Part 19 and other applicable statutes, regulations, and guidance governing the participations of faith-based organizations in individual DHS programs.
- Article 27 Non-Supplanting Requirement**
Recipients of federal awards under programs that prohibit supplanting by law must ensure that federal funds supplement but do not supplant non-federal funds that, in the absence of such federal funds, would otherwise have been made available for the same purpose.

- Article 28 Notice of Funding Opportunity Requirements**
All the instructions, guidance, limitations, scope of work, and other conditions set forth in the Notice of Funding Opportunity (NOFO) for this federal award are incorporated by reference. All recipients must comply with any such requirements set forth in the NOFO. If a condition of the NOFO is inconsistent with these terms and conditions and any such terms of the Award, the condition in the NOFO shall be invalid to the extent of the inconsistency. The remainder of that condition and all other conditions set forth in the NOFO shall remain in effect.
- Article 29 Patents and Intellectual Property Rights**
Recipients are subject to the Bayh-Dole Act, 35 U.S.C. § 200 et seq. and applicable regulations governing inventions and patents, including the regulations issued by the Department of Commerce at 37 C.F.R. Part 401 (Rights to Inventions Made by Nonprofit Organizations and Small Business Firms under Government Awards, Contracts, and Cooperative Agreements) and the standard patent rights clause set forth at 37 C.F.R. § 401.14.
- Article 30 Procurement of Recovered Materials**
States, political subdivisions of states, and their contractors must comply with Section 6002 of the Solid Waste Disposal Act, Pub. L. No. 89-272 (1965) (codified as amended by the Resource Conservation and Recovery Act at 42 U.S.C. § 6962) and 2 C.F.R. § 200.323. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 C.F.R. Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition.
- Article 31 Rehabilitation Act of 1973**
Recipients must comply with the requirements of Section 504 of the Rehabilitation Act of 1973, Pub. L. No. 93-112 (codified as amended at 29 U.S.C. § 794), which provides that no otherwise qualified handicapped individuals in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.
- Article 32 Reporting of Matters Related to Recipient Integrity and Performance**
If the total value of any currently active grants, cooperative agreements, and procurement contracts from all federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of the federal award, then the recipient must comply with the requirements set forth in the government-wide Award Term and Condition for Recipient Integrity and Performance Matters located at 2 C.F.R. Part 200, Appendix XII, the full text of which is incorporated by reference.
- Article 33 Reporting Subawards and Executive Compensation**
For federal awards that equal or exceed \$30,000, recipients are required to comply with the requirements set forth in the government-wide award term on Reporting Subawards and Executive Compensation set forth at 2 C.F.R. Part 170, Appendix A, the full text of which is incorporated by reference.

Article 34 Required Use of American Iron, Steel, Manufactured Products, and Construction Materials

Recipients of an award of Federal financial assistance from a program for infrastructure are hereby notified that none of the funds provided under this award may be used for a project for infrastructure unless: (1) all iron and steel used in the project are produced in the United States—this means all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States; (2) all manufactured products used in the project are produced in the United States—this means the manufactured product was manufactured in the United States; and the cost of the components of the manufactured product that are mined, produced, or manufactured in the United States is greater than 55 percent of the total cost of all components of the manufactured product, unless another standard for determining the minimum amount of domestic content of the manufactured product has been established under applicable law or regulation; and (3) all construction materials are manufactured in the United States—this means that all manufacturing processes for the construction material occurred in the United States. The Buy America preference only applies to articles, materials, and supplies that are consumed in, incorporated into, or affixed to an infrastructure project. As such, it does not apply to tools, equipment, and supplies, such as temporary scaffolding, brought to the construction site and removed at or before the completion of the infrastructure project. Nor does a Buy America preference apply to equipment and furnishings, such as movable chairs, desks, and portable computer equipment, that are used at or within the finished infrastructure project but are not an integral part of the structure or permanently affixed to the infrastructure project. Waivers When necessary, recipients may apply for, and the agency may grant, a waiver from these requirements. The agency should notify the recipient for information on the process for requesting a waiver from these requirements. (a) When the Federal agency has determined that one of the following exceptions applies, the awarding official may waive the application of the domestic content procurement preference in any case in which the agency determines that: (1) applying the domestic content procurement preference would be inconsistent with the public interest; (2) the types of iron, steel, manufactured products, or construction materials are not produced in the United States in sufficient and reasonably available quantities or of a satisfactory quality; or (3) the inclusion of iron, steel, manufactured products, or construction materials produced in the United States will increase the cost of the overall project by more than 25 percent. A request to waive the application of the domestic content procurement preference must be in writing. The agency will provide instructions on the format, contents, and supporting materials required for any waiver request. Waiver requests are subject to public comment periods of no less than 15 days and must be reviewed by the Made in America Office. There may be instances where an award qualifies, in whole or in part, for an existing waiver described at “Buy America” Preference in FEMA Financial Assistance Programs for Infrastructure | FEMA.gov. Definitions The definitions applicable to this term are set forth at 2 C.F.R. § 184.3, the full text of which is incorporated by reference.

Article 35 SAFECOM

Recipients receiving federal financial assistance awards made under programs that provide emergency communication equipment and its related activities must comply with the SAFECOM Guidance for Emergency Communication Grants, including provisions on technical standards that ensure and enhance interoperable communications. The SAFECOM Guidance is updated annually and can be found at Funding and Sustainment | CISA.

- Article 36 Terrorist Financing**
Recipients must comply with E.O. 13224 and applicable statutory prohibitions on transactions with, and the provisions of resources and support to, individuals and organizations associated with terrorism. Recipients are legally responsible for ensuring compliance with the E.O. and laws.
- Article 37 Trafficking Victims Protection Act of 2000 (TVPA)**
Recipients must comply with the requirements of the government-wide financial assistance award term which implements Trafficking Victims Protection Act of 2000, Pub. L. No. 106-386, § 106 (codified as amended at 22 U.S.C. § 7104). The award term is located at 2 C.F.R. § 175.15, the full text of which is incorporated by reference.
- Article 38 Universal Identifier and System of Award Management**
Recipients are required to comply with the requirements set forth in the government-wide financial assistance award term regarding the System for Award Management and Universal Identifier Requirements located at 2 C.F.R. Part 25, Appendix A, the full text of which is incorporated reference.
- Article 39 USA PATRIOT Act of 2001**
Recipients must comply with requirements of Section 817 of the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 (USA PATRIOT Act), which amends 18 U.S.C. §§ 175-175c.
- Article 40 Use of DHS Seal, Logo and Flags**
Recipients must obtain written permission from DHS prior to using the DHS seals, logos, crests, or reproductions of flags, or likenesses of DHS agency officials. This includes use of DHS component (e.g., FEMA, CISA, etc.) seals, logos, crests, or reproductions of flags, or likenesses of component officials.
- Article 41 Whistleblower Protection Act**
Recipients must comply with the statutory requirements for whistleblower protections at 10 U.S.C § 470141 U.S.C. § 4712.

- Article 42 Environmental Planning and Historic Preservation (EHP) Review**
DHS/FEMA funded activities that may require an Environmental Planning and Historic Preservation (EHP) review are subject to the FEMA EHP review process. This review does not address all federal, state, and local requirements. Acceptance of federal funding requires the recipient to comply with all federal, state and local laws. DHS/FEMA is required to consider the potential impacts to natural and cultural resources of all projects funded by DHS/FEMA grant funds, through its EHP review process, as mandated by: the National Environmental Policy Act; National Historic Preservation Act of 1966, as amended; National Flood Insurance Program regulations; and any other applicable laws and executive orders. General guidance for FEMA's EHP process is available on the DHS/FEMA Website at: <https://www.fema.gov/grants/guidance-tools/environmental-historic>. Specific applicant guidance on how to submit information for EHP review depends on the individual grant program and applicants should contact their grant Program Officer to be put into contact with EHP staff responsible for assisting their specific grant program. The EHP review process must be completed before funds are released to carry out the proposed project; otherwise, DHS/FEMA may not be able to fund the project due to noncompliance with EHP laws, executive orders, regulations, and policies. If ground disturbing activities occur during construction, applicant will monitor ground disturbance, and if any potential archaeological resources are discovered the applicant will immediately cease work in that area and notify the pass-through entity, if applicable, and DHS/FEMA.
- Article 43 Applicability of DHS Standard Terms and Conditions to Tribes**
The DHS Standard Terms and Conditions are a restatement of general requirements imposed upon recipients and flow down to sub-recipients as a matter of law, regulation, or executive order. If the requirement does not apply to Indian tribes or there is a federal law or regulation exempting its application to Indian tribes, then the acceptance by Tribes of, or acquiescence to, DHS Standard Terms and Conditions does not change or alter its inapplicability to an Indian tribe. The execution of grant documents is not intended to change, alter, amend, or impose additional liability or responsibility upon the Tribe where it does not already exist.
- Article 44 Acceptance of Post Award Changes**
In the event FEMA determines that an error in the award package has been made, or if an administrative change must be made to the award package, recipients will be notified of the change in writing. Once the notification has been made, any subsequent requests for funds will indicate recipient acceptance of the changes to the award. Please call FEMA Grant Management Operations at (866) 927-5646 or via e-mail to: ASK-GMD@fema.dhs.gov if you have any questions.
- Article 45 Disposition of Equipment Acquired Under the Federal Award**
For purposes of original or replacement equipment acquired under this award by a non-state recipient or non-state sub-recipients, when that equipment is no longer needed for the original project or program or for other activities currently or previously supported by a federal awarding agency, you must request instructions from FEMA to make proper disposition of the equipment pursuant to 2 C.F.R. section 200.313. State recipients and state sub-recipients must follow the disposition requirements in accordance with state laws and procedures.

Article 46 Prior Approval for Modification of Approved Budget

Before making any change to the FEMA approved budget for this award, you must request prior written approval from FEMA where required by 2 C.F.R. section 200.308. For purposes of non-construction projects, FEMA is utilizing its discretion to impose an additional restriction under 2 C.F.R. section 200.308(f) regarding the transfer of funds among direct cost categories, programs, functions, or activities. Therefore, for awards with an approved budget where the federal share is greater than the simplified acquisition threshold (currently \$250,000), you may not transfer funds among direct cost categories, programs, functions, or activities without prior written approval from FEMA where the cumulative amount of such transfers exceeds or is expected to exceed ten percent (10%) of the total budget FEMA last approved. For purposes of awards that support both construction and non-construction work, FEMA is utilizing its discretion under 2 C.F.R. section 200.308(h)(5) to require the recipient to obtain prior written approval from FEMA before making any fund or budget transfers between the two types of work. You must report any deviations from your FEMA approved budget in the first Federal Financial Report (SF-425) you submit following any budget deviation, regardless of whether the budget deviation requires prior written approval.

Article 47 Indirect Cost Rate

2 C.F.R. section 200.211(b)(15) requires the terms of the award to include the indirect cost rate for the federal award. If applicable, the indirect cost rate for this award is stated in the budget documents or other materials approved by FEMA and included in the award file.

Article 48 Summary Description of Award and Sub-programs

The purpose of the FY 2024 HSGP is to support state and local efforts to prevent terrorism and other catastrophic events and to prepare the Nation for the threats and hazards that pose the greatest risk to the security of the United States. The HSGP provides funding to implement investments that build, sustain, and deliver the 32 core capabilities essential to achieving the National Preparedness Goal of a secure and resilient Nation. Among the five basic homeland security missions noted in the DHS Quadrennial Homeland Security Review, HSGP supports the goal to Strengthen National Preparedness and Resilience. The building, sustainment, and delivery of these core capabilities are not exclusive to any single level of government, organization, or community, but rather, require the combined effort of the whole community. This HSGP award consists of State Homeland Security Program (SHSP) funding in the amount of \$4,576,849, Urban Area Security Initiative (UASI) funding in the amount of \$4,712,190 (Detroit, \$4,712,190), and Operation Stonegarden (OPSG) funding in the amount of \$1,686,000. The following counties shall receive OPSG subawards for the following amounts: Alcona, \$65,000; Alger, \$65,000; Alpena, \$65,000; Arenac, \$50,000; Bay, \$75,000; Charlevoix, \$60,000; Cheboygan, \$80,000; Chippewa, \$130,000; Delta, \$25,000; Emmet, \$70,000; Houghton, \$90,000; Huron, \$35,000; Iosco, \$20,000; Keweenaw, \$75,000; Luce, \$25,000; Mackinac, \$60,000; Macomb, \$100,000; Marquette, \$96,000; Monroe, \$65,000; Sanilac, \$80,000; Sault Tribe, \$65,000; St. Clair, \$140,000; Wayne, \$150,000. These grant programs fund a range of activities, including planning, organization, equipment purchase, training, exercises, and management and administration across all core capabilities and mission areas.

Article 49 HSGP Performance Goal
In addition to the Biannual Strategy Implementation Report (BSIR) submission requirements outlined in the Preparedness Grants Manual, recipients must demonstrate how the grant-funded project addressed the core capability gap associated with this project and identified in the Threat and Hazard Identification and Risk Analysis (THIRA) or Stakeholder Preparedness Review (SPR) or sustains existing capabilities as applicable. The capability gap reduction must be addressed in the Project Description of the BSIR for each project.

Article 50 OPSG Program Performance Goal
In addition to the Biannual Strategy Implementation Report (BSIR) submission requirements outlined in the Preparedness Grants Manual, recipients must demonstrate how the grant-funded project addressed the core capability gap associated with this project and identified in the Threat and Hazard Identification and Risk Analysis (THIRA) or Stakeholder Preparedness Review (SPR) or sustains existing capabilities as applicable. The capability gap reduction or capability sustainment must be addressed in the Project Description of the BSIR for each project.

Article 51 Operation Stonegarden Program Hold
The recipient is prohibited from drawing down OPSG funding under this award or reimbursing OPSG subrecipients of this award until each unique, specific, or modified county level, tribal, or equivalent Operations Order or Fragmentary Order (FRAGO) has been reviewed by FEMA/GPD and Customs and Border Protection/United States Border Patrol (CBP/USBP). The recipient will receive the official notification of approval from FEMA/GPD.

**DISTRICT HEALTH DEPARTMENT No. 2
2024 HOMELAND SECURITY GRANT PROGRAM
SUBRECIPIENT FUNDING AGREEMENT**

THIS SUBRECIPIENT FUNDING AGREEMENT, entered into this _____ day of _____, 20____, by and between the DISTRICT HEALTH DEPARTMENT No. 2, a public health department serving four counties within Michigan’s Region 3 and based at 630 Progress Street, West Branch, Michigan, hereinafter referred to as “DHD2”, acting as Fiduciary Agent for the 2024 Homeland Security Grant Program (Fiduciary) and _____(Political Subdivision), with a fiscal year end date of _____ (month) ____ (day).

WITNESSETH, THAT:

WHEREAS, pursuant to the Urban Cooperation Act of 1967, 1967PA 7, mcl 124.501, *et,seq.*, the Fiduciary and the Political Subdivision enter into the agreement for the purpose of passing through 2024 Homeland Security Grant Program (grant program) funds to the Political Subdivision, delineating the relationship and responsibilities among the Fiduciary, the Political Subdivision and the Region 3 Homeland Security Planning Board regarding the grant program; and addressing use of grant program funds, including but not limited to, the purchase, use and tracking of equipment purchased with grant program funds, purchase or reimbursement of services with grant program funds, and/or reimbursement for certain salaries and/or overtime with grant program funds.

WHEREAS, DHD2 was elected and appointed Fiduciary for the 2024 Homeland Security Grant Program by the Region 3 Homeland Security Board on August 5, 2024; and District Health Department #2 accepted the position of Fiduciary and as a result entered into the 2024 Homeland Security Grant Program with the Michigan State Police Emergency Management and Homeland Security Division (MSP-EMHSD) and became the Subgrantee for the grant program effective September 1, 2024. In consideration of the mutual promises, obligations, representations, and assurances in the agreement, the parties agree to the following:

1. **Definitions:** The following words and expressions used throughout this agreement, whether used in singular or plural, or possessive or non-possessive, shall be defined, read, and interpreted as follows:
 - 1.1. **Agreement** means the terms and conditions of this agreement, the exhibits attached hereto and any other mutually agreed to written and executed modification, amendment, or addendum.
 - 1.2. **Claim** means any alleged loss, claim, complaint, demand for relief or damages, cause of action, proceeding judgement deficiency, liability, penalty, fine, litigation, costs and/or expenses, including but not limited to, reimbursement for attorney fees, witness fees, court costs, investigation expenses, litigation expenses, and amounts paid in settlement, which are imposed on, incurred by or asserted against the Fiduciary or Political Subdivision, as defined herein, whether such claim is brought in law or equity, tort, contract, or otherwise.

- 1.3. **Fiduciary** means District Health Department #2, a multi-county public health department, including, but not limited to, its Board of Health, any and all of its departments, divisions, elected and appointed officials, directors, authorities, committees, employees, agents, subcontractors, attorneys, and/or any such person's successors.
 - 1.4. **Party/Parties** means the Fiduciary and the Political Subdivision may also be referred to individually as party or jointly as parties.
 - 1.5. **Political Subdivision** means a Michigan Municipal Corporation including but not limited to, its Council, Board, and any and all of its departments, divisions, elected and appointed officials, directors, board members, council members, commissioners, authorities, committees, employees, agents, subcontractors, attorneys, and/or any such person's successors.
 - 1.6. **Region** means the area comprised of Alcona, Arenac, Bay, Genesee, Gladwin, Huron, Iosco, Lapeer, Midland, Ogemaw, Oscoda, Saginaw, Sanilac, and Tuscola Counties. The Region mirrors the existing State Emergency Management 3rd District and the Office of the Public Health Preparedness Bio-Defense Network region.
 - 1.7. **Region 3 Homeland Security Planning Board (Region 3 Planning Board)** means the Regional Homeland Security Planning Board for Region 3, as created by the Michigan Homeland Protection Board, and is comprised of the Counties from the Region.
 - 1.8. **2024 Homeland Security Grant Program (grant program)** means the grant program described and explained in Exhibit B which began September 1, 2024 and ends May 31, 2027. The grant program is a primary funding mechanism, administered by the United States Department of Homeland Security (DHS) and plays an important role in the implementation of the National Preparedness System (NHS) by supporting the building, sustainment, and delivery of core capabilities essential to achieving the National Preparedness Goal (NPG) of a secure and resilient nation. CFDA #: 97.067 and Federal Award ID #: EMW-2024-SS-05068.
2. **Agreement Exhibits** - The exhibits listed below, and their properly promulgated amendments are incorporated and are part of this agreement.
 - 2.1. **Exhibit A:** Region 3 Homeland Security Planning Board minutes from August 5, 2024, re: approval of the 2024 Homeland Security Grant Program Fiduciary
 - 2.2. **Exhibit B:** 2024 Homeland Security Grant Program agreement between the Fiduciary and the Michigan State Police Emergency Management and Homeland Security Division (MSP-EMHSD)
 - 2.3. **Exhibit C:** FY 2024 HSGP Agreement Articles Applicable to Subrecipients
 - 2.4. **Exhibit D:** FY 2024 HSGP Equipment Ownership Agreement

3. Fiduciary Responsibilities

- 3.1. The Fiduciary will comply with all requirements set forth in the grant program agreement between the Fiduciary and MSP-EMHSD.
- 3.2. The Fiduciary shall comply with all requirements set forth in the 2024 Homeland Security Grant Program guidance.
- 3.3. The Fiduciary shall submit all required project forms to MSP-EMHSD for review and approval which the Political Subdivision has submitted to the Fiduciary and been approved by the Region 3 Planning Board.
- 3.4. The Fiduciary shall reimburse the Political Subdivision for the equipment, services and/or personnel costs as set forth in the forms as supplied and required by MSP-EMHSD and the applicable reimbursement forms reviewed and approved by MSP-EMHSD. The funds shall only be released by the Fiduciary after the applicable reimbursement forms, required by MSP-EMHSD and the Fiduciary are properly executed by the parties.
- 3.5. The Fiduciary shall create and maintain an inventory of all equipment purchased with grant program funds in accordance with 2 CFR, Part 200.313 located at <https://www.ecfr.gov>
- 3.6. The Fiduciary shall notify the Political Subdivision at the end of the Political Subdivision's fiscal year of the dollar amount of grant program funds released to the Political Subdivision for that fiscal year.
- 3.7. The Fiduciary shall file this agreement pursuant to law and provide executed copies of this agreement to the Region 3 Planning Board Secretary and the Political Subdivision.

4. Political Subdivision Responsibilities

- 4.1. The Political Subdivision shall prepare all required forms for the use of grant program funds and shall submit such forms to the Region 3 Planning Board. Upon approval by the Region 3 Planning Board, the Fiduciary will forward the required forms to MSP-EMSHD for review and approval.
- 4.2. The Political Subdivision shall make all purchases in accordance with applicable federal, state, and local purchasing policies.
- 4.3. The Political Subdivision shall use the equipment purchased with grant program funds and all grant program funds in accordance with the guidance provided in the 2024 Homeland Security Grant Notice of Funding Opportunity. The Political Subdivision shall be solely responsible for the equipment, including but not limited to the following:
 - 4.3.1. Operation of the equipment;
 - 4.3.2. Maintenance and repair of the equipment;
 - 4.3.3. Replacement and repair of equipment, which is willfully or negligently lost, stolen, damaged, or destroyed;

- 4.3.4. Investigate, fully document, and make part of the official Grant Program records any loss, damage, or theft of equipment;
- 4.3.5. Insurance, license, or title for the equipment, if required by law or if the Political Subdivision deems appropriate in its discretion;
- 4.3.6. Training for use of the equipment, if training is not included with the purchase of the equipment;
- 4.3.7. Liability for all Claims arising out of the Political Subdivision's use of the equipment.
- 4.4. The Political Subdivision shall keep the Fiduciary informed of the location of the equipment purchased with grant program funds regardless of who purchased the equipment. If the equipment by its nature is mobile, the Political Subdivision must provide a general location or "home base" where the equipment can be found. If the location of the equipment changes, the Political Subdivision shall provide the new location to the Fiduciary immediately. The information required by this Section shall be provided to the Fiduciary upon receipt of the equipment by the Political Subdivision through the completion of Exhibit D, Equipment Ownership Agreement.
- 4.5. The Political Subdivision shall list the dollar amount provided by the Fiduciary pursuant to Section 3.6 on the Political Subdivision's Schedule of Expenditures of Federal Awards.
- 4.6. Except for equipment that is disposable or expendable, the Political Subdivision shall inform the Fiduciary if it plans to dispose of the equipment and work with the Fiduciary regarding any issues with disposal of the equipment.
- 4.7. The Political Subdivision shall be solely responsible for all costs, fines, and fees associated with the use and misuse of the equipment, including but not limited to, costs for replacing the equipment or costs, fines, or fees associated with an ineligible use determination by auditors.
- 4.8. The Political Subdivision shall make the equipment available to the Fiduciary, MSP-EMHSD and Federal Auditors upon request.
- 4.9. The Political Subdivision shall comply with National Incident Management System (NIMS) requirements to be eligible to receive federal preparedness funds.
- 4.10. The Political Subdivision shall comply with the applicable financial and administrative requirements set forth in the current edition of 2 CFR, Part 200, including but not limited to the following provisions:
 - 4.10.1. Account for receipts and expenditures; maintain adequate financial records and refund expenditures disallowed by Federal or State audit.
 - 4.10.2. Retain all financial records, statistical records, supporting documentation and other pertinent materials for at least three (3) years after the grant is closed by the awarding federal agency for purposes of federal and/or state examination and audit.

- 4.10.3. Equipment records shall be maintained by the Political Subdivision until three (3) years after the equipment has been disposed.
- 4.10.4. Non-federal organizations which expend \$1,000,000 or more in federal funds during their current fiscal year are required to have an audit performed in accordance with the Single Audit Act of 1984, as amended, and 2 CFR, Part 200.501.
- 4.11. The Political Subdivision shall integrate individuals with disabilities into emergency planning in compliance with Executive Order 13347 and the Rehabilitation Act of 1973.
- 4.12. Environmental and Historic Preservation Compliance: The federal government is required to consider the potential impacts to the human and natural environment of projects proposed for federal funding. The Environment and Historical Preservation (EHP) program engages in a review process to ensure that federally funded activities comply with various federal laws. The goal of these compliance requirements is to protect our nation's water, air, coastal, wildlife, agricultural and low-income and minority populations. The Political Subdivision shall not undertake any project having the potential to impact EHP resources without prior approval. Any activities that have been initiated without the necessary EHP review and approval will result in a non-compliance finding and will not be eligible for federal funding.
- 4.13. The Political Subdivision shall comply with the Davis-Bacon Act (40 U.S.C. 3141 *et seq*) for grant funded construction projects. The Political Subdivision must ensure that contractors or subcontractors for construction projects pay workers employed directly at the worksite no less than the prevailing minimum wage and fringe benefits paid on projects of a similar character. Additional information, including Department of Labor wage determinations is located at: <http://www.dol.gov/compliance/laws/comp.dbra.htm>
- 4.14. Upon request, the Political Subdivision will supply to the Fiduciary any information required to meet federally mandated reporting requirements and DHS program specific reporting requirements.
- 4.15. The Political Subdivision must acknowledge and agree to comply with applicable provisions governing DHS access to records, accounts, documents, information, facilities, and staff. The Political Subdivision also agrees to require any subrecipients, contractors, successors, transferees, and assignees to acknowledge and agree to comply with these same provisions. Detailed information can be found in the *DHS Standard Administrative Terms and Conditions* located at <https://www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions> , specifically in the DHS Specific Acknowledgements and Assurances on page 1.
5. **Region 3 Planning Board Responsibilities:** The parties agree and acknowledge that the Region 3 Planning Board shall have the following responsibilities:
- 5.1. Undertake studies and make recommendations on matters of emergency management and homeland security to Political Subdivisions in the Region;

- 5.2. Hold public meetings, subject to the Michigan Open Meetings Act;
- 5.3. Perform such other acts or functions as it may deem necessary or appropriate to fulfill the duties and obligations imposed by Federal and State Homeland Security Program requirements;
- 5.4. Establish subcommittees to carry out its work;
- 5.5. Advocate for, monitor and actively engage in the implementation of the Regional Homeland Security Strategy;
- 5.6. Ensure that all grant projects are aligned to the appropriate FY 2024 HSGP investment and the appropriate core capability from the National Preparedness Goal. The Region 3 Homeland Security Planning Board should consider the benefits to Region 3 prior to approving projects for funding.
- 5.7. Ensure the Regional Fiduciary is fully apprised of all projects approved by the Region 3 Homeland Security Planning Board.

6. Duration of Interlocal Agreement -

- 6.1. The agreement and any amendments hereto shall be effective when executed by both parties with resolutions passed by the governing bodies of each party and shall end three (3) years from the date the grant program is closed or when terminated and/or cancelled pursuant to Section 8. The approval and terms of the agreement and any amendments hereto shall be entered in the official minutes of the governing bodies of each Party.

7. Liability/Assurances

- 7.1. Each Party shall be responsible for any claim made against that party by a third party, and for the acts of its employees or agents arising under or related to this agreement.
- 7.2. In any claim that may arise under or related to this agreement, each party shall seek its own legal representation and bear the costs associated with such representation, including attorney fees.
- 7.3. Except as provided herein, neither party shall have any right under any legal principle to be indemnified by the other party or any of its employees or agents in connection with any claim.
- 7.4. To the extent allowed by law, DHD2 shall hold harmless the Political Subdivision for any claims arising as a result of DHD2's performance of, or failure to perform, any of its obligations under this Agreement with the Political Subdivision or the FY 2024 Homeland Security Grant Agreement with the Michigan State Police.
- 7.5. To the extent allowed by law, the Political Subdivision shall hold harmless DHD2 for any claims arising as a result of the Political Subdivision's performance of, or failure to perform, any of its obligations under this Agreement with DHD2.
- 7.6. Nothing herein shall constitute a waiver of either party's rights with regard to governmental immunity.

- 7.7. Notwithstanding any other provisions of this agreement, the Political Subdivision shall be solely responsible for all costs, fines, and fees associated with the use and misuse of grant program funds that it receives or the use or misuse of the equipment, including but not limited to, costs for replacing the equipment or costs, fines or fees associated with an ineligible determination by the auditors.
- 7.8. The parties have taken all actions and secured all approvals necessary to authorize and complete this Agreement. The persons signing this Agreement on behalf of each party have legal authority to sign this Agreement and bind the parties to the terms and conditions contained herein.
- 7.9. Each party shall comply with all federal, state, and local ordinances, regulations, administrative rules, laws and requirements applicable to its activities performed under this Agreement, including but not limited to, the Homeland Security Grant Program Agreement, attached as Exhibit B, and the 2024 Homeland Security Grant Program Notice of Funding Opportunity.
8. **Termination and/or Cancellation of Agreement:** Either party may terminate and/or cancel the Agreement upon thirty (30) days' notice to the other Party. The effective date of termination and/or cancellation shall be clearly stated in the notice. If this Agreement is terminated and/or cancelled, the Transfer of Ownership Agreements executed prior to the date of termination and/or cancellation, shall remain valid and govern the parties' duties and obligations regarding equipment transferred to the Political Subdivision and the parties shall execute Transfer of Ownership Agreements for all equipment ordered by the Fiduciary prior to the date of termination and /or cancellation.
9. **No Third Party Beneficiaries:** Except as provided for the benefit of the Parties, this Agreement does not and is not intended to create any obligation, duty, promise, contractual right or benefit, right to indemnification, right to subrogation, and/or any other right in favor of any other person or entity.
10. **Discrimination:** The Parties shall not discriminate against their employees, agents, applicants for employment, or another person or entities with respect to hire, tenure, terms, conditions, and privileges of employment or any matter directly or indirectly related to employment in violation of any federal, state, or local law.
11. **Permits and Licenses:** Each Party shall be responsible for obtaining and maintaining, throughout the term of this Agreement, all licenses, permits, certificates, and governmental authorizations necessary to carry out its obligations and duties pursuant to this Agreement.
12. **Reservation of Rights:** The Agreement does not, and is not intended to waive, impair, divest, delegate, or contravene any constitutional, statutory, and/or legal right, privilege, power, obligation, duty, or immunity of the Parties.
13. **Delegation/Subcontract/Assignment:** Neither party shall delegate, subcontract and/or assign any obligations or rights under this Agreement without the prior written consent of the other Party.

14. **No Implied Waiver:** Absent a written waiver, no act, failure, or delay by a Party to pursue or enforce any rights or remedies under this Agreement shall constitute a waiver of those rights with regard to any existing or subsequent breach of this Agreement. No waiver of any term, condition, or provision in this Agreement, whether by conduct or otherwise, in one or more instances, shall be deemed or construed as a continuing waiver of any term, condition, or provision of this Agreement. No waiver by either Party shall subsequently affect its right to require strict performance of this Agreement.
15. **Severability:** If a court of competent jurisdiction finds a term, or condition of this agreement to be illegal or invalid, then the term, or condition shall be deemed severed from this Agreement. All other terms, conditions and provisions of this Agreement shall remain in full force.
16. **Captions:** The section and subsection numbers, captions, and any index to such sections and subsections contained in this Agreement are intended for the convenience of the reader and are not intended to have any substantive meaning. The numbers, captions and indexes shall not be interpreted to be considered as part of this Agreement. Any use of the singular or plural number, any reference to the male, female, or neuter genders, and any possessive or non-possessive use in this Agreement shall be deemed the appropriate plurality, gender or possession as the context requires.
17. **Notices:** Notices given under this Agreement shall be in writing and shall be personally delivered, sent by express delivery service, certified mail, or first-class U.S. mail postage prepaid and addressed to the person listed below. Notice will be deemed given on the date when one of the following first occur: (1) the date of actual receipt; (2) the next business day when notice is sent express delivery service or personal delivery; or (3) three days after mailing first class or certified U.S. mail.
 - 17.1. If notice is sent to the Fiduciary, it shall be addressed and sent to: District Health Department
No. 2, Finance Department, 630 Progress St., West Branch, MI 48661
 - 17.2. If notice is sent to the Political Subdivision, it shall be sent to: _____

 - 17.3. Either Party may change the address and/or individual to which notice is sent by notifying the other Party in writing of the change.
18. **Governing Law:** This Agreement shall be governed, interpreted, and enforced by the laws of the State of Michigan.
19. **Agreement Modifications or Amendments:** Any modifications, amendments, rescission, waivers, or releases to this Agreement must be in writing and executed by both Parties.
20. **Entire Agreement:** This agreement represents the entire agreement and understanding between the parties. The language of this agreement shall be construed as a whole according to its fair meaning, and not construed strictly for or against any party.

IN WITNESS WHEREOF:

District Health Department No. 2:

EXECUTED: Denise M. Beyer MPA DATE: 2/20/25

PRINTED NAME and TITLE: Denise M. Beyer MPA Health Officer

Political Subdivision: _____

EXECUTED: _____ DATE: _____

PRINTED NAME and TITLE: _____

Region 3 Homeland Security Planning Board:

EXECUTED: Randy Miller DATE: 2-11-2025

PRINTED NAME and TITLE: Randy Miller, Chair R3HSPB



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1319

Agenda Date: 4/16/2025

Agenda #: 4.

To: Dale K. Weighill, Governmental Operations Committee Chairperson

From: Domonique Clemons, Genesee County Clerk and Register of Deeds

RE: Approval of a request by Genesee County's Clerk/Register to update the Election Programming Fees Schedule

BOARD ACTION REQUESTED:

Approval of the fee schedule for Jurisdiction Election programming and support.

BACKGROUND:

The office of the Genesee County Clerk and Register of Deeds statutorily provides support to local city and township clerks throughout the election process. This includes creating, proofing, printing and delivering ballots to jurisdictions, providing certain election supplies, training poll workers and programming election software and equipment for every election. Our office works closely with our local clerks to go above and beyond the statutory requirements of technical assistance, to have strong relationships and provide support through all aspects of the election. It is the understanding of this office that the fee for programming elections and printing ballots has been charged back to the jurisdictions at a cost of \$300 per election.

DISCUSSION:

\$300 per election does not come close to covering the staff time for handling these critical election tasks but is also an unequitable fee. The City of Clio for example has 1 precinct and under 5000 voters. That means they have 1 ballot style that our office must program for \$300, However larger jurisdictions such as the City of Flint have over 20 different ballot styles to be programmed for a single election at the same cost. We are proposing a dynamic pricing schedule that would charge each jurisdiction by the number of ballot styles they need programmed. Every election, Jurisdictions may have various number of ballot styles depending on precinct splits and the number of questions on the ballot. This proposal would allow them to pay a smaller fee for small elections, and a larger fee for large elections that pose a larger burden and more staff hours for staff. Further it is our understanding that all fees not set by the State of Michigan are to be approved by the Board of Commissioners. The new Fee schedule would be per election: Tier 1: 5 Ballot Styles or fewer - \$300, Tier 2: 6-10 Ballot Styles - \$500 and Tier 3: More than 11 Ballot Styles: \$750

IMPACT ON HUMAN RESOURCES:

There is no impact on Human Resources.

IMPACT ON BUDGET:

This proposal would bring an increase in revenue to the General fund. The amount will vary greatly each year based on the election, and number of contests on the election, special circumstances such as recalls and special elections, etc.

IMPACT ON FACILITIES:

None.

IMPACT ON TECHNOLOGY:

None.

CONFORMITY TO COUNTY PRIORITIES:

This request meets our goal of long-term financial stability by increasing county revenue to continue to provide the best services we can to our community.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Clerk/Register to authorize approving the following Election Programming Fee Schedule to be charged to the cities and townships of Genesee County, Michigan, for all elections commencing after October 1, 2025, is approved:

ELECTION PROGRAMMING FEE SCHEDULE:

- TIER 1: 5 Ballot styles or fewer - \$300
- TIER 2: 6-10 Ballot Styles - \$500
- TIER 3: 11 or more Ballot styles - \$750

(a copy of the memorandum request and supporting documents being on file with the official records of the April 16, 2025 meeting of the Governmental Operations Committee of this Board).

Municipalities and Current number of ballot styles/splits for county wide General Election

CLIO CITY (16620)	1
LINDEN CITY (47820)	1
MONTROSE CITY (55280)	1
DAVISON CITY (19880)	2
GRAND BLANC CITY (33280)	2
MOUNT MORRIS CITY (55960)	2
FENTON CITY (27760)	4
FLUSHING CITY (29200)	4
SWARTZ CREEK CITY (77700)	4
ARGENTINE TOWNSHIP (03420)	6
ATLAS TOWNSHIP (04000)	6
FENTON TOWNSHIP (27780)	6
GAINES TOWNSHIP (31220)	6
MONTROSE TOWNSHIP (55300)	6
FLUSHING TOWNSHIP (29220)	7
FOREST TOWNSHIP (29420)	7
RICHFIELD TOWNSHIP (68180)	7
THETFORD TOWNSHIP (79460)	7
VIENNA TOWNSHIP (82380)	8
CLAYTON TOWNSHIP (16260)	10
DAVISON TOWNSHIP (19900)	11
FLINT TOWNSHIP (29020)	11
GRAND BLANC TOWNSHIP (33300)	11
BURTON CITY (12060)	13
MOUNT MORRIS TOWNSHIP	13
MUNDY TOWNSHIP (56160)	14
GENESEE TOWNSHIP (31800)	15
FLINT CITY (29000)	29



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1355

Agenda Date: 4/16/2025

Agenda #: 5.

To: Dale K. Weighill, Governmental Operations Committee Chairperson

From: Chrystal Simpson, Chief Financial Officer

RE: Approval of Transitional Return to Work Policy

BOARD ACTION REQUESTED:

Approval of a Transitional Return to Work Policy

BACKGROUND:

In the past, the County has not had a Transitional Return to Work Policy. In an effort to ensure that every employee remains an active part of the workforce, we are requesting approval of this policy.

DISCUSSION:

Many entities have a Transitional Return to Work Policy. Adoption of this policy will aid the County in returning employees to work with duty restrictions where we have not been able to in the past.

IMPACT ON HUMAN RESOURCES:

Human Resources will be involved with Risk Management and Department Heads to attempt to find a job that is similar to the employee's original job. If an employee's original job cannot be modified to accommodate transitional duty restrictions, then they will work together to transfer the employee to another position for the transitional duty period.

IMPACT ON BUDGET:

Employees will be paid their normal hourly straight time rate of pay exclusive of shift or other premiums while on transitional duty. The transitional department pays the wage of their position and WC covers the remainder.

IMPACT ON FACILITIES:

None.

IMPACT ON TECHNOLOGY:

None.

CONFORMITY TO COUNTY PRIORITIES:

This policy conforms to the long-term financial stability priority by reducing the cost of workers compensation to the Trust and also to aid departments in filling positions that are vacant to assist in

continuity of operations.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Chief Financial Officer to authorize implementing the Transitional Return to Work Policy is approved (a copy of the memorandum request and Transitional Return to Work Policy being on file with the official records of the April 16, 2025 meeting of the Governmental Operations committee of this Board).

BE IT FURTHER RESOLVED, that upon adoption of this Policy, the Genesee County Board of Commissioners authorizes the Department of Fiscal Services and Human Resources to establish procedures that may be necessary for implementation and to distribute the policy to all County departments.



XX.XXX: Workers' Compensation Transitional Duty - Return to Work Program & Policy

Effective: xx/xx/xxxx – RES-XXXX-XXX

Purpose:

To establish guidelines and procedures for giving transitional duty assignments to an employee who is recovering from a work-related injury or illness and has been given temporary physical work restrictions by an authorized medical provider. Our goal is to ensure every employee remains an active part of the workforce. Transitional duty is temporary in nature and subject to the discretion and operational needs of Genesee County.

Authority and Responsibility:

The Board of County Commissioners assigns implementation of this policy to the Risk Manager to coordinate with Human Resources regarding Transitional Duty Assignments.

Application:

Risk Management, Human Resources and Department Heads will attempt to find a job that is similar to the employee's original job. If an employee's original job cannot be modified to accommodate transitional duty restrictions or if another job cannot be found at the original worksite, then the employee may be transferred to another position for the transitional duty period. All transitional duty assignments occur during regular business hours of the location. A transitional duty assignment may be less than a 40-hour workweek.

Definitions:

Americans with Disabilities Act (ADA) - Federal protection from employment discrimination for individuals with qualified disabilities.

Authorized Medical Provider - A medical provider who has been designated to provide medical care and/or medical opinions for employees with work-related injuries or illnesses as authorized by the State of Michigan Workers' Compensation Statute.

Employee – A person employed by Genesee County. Employees include staff in probationary, full-time, part-time or seasonal/temporary status.



Family Medical Leave Act (FMLA) - Federal job protection during use of leave for a “serious health condition” or other qualifying event as defined under the Act.

Maximum Medical Improvement (MMI) - The point at which the authorized medical provider determines that (1) the condition resulting from the injury or illness is stable, (2) additional medical treatment or physical therapy will not improve patient’s condition or (3) that the patient has reached the medical plateau of recovery.

Physical Work Restrictions - Work restrictions placed on an employee by the authorized medical provider.

Transitional Duty - A temporary work assignment that does not exceed an employee’s medical work restrictions during a period of recovery from a work-related injury or illness. A temporary work assignment that does not develop into a permanent position and returns the employee to regular full-duty as soon as possible.

Policy & Procedure:

Making transitional work assignments is the joint responsibility of Risk Management, Human Resources and the Workers’ Compensation Third-Party Claims Administrator (TPA) based on the medical opinion and recommended work restrictions of an authorized medical provider. Risk Management, in conjunction with the TPA and Human Resources, will evaluate the availability of transitional duty for all temporarily disabled employees due to a work-related injury or illness.

Transitional duty work assignments, such as modified duty or alternate work, are limited and should normally not exceed 120 days. However, the length of a transitional temporary work assignment may be shorter if the restrictions can no longer be accommodated by the employer or if operational needs of the department no longer require the transitional work assignment.

The employee no longer qualifies for this program if:

- Their medical condition has reached a level of maximum medical improvement (MMI);
- They are released to their usual and customary duties without restrictions; or

Participation in the program will be reevaluated no less than every 120 days.

Procedure



1. **Development of Transitional Work Assignment.** Risk Management will develop the transitional work assignment based on input from the employee's manager/supervisor. This may require the addition of or adjustments to duties included in the assignment as the employee's medical condition progresses and job restrictions are modified. When a department is unable to assign suitable work, Risk Management and Human Resources will work with other departments to determine if a suitable work assignment can be identified.
2. **Return to Work.**
 - a. When Risk Management and Human Resources identify a transitional duty assignment outside their department, Human Resources will provide a letter (Appendix A) to the employee offering the transitional duty assignment.
 - b. The employee must return the letter to Human Resources or Risk Management indicating if they are accepting or declining the transitional assignment within two business days. Failure to respond within two business days will be considered a declining of the transitional duty assignment.
3. **Compensation**
 - a. Employees will be paid their normal hourly straight time rate of pay exclusive of shift or other premiums while on transitional duty. The transitional department pays the wage of their position and WC covers the remainder.
 - b. Overtime is not permitted while assigned transitional duty. If transitional duty is unavailable, the employee will remain on workers' compensation leave and paid in accordance with applicable collective bargaining agreements, county policy and state law.
 - c. If transitional duty is available with the employee's applicable medical restrictions and the employee refuses the transitional duty assignment, lost wage benefits may be disputed pursuant to the applicable provisions of the Workers' Compensation Act.
4. **Employee Responsibilities**
 - a. Work within the medical restrictions provided.
 - b. Do not work overtime or more than their regular schedule while in the transitional duty period.



- c. Meet the responsibilities of the transitional work assignment, including timeliness, productivity, and work quality.

Transitional/Temporary Duty Policy Acknowledgement

To All Employees:

It is the policy of Genesee County to maintain a transitional duty program. Our primary goal is to maintain a safe workplace for our employees. However, when an injury or illness does occur, our program helps make the process of returning to full work capacity as smooth and efficient as possible. This program is designed to minimize the disruption and uncertainty that can accompany a work-related injury for both Genesee County and each of our employees.

The success of the transitional duty program is the responsibility of every employee. Only by working together can we provide a safe workplace. We ask all our employees to be alert to potential accidents and strive to eliminate them. If we work together to minimize the effects of work-related accidents; we will all benefit.

Thank you for your cooperation and assistance.

Signature: _____

Title: _____

Date: _____



APPENDIX A
SAMPLE LETTER TO EMPLOYEE
OFFERING TRANSITIONAL DUTY ASSIGNMENT

[Date]
[Employee Name]
[Employee Address]

Dear [Employee Name]:

Due to the inability of your department to accommodate your restrictions, we have identified a transitional duty assignment. This assignment will begin [date]. The assignment is temporary and will be reviewed periodically. Please see the attached for reporting instructions.

Your rate of pay and employment status will not change if you accept this offer of transitional assignment. Declining the transitional assignment may adversely affect your workers' compensation benefits.

We hope that returning to work will help speed up your recovery time and you will be able to return to your former job as soon as possible.

Please indicate below whether you accept or reject the offer of transitional duty work described in the attached form. If you have any questions, please call me at **810-XXX-XXX**

Regards,
HR

CC: Risk Management
ASU Group (TPA)
Employee File

- Accept:** I will report to work on the date noted above.
- Reject:** Please attach medical documentation indicating the reason you are not able to perform the job offered.

Print Name

Signature

Date



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1363

Agenda Date: 4/16/2025

Agenda #: 6.

To: Board of County Commissioners

From: Sheriff Christopher R. Swanson

RE: Approval of a confirming purchase order to Motorola Solutions for Year 2 of 5 body worn camera and video manager el cloud (video as a service), in the amount of \$44,040.00, for service dates March 5, 2025-March 4, 2026; this will be paid from account 1010-351.00-933.001 to be split between FY25 at \$25,338.08 and FY26 at \$18,701.92 (1010-000.00-123.000 pre-paid)

BOARD ACTION REQUESTED:

Approval to enter a PO to vendor Motorola to pay invoice 1411159693 in the amount of \$44,040.00 which covers Year 2 of 5 body worn camera and video manager el cloud (video as a service) for service dates covering March 5, 2025 through March 4, 2026. The PO would be paid from account 1010-351.00-933.001 to be split between FY25 at \$25,338.08 and FY26 at \$18,701.92 (1010-000.00-123.000 pre-paid).

BACKGROUND:

The Board previously approved these annual expenses for this Body Camera Motorola project via Reso 2023-759 (\$243,930.00) in which PO 23-05346 was originally issued to the vendor. However, they invoice on an annual basis, and we do not pay the full (5 years) upfront. In that PO the vendor only invoiced Year 1 of the services, along with the cost of the cameras, etc. Since this is covering Year 2 of 5; we will have to account for and request the subsequent years 3-5 annually for the next 3 years.

DISCUSSION:

Attached you will find a budgeted amendment which will indicate an overall neutral effect on the budget due to an increasing trend in academy revenue.

IMPACT ON HUMAN RESOURCES:

None

IMPACT ON BUDGET:

\$44,040.00 to be split between FY25 and FY26 to be paid from account 1010-351.00-933.001 per coordination with and approval from Fiscal. The FY25 cost covering period 3/5/2025-9/30/2025 at \$25,338.08 and the FY26 cost covering period 10/1/2025-3/4/2026 at \$18,701.92.

IMPACT ON FACILITIES:

None

IMPACT ON TECHNOLOGY:

This has minimal IT involvement; the only occasion is when IT would need to be called upon is issues with the County Access Points in which the Wi-Fi and Cloud service utilizes for functionality. Other than that, GCOS manages the files and evidence from the cameras when needed.

CONFORMITY TO COUNTY PRIORITIES:

This PO request aligns with the county priorities by helping to provide a safer community and creating a healthier and safer community.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Office of Genesee County Sheriff to authorize an expenditure, in the form of a purchase order to Motorola, for the annual service renewal cost of the previously purchased body cameras, body-worn camera, and video manager el cloud (Year 2 of 5) management system, for the period commencing March 5, 2025, through March 4, 2026, at a cost not to exceed \$44,040.00 to be paid from account 1010-351.00-933.001, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the April 16, 2025 meeting of the Governmental Operations Committee of this Board), and the Chief Financial Officer is directed to record the attached budget amendment.



LEGISTAR SUBMISSION CHECKLIST*

Before submission of a request for payment/authorization for goods, services, or construction work, the following questions must be answered to determine whether to use a purchase order or formal contract. You must check an option in all questions until the form directs you to what workflow and/or document to use.

DOES THE PROJECT NEED A CONTRACT?

1) Is this a request for the purchase of goods? (i.e. office supplies, vehicles, equipment, etc.)

Yes: ____ (Go to Question 2)

No: ____ (Go to Question 4)

2) If providing goods, does the vendor require time on any Genesee County premises for installation and/or maintenance for the goods?

Yes: ____ This project requires a contract, skip to the contracts section.

No: ____ (Go to Question 3)

3) Has the vendor presented a document for the county to sign?

Yes: ____

- This document needs to go through Legistar and be reviewed by the proper departments before it can be signed. It is recommended that Corporate Counsel and Risk Management review prior to submission to avoid potential last step denial.

No: ____

- Use a **Purchase Order** You do not need to complete the remainder of this form.

4) Is this a request for services, an IT submission, or construction work?

Yes: ____ This project requires a contract, skip to the contracts section.

No: ____ Contact Corporate Counsel office prior to submitting into Legistar.

CONTRACTS

*** After selecting a template, contact the Risk Manager to obtain insurance requirements before submitting it to Legistar. * If the vendor has provided a contract, or if you have a department specific template that you are using or have used historically, have it reviewed by risk management and corporate counsel prior to submission into Legistar. Even if the agreement was used previously, it may need changes.**

1) Is this a new contract or a renewal/extension? _____

- a. Renewal/Extension: Use the appropriate renewal/amendment template based on the type of agreement. Include the original signed agreement and all prior amendments in the review process.
- b. New Contract: Go to Question 2.

2) How is the contract funded?

- a. Budgeted or General Funds: _____(Go to Question 3)
- b. Grant Funded: _____(Go to Question 4)
- c. Millage Funded: _____ (Go to Question 5)

3) What is the vendor providing?

- a. Services: _____
 - Use the **Professional Service Contract Template**
- b. Construction/Physical Building Altercation/Remodel _____
 - If the contractor has not provided a proposed contract use the **Construction Contract Template** If the contractor has provided a proposed contract, contact Corporate Counsel prior to submitting into Legistar.

*** To avoid a last step rejection, ask corporate counsel to review updated template before submission into Legistar. ***

4) Complete the AGA Recipient Checklist for Determining Contractor vs. Subrecipient

- a. If the service provider is a **contractor**, go back to Question 3.
- b. If the service provider is a **subrecipient**, a department/grant specific subrecipient agreement template must be used. If the template has not been reviewed by corporate counsel within the last year, contact Corporate Counsel office for review of the agreement/template.

5) Is this a new contract/agreement?

Yes: _____ No: _____

- a. If **yes** - contact Corporate Counsel office for assistance in selecting a template and/or creating an agreement.
- b. If **no** – has the template/previous agreement used for this program been reviewed by Corporate Counsel since August 1, 2023?

If **yes**, use the template/previous agreement.
 If **no**, contact Corporate Counsel regarding template/previous agreement.

6) Is a contract that is not a County prepared contract being submitted for review?

Yes: _____ No: _____

- a. If yes, submit the contract to Corporate Counsel office for review prior to submitting to Legistar.

* If at any point in time you have questions while completing this checklist, it is recommended that you contact the appropriate reviewing department (Fiscal Services, Purchasing, Risk Management, or Corporate Counsel) to address your question prior to submission into Legistar.

1010-351.00-978.000



ORIGINAL INVOICE

Motorola Solutions, Inc.
500 West Monroe
Chicago IL 60661
United States
Federal Tax ID: 36-1115800

Transaction Number 1411159693	Transaction Date 03-FEB-2025	Transaction Total 44,040.00 USD
P.O. Number	P.O. Date	Customer Account No 1000825060
Payment Terms Net Due in 30 Days		Payment Due Date 05-MAR-2025

Visit our website at www.motorolasolutions.com

Bill To Address GENESEE COUNTY SHERIFF ATTN: Accounts Payable 1101 BEACH ST RM 361 FLINT MI 48502 United States	Project No: USMI24D001WG Project Name: USMI24D001WG AAS Genesee Co SD	Ship To Address GENESEE COUNTY SHERIFF 1002 S SAGINAW ST FLINT MI 48502 United States
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IMPORTANT INFORMATION

Subscription(s) : USS102458215

YR 2 of 5 Orig PO 2305346 Reg 2023-759

For all invoice payment inquiries contact
AccountsReivable@motorolasolutions.com
Telephone: 800-247-2346
Fax: +1(631)883-4238



SPECIAL INSTRUCTIONS / COMMENTS

To view your invoices in other formats and perform secure online bill payment, login to your account on <http://www.motorolasolutions.com/self-service/myaccount/billingmanagement/>. For online support, contact the Motorola Solutions Support team using the online Chat feature or by calling 1-800-422-4210

Line Item #	Item Number	Description	Service From	Service To	Qty.	Unit Price (USD)	Amount (USD)
1	SSV00S01450B	LEARNER LXP SUBSCRIPTION	05-MAR-2025	04-MAR-2026	70	0.00	0.00
2	AAS-BWC-5YR-001	BODY WORN CAMERA AND VIDEO MANAGER EL CLOUD - 5 YEARS VIDEO-AS-A-SERVICE	05-MAR-2025	04-MAR-2026	70	588.00	41,160.00
3	AAS-BWC-XFS-DOC	V300/V700 TRANSFER STATION - VIDEO-AS-A-SERVICE	05-MAR-2025	04-MAR-2026	8	360.00	2,880.00
4	WGC02001-VAAS	VIDEOMANAGER EL CLOUD, ANNUAL UNLIMITED STORAGE PER BODY WORN CAMERA VAAS	05-MAR-2025	04-MAR-2026	70	0.00	0.00

Please detach here and return the bottom portion with your payment

Payment Coupon

Transaction Number 1411159693	Customer Account No 1000825060	Payment Due Date 05-MAR-2025	Transaction Total 44,040.00 USD	Amount Paid
---	--	--	--	--------------------

Please put your Transaction Number and your Customer Account Number on your payment for prompt processing.

GENESEE COUNTY SHERIFF
ATTN: Accounts Payable
1101 BEACH ST RM 361
FLINT MI 48502
United States

Payment Transfer Details

Bank of America, Dallas
WIRE Routing Transit Number: 026009593
ACH/EFT Routing Transit Number: 111000012
SWIFT: BOFAUS3N
Bank Account No: 3756319806

Send Payments To:



Motorola Solutions, Inc.
13108 Collections Center Drive
Chicago IL 60693
United States
Please provide your remittance details to:
US.remittance@motorolasolutions.com


DIVERSION CONTRARY TO EXPORT CONTROL LAW IS PROHIBITED

100000 02 04 000102 000342 P

Total Tax	MI	0.00	USD Subtotal	44,040.00
			USD Total Tax	0.00
			USD Total	44,040.00
			USD Amount Due	44,040.00



100000 03 04 000102 000343 P

		Appendix					
Line Item #	Item Number	Description	Service From	Service To	Qty.	Unit Price (USD)	Amount (USD)
		Subscription#: USS102458215 P.O. Number: 23-05346					
1	AAS-BWC-5YR-001	BODY WORN CAMERA AND VIDEO MANAGER EL CLOUD - 5 YEARS VIDEO-AS-A-SERVICE	05-MAR-2025	04-MAR-2026	70	588.00	41,160.00
2	AAS-BWC-XFS-DOC	V300/V700 TRANSFER STATION - VIDEO-AS-A-SERVICE	05-MAR-2025	04-MAR-2026	8	360.00	2,880.00
3	SSV00S01450B	LEARNER LXP SUBSCRIPTION	05-MAR-2025	04-MAR-2026	70	0.00	0.00
4	WGC02001-VAAS	VIDEOMANAGER EL CLOUD, ANNUAL UNLIMITED STORAGE PER BODY WORN CAMERA VAAS	05-MAR-2025	04-MAR-2026	70	0.00	0.00



* *



100000 04-04-000102 000344 P

Motorola Solutions, Inc.
500 West Monroe
Chicago IL 60661
United States

MDG2025 00000102.00



GENESEE COUNTY SHERIFF
ATTN: Accounts Payable
1101 BEACH ST RM.361
FLINT MI 48502



100000 01 04 000102 000341 P

Instructions

1. On the "Split" tab; Update Cell E4 to be the period ending in which costs need to be separated.
2. Enter the start and end dates of the item that needs to be separated in Cells C8 (start) and D8 (end).
3. Enter the amount to be split in cell H4.
4. The template will calculate a proper split for the time frame and amount in question into the appropriate periods.

Tips:

Information should only be entered into yellow cells.

Using this file and attaching it or a PDF of it to any split invoice for prepaid or year end answers.

If you have any questions or issues with this template please contact fiscal services.

arated.

nd E8 (end) respectively.

o Cells H8 and H10

wers a lot of questions in advance.

Fiscal Year End	9/30/2025	Total Amount	\$ 44,040.00
Old Fiscal	New Fiscal	Allocation	
3/5/2025 58%	3/4/2026 42%	Old Fiscal Year-Allocation	\$ 25,338.08
100%		New Fiscal Year Allocation	\$ 18,701.92

MOTOROLA YR 2 OF 5 FOF
\$44,040.00

1010-351.00-801.004

DESCRIPTION: MOTOROLA BODY CAMERAS YR 2/5 FY25 PORTION + Revenue increase

GL #	DESCRIPTION	Increase/(Decrease)
1010-351.00-933.001	SERV CONTRACTS GENERAL	25,838.00
1010-351.00-504.000	FEDERAL PARTICIPATION	46,000.00

DESCRIPTION: MOTOROLA BODY CAMERAS YR 2/5 FY25 PORTION + Revenue increase

GL #	DESCRIPTION	Increase/(Decrease)
1010-351.00-933.001	SERV CONTRACTS GENERAL	25,838.00
1010-351.00-504.000	FEDERAL PARTICIPATION	46,000.00



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1369

Agenda Date: 4/16/2025

Agenda #: 7.

To: Dale K. Weighill, Governmental Operations Committee Chairperson

From: Chrystal Simpson, Chief Financial Officer

RE: Approval of an update to the Vehicle Operation & Driving for Work Policy

BOARD ACTION REQUESTED:

Approval of an update to the Genesee County Driving for Work Policy

BACKGROUND:

Genesee County's vehicle policies have not been updated in at least 10 years. With changes to state law, insurance requirements, vehicle costs, reporting procedures, and departmental use it has become necessary to update the policy. The attached draft policy combines multiple policies and procedures into one document addressing all countywide vehicle procedures.

DISCUSSION:

Risk Management requests that the Driving for Work Policy be updated to align with State of Michigan driving laws and insurance/liability exposure as it relates to driving vehicles on behalf of the county. This policy establishes procedures for the use of county owned, rented, and leased vehicles, as well as personal vehicles while on county business. The purpose of this policy is to promote the safe and proper use of county vehicles, to facilitate the safety of drivers and passengers, and to minimize potential loss and damage. Updates include defining authorized drivers, driver criteria, driver's responsibilities, addressing personal use of county vehicles, accident reporting procedures, IRS guidelines, driving record monitoring, and formalizing the process of taking home county vehicles.

IMPACT ON HUMAN RESOURCES:

Human Resources will aid Risk Management in communication and oversight of this updated procedure.

IMPACT ON BUDGET:

N/A

IMPACT ON FACILITIES:

Facilities will work to implement necessary reporting requirements for all county-owned vehicles.

IMPACT ON TECHNOLOGY:

N/A

CONFORMITY TO COUNTY PRIORITIES:

This policy conforms to the County's priorities of promoting safe communities and ensuring all policies are consistently followed by all county departments through accountability.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, that this Board of County Commissioners of Genesee County, Michigan ("Board"), hereby adopts and authorizes the implementation of the attached Vehicle Operation & Driving for Work Policy ("Policy").

BE IT FURTHER RESOLVED, that this new Policy supersedes any and all current or past policies related to county vehicles or driving for work, that any other resolutions or policies previously adopted by this Board related to county vehicles or driving for work are hereby rescinded, and that this Policy shall remain in effect until further action of this Board.

BE IT FURTHER RESOLVED, that upon adoption of this Policy, this Board authorizes the Department of Fiscal Services to establish procedures that may be necessary for implementation and delegates the implementation of said procedures to the County Risk Manager, and Fiscal Services is hereby directed to distribute the updated policy to all County departments.

Attachment



03.001: VEHICLE OPERATION & DRIVING FOR WORK POLICY

Effective: xx/xx/xxxx – RES-XXXX-XXX

Purpose:

This Policy establishes procedures for using county-owned, rented, or leased vehicles. Its purpose is to promote the safe and proper use of county vehicles, facilitate the safety of drivers and passengers, and minimize potential loss and damage.

Authority and Responsibility:

The Board of County Commissioners assigns implementation of this policy to Facilities & Operations. Facilities & Operations will consult with Risk Management regarding vehicle and equipment operations in which Genesee County has an interest and liability exposure. Facilities & Operations and the Risk Manager will work with Human Resources (HR) in all the following steps regarding driver's license requirements, vehicle fleet safety rules and regulations, auto liability, and auto physical damage claims.

Application:

This Policy applies to all County vehicle drivers and those operating personal vehicles within the scope of their employment.

Definitions:

1. **Authorized Driver:** Only drivers that meet all the criteria listed in section 1 are authorized to drive County vehicles.
2. **County Vehicle:** any vehicle owned, leased, or rented by Genesee County and designed for use on public highways and any personal vehicle used for county business purposes.
3. **Personal Use:** Commuting to and from work, running a personal errand, vacation or weekend use, etc. are considered personal use of a county vehicle.



4. **Acceptable Driving History:**

- a. No significant violations in the past five (5) years of the following:
 - i. Manslaughter, negligent homicide, or other felony involving the use of a motor vehicle.
 - ii. Operating under the influence of liquor or drugs, DUI, etc.
 - iii. Operating while visibly impaired.
 - iv. Failing to stop and give identification at the scene of a crash.
 - v. Reckless driving
 - vi. Refusal to take a chemical test
 - vii. Fleeing or eluding a police officer
 - viii. Drag racing
 - ix. Failure to yield/show due caution for emergency vehicles
 - x. Driving at 16 mph or more over the legal speed limit
- b. Not more than one violation assigned three (3) points under the Michigan Motor Vehicle Code in the past three (3) years – examples include:
 - i. Careless driving
 - ii. Disobeying a traffic signal or stop sign or improper passing
 - iii. 11-15 mph over the legal speed limit
 - iv. Failure to stop at a railroad crossing
 - v. Failure to stop for a school bus or for disobeying a school crossing guard
- c. Not more than two violations assigned two (2) points under the Michigan Motor Vehicle Code in the past two (2) years – examples include:
 - i. Six (6) to ten (10) mph over the legal speed limit
 - ii. Open the alcohol container in the vehicle
 - iii. All other moving violations of traffic laws
- d. Not more than one (1) at-fault accident in a **county** vehicle within twelve (12) months.

5. **Unauthorized personnel:** Non-county employees, spouses, dependents, friends, family, and employees with unacceptable driving records.

6. **Hazardous Substance:** Any biological agent and other disease-causing agent which after release into the environment and upon exposure, ingestion, inhalation, or assimilation into any person will or may reasonably be anticipated to cause death, disease, behavioral abnormalities, cancer, genetic mutation, physiological malfunctions...or physiological deformations in such persons or their offspring.

Policy:

1. **Driver Criteria & Administration:** Employees are expected to drive safely and responsibly and to maintain a good driving record. Risk Management will review county employee motor vehicle records to determine driving records before an employee drives a county vehicle. Annually, Risk Management shall acquire employee driving records from the State of Michigan Secretary of State Office to verify valid driver's license status and acceptable driving history. Contractors or other individuals who are not Genesee



County employees or official County volunteers are prohibited from operating County vehicles unless expressed in a written contract. (Corporation Counsel and Risk Management must review contracts/Agreements extending this privilege).

2. Authorized Driver Responsibilities:

- a. Employees must display the highest professional conduct while operating a county vehicle.
- b. Employees must have a valid and current driver's license while operating a county vehicle.
- c. Employees must have current auto insurance while on County business when using a personal vehicle.
- d. Employee must have an acceptable driving history as defined in this Policy.
- e. Employees must take time to familiarize themselves with the county vehicle.
- f. Employees must ensure that an insurance certificate and vehicle registration are always present in the county vehicle.
- g. Drivers and passengers operating or riding in a county vehicle must always wear seatbelts.
- h. Employees must drive within the legal speed limits while operating a county vehicle, including on the road and in weather conditions.
- i. Employees must manage their environment to minimize distractions that could negatively affect their ability to drive safely and must comply with the [State of Michigan Distracted Driving Law](#).
- j. No unauthorized passengers are allowed to ride in county vehicles.
- k. Employees must stop after a collision, assess for injuries, and secure the scene.
- l. Drivers are required always to maintain a safe following distance. Drivers should keep a two-second interval between their vehicle and the vehicle immediately ahead. During slippery road conditions, the distance should be increased to at least four seconds.
- m. Drivers must yield the right of way at all traffic control signals and signs requiring them. Drivers should also be prepared to yield for safety's sake at any time. Pedestrians and bicycles in the roadway always have the right of way.
- n. Drivers must be alert of other vehicles, pedestrians, and bicyclists when approaching intersections. Never speed through an intersection on a caution light. When the traffic light turns green, look both ways for oncoming traffic before proceeding
- o. Employees must notify their supervisor if their driver's license is canceled, expired, refused, revoked, suspended, or restricted or if they have experienced any other change in the status of their driver's license (such as the addition or deletion of endorsements).
- p. Employees must notify their supervisor if they are arrested or cited for violating any part of the Michigan Vehicle Code concerning driving while intoxicated or reckless driving.



- q. Employees shall not drive a County Vehicle after a change in acceptable driving history and/or changes in their driver's license status. The supervisor and Risk Manager shall provide proof of reinstatement before driving a County Vehicle.
- r. Employees shall not operate a County Vehicle when their ability to do so safely has been impaired by illness, fatigue, injury, or prescription medication.
- s. Employees shall not operate a County Vehicle under the influence of intoxicants and other drugs (which could impair driving ability). Doing so is sufficient cause for discipline, including termination of employment.
- t. Employees shall not transport any hazardous substances without prior approval from their supervisor and only in full compliance with relevant regulations.
- u. Employees are responsible for the security of County Vehicles assigned to them. The County Vehicle engine must be shut off, ignition keys removed, and vehicle doors locked whenever the vehicle is unattended.
- v. Employees shall report any County Vehicle defects upon returning the vehicle to the Motor Pool.
- w. Employees shall comply with all applicable federal, state, and local statutes when operating County Vehicles.

These responsibilities are not intended to be all-inclusive. Each department may have additional departmental rules and/or regulations for County Vehicle use.

- 3. **County Vehicle Use Restrictions or Revocation:** Failure to comply with the Acceptable Driving History requirements, as described in this Policy, will restrict or revoke County Vehicle use privileges.
- 4. **Accident Procedures:** All employees must promptly report all accidents to their immediate supervisor. Reports should be made using the County Motor Vehicle Accident Report form, which is available on the Risk Management website (attached as Appendix A). All County Vehicles will include the [Motor Vehicle Accident Reporting Procedures](#) (attached as appendix B) to guide employees involved in motor vehicle accidents.
- 5. **Employees Taking County Vehicles Home:** County employees must seek approval from their supervisor before taking a County Vehicle home. County employees will be deemed a permissive user by the County as follows:
 - a. County employees must have an Acceptable Driving Record as detailed in this Policy. Risk Management must provide authorization before a County Vehicle can be taken home.
 - b. County employees must follow all Authorized Driver Responsibilities as detailed in this Policy.
 - c. County employees must provide Risk Management with a copy of their driver's license before taking the vehicle home.



- d. Genesee County employees taking county vehicles home will not at any time use the county-owned vehicle for personal use. The County Employees taking home county-owned cars will adhere to the Genesee County Driving Policies and Procedures. (The county-owned vehicle can sit in their driveway until they use it for business purposes.)
- e. County employee must review, complete, sign, and date a written request as follows: (Request Form Appendix C)
 - i. The County employee will be the only person to operate the County Vehicle.
 - ii. The County employee will provide a start date and end date for usage of the County Vehicle.
 - iii. The County Employee is to confirm if any other county employees or non-county employees are passengers and describe the county vehicle usage (E.g., business meeting, location of business meeting, etc.).
- f. Personal use of unmarked law enforcement vehicles is prohibited unless the officer needs to report directly from home to a stakeout or surveillance site or is “on call” and if the use is officially authorized.
- g. Personal use of marked county vehicles is prohibited.
- h. Marked county vehicles should not be taken home. (K-9 units are exempt.)

6. IRS Guidelines for Personal Use of County Vehicles: Personal use, as defined by this policy, is a taxable noncash fringe benefit

- a. Mileage for permitted personal use of vehicles must be reported. The value of using the vehicle for personal reasons will be included in the employee's income and tax withholding.
- b. Personal mileage must be reported to the Payroll Department on December 1st of each year. (Reporting period: *December 1st of the previous year to November 30th of the current year.*)

Failure to comply with the IRS reporting guidelines may result in the forfeiture of county vehicle use privileges.

Employee Acknowledgment: I acknowledge that I have read and understand the Vehicle Operation & Driving for Work Policy and County-Owned Vehicle Accident Reporting Policy. I agree to comply with its provisions and understand the consequences of non-compliance.

County Employee Name (Print) _____

County Employee Signature _____



Date of Signed _____

Appendix A

**GENESEE COUNTY
MOTOR VEHICLE ACCIDENT REPORT**

GC CLAIM # _____
RM USE ONLY

SEND ORIGINAL TO RISK MANAGEMENT OFFICE AND COPY TO MOTOR POOL OFFICES WITHIN 24 HOURS OF ACCIDENT
PRINT ALL INFORMATION

COUNTY VEHICLE:
CO. VEHICLE NUMBER _____ DATE OF ACCIDENT _____ TIME OF ACCIDENT _____ AM/PM

DRIVER OF CO. VEHICLE _____ DEPARTMENT _____ ASSIGNED UNIT _____
i.e.: GCARD i.e.:WORK FIRST

PASSENGERS _____ DRIVER'S WORK PHONE # _____

SPEED AT TIME OF ACCIDENT _____ MPH TYPE OF ROAD SURFACE _____ WEATHER CONDITION _____
PAVED/NON-PAVED RAIN, FOG, SNOW, WET, CLEAR ETC.

DRIVER LICENSE # _____ EXPIRATION DATE _____ ON COUNTY BUSINESS _____
YES OR NO

CO. VEHICLE YEAR: _____ MAKE: _____ MODEL _____ LIC. PLATE # _____

VIN # _____ YOUR ESTIMATE OF DAMAGE _____

DAMAGE DONE TO COUNTY VEHICLE _____

IF THE DRIVER SUFFERED INJURIES IN THIS ACCIDENT, NOTIFY THE SUPERVISOR AND ALSO COMPLETE WC FIRST REPORT OF INJURY AND MEDICAL RELEASE FORM. NOTIFY RISK MANAGEMENT AS SOON AS FEASIBLE: 810-257-2628

OTHER VEHICLE (S):

DRIVER OF OTHER VEHICLE: _____ DRIVER LICENSE # _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS OR OTHER PHONE: _____

VEHICLE REGISTERED TO: _____ PHONE #: _____

OWNER ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

INSURANCE COMPANY: _____ POLICY NUMBER _____

AGENT: _____ PHONE NUMBER: _____

VEHICLE: MAKE: _____ MODEL: _____ YEAR: _____ LICENSE PLATE: _____

DAMAGE TO THIS VEHICLE: _____

DESCRIBE ANY EVIDENCE OF PREVIOUS DAMAGE: _____

IF MORE THAN ONE OTHER VEHICLE, PROVIDE SAME INFORMATION ON SUPPLEMENTAL SHEET

OTHER PROPERTY DAMAGE OTHER THAN VEHICLE:

DESCRIBE DAMAGE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OWNER'S NAME _____ PHONE _____

WITNESSES:

NAME: _____ ADDRESS: _____ CITY _____ PHONE _____

NAME: _____ ADDRESS: _____ CITY _____ PHONE _____

NAME: _____ ADDRESS: _____ CITY _____ PHONE _____

DID DRIVER NOTIFY SUPERVISOR _____ POLICE CALLED _____ TIME: _____ DATE: _____

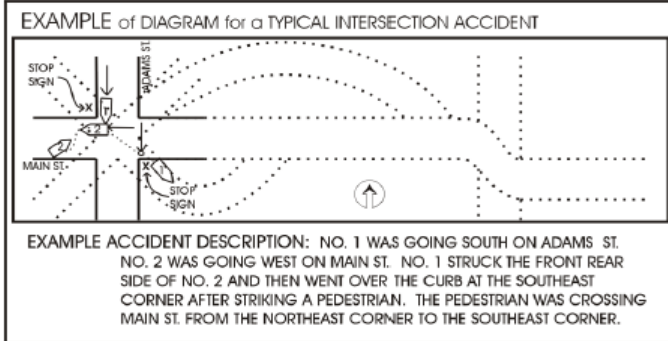
WAS REPORT TAKEN: _____ REPORT NUMBER: _____ CITATION ISSUED _____ TO?: _____



Appendix A

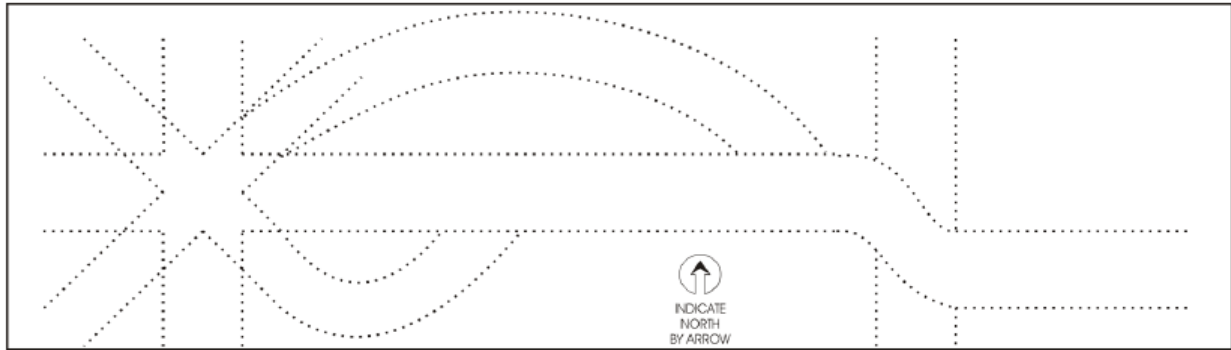
**GENESEE COUNTY
MOTOR VEHICLE ACCIDENT REPORT**

Page 2



- INSTRUCTIONS for LOCATING ACCIDENT and MAKING DIAGRAM**
- WHAT TO SHOW ON DIAGRAM
 - (A) DIRECTIONS FROM WHICH VEHICLES WERE APPROACHING BEFORE COLLISION; SAME FOR PEDESTRIANS
 - (B) THE POINT OF COLLISION.
 - (C) WHERE VEHICLES CAME TO REST AFTER COLLISION.
 - FOLLOW DOTTED LINES TO DRAW OUTLINE OF ROADWAY AT PLACE OF ACCIDENT.
 - NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW.
 - USE SOLID LINE TO SHOW PATH BEFORE ACCIDENT.

 DOTTED LINE AFTER ACCIDENT
 - SHOW PEDESTRIAN BY
 - SHOW RAILROAD BY



PROVIDE ADDRESS OR INTERSECTION/ROAD DETAIL FOR LOCATION OF INCIDENT/ACCIDENT: _____

GIVE FULL DETAILS OF HOW ACCIDENT OCCURRED. COUNTY VEHICLE SHOULD BE #1: _____

PRINT DRIVER NAME: _____ SIGN DRIVER NAME _____

PRINT SUPERVISOR NAME: _____ SUPV. SIGNATURE: _____

SUPV. PHONE #: _____ DATE OF REPORT: _____

SEND ORIGINAL TO RISK MANAGEMENT SEND COPY TO MOTOR POOL COMPLETE WITHIN 24 HOURS



APPENDIX B

REPORTING PROCEDURES

MOTOR VEHICLE ACCIDENT (MVA)

AUTOMOBILE LIABILITY, COLLISION, OR OTHER AUTO PHYSICAL DAMAGE

Revised 9/20/2024

Prompt reporting of an accident allows the County to investigate incidents in a timely manner, provide for prompt repair of damaged property, and determine corrective action. The County has issued a Motor Vehicle Accident Report form to accomplish reporting. The form is posted on the County website. Click Departments/Fiscal Services/Risk Management/Motor Vehicle Accident Report Form. This MVA Reporting Procedures document is to be placed in all County vehicles to provide direction to County employees involved in a motor vehicle accident while operating a County owned or leased vehicle. The following is the procedure for reporting motor vehicle accidents:

IMMEDIATE ACTIONS OF EMPLOYEE AFTER MOTOR VEHICLE ACCIDENT

- **Ensure Safety:** Priority should be given to all individuals involved. If there are injuries, contact emergency services (police, ambulance) immediately and follow their instructions. Provide accurate details of the accident and the location.
- **Secure the Scene:** Take steps to prevent further accidents. If necessary, use hazard lights, cones, or other warning devices.
- **Exchange Information:** Collect contact information, driver's license details, insurance information, and vehicle details from all parties involved.
- **Notify Supervisor/Manager (Supervisor or Manager will Notify Risk Manager):** Report all accidents to your immediate supervisor/manager as soon as it is safe. Provide a brief overview of the incident, including the date, time, location, and injuries sustained.
- **Medical Treatment:** Seek medical attention if needed. Report any injuries sustained during the accident to your supervisor/manager who will notify County Risk Management. A Workers' Compensation Injury Report must be completed and sent to Risk Management if injuries are sustained during the motor vehicle accident.
- **Complete County Motor Vehicle Accident Report:** Include all relevant details, such as weather conditions, road conditions, and a description of the incident.
 1. Notify Motor Pool of any vehicle accident or damage, regardless of how minor, for Motor Pool to assess and determine the vehicle's drivability.



2. Color photograph(s) of the damage to the county-owned vehicle must accompany the report. The photo(s) should be labeled with the vehicle's unit number and the incident's date. If possible, take photographs of the accident scene and any damages.
 - a. If your department does not have access to a camera and Motor Pool determines that the vehicle is drivable, it should be driven to Motor Pool, where Motor Pool or Risk Management staff will photograph it.
 - b. If the vehicle is not drivable, the motor pool must be called to tow it. Notice to the Motor Pool and Risk Management must be provided so that photo(s) can be obtained.
 - c. Whenever possible, photo(s) of the damage to the other vehicle or property should be taken, labeled, and forwarded to Risk Management and Motor Pool.
 - d. If the vehicle is equipped with a dash camera, you must provide Risk Management with the camera footage of the incident/accident.
 3. Reports should be submitted to Risk Management and Motor Pool **within two (2) business days of the accident.** The department obtains three estimates for non-motor Pool or specialized vehicles. Copies of all estimates should be forwarded to Risk Management. If no repair work appears necessary, indicate this at the top of the MVA report form. However, the vehicle must still be taken to the Motor Pool for drivability assessment. Send final invoices for repairs to Risk Management.
- **Investigation Cooperation of County Employees:** Fully cooperate with investigations conducted by Genesee County or relevant authorities. Do not admit fault or liability at the accident scene until proper authorities have determined it.
 - **Follow-Up Procedures:** Keep the supervisor and Risk Manager informed of any developments, including medical treatments and repairs to the County vehicle. Provide any additional information or documentation requested by the County's insurance provider.
 - **Consequences of Non-Compliance:** Failure to report a County-owned vehicle accident promptly and accurately may result in disciplinary action, including but not limited to verbal or written warnings, suspension, or termination, depending on the severity and circumstances of the incident.



APPENDIX C

County Vehicle Take Home Request Form

Today's date:

Name of Employee:

Dates of Use:

Passengers:

Description of
vehicle use:

Items to be included with request:

- Valid Driver's License
- Copy of Personal Auto Insurance Policy Declarations

APPROVAL PROCESS: This form must be submitted to Risk Management with supporting documentation at least 5 business days prior to the requested vehicle use date.

Approved by:

Date:



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1392

Agenda Date: 4/16/2025

Agenda #: 8.

To: Dale K. Weighill, Governmental Operations Committee Chairperson

From: Joshua Freeman, Director of Administration

RE: America 250 - Genesee County Commission

BOARD ACTION REQUESTED:

Approval of a request to create the America 250 - Genesee County Commission and to assign funding for commemorative events.

BACKGROUND:

In 2026, America will celebrate its Semiquincentennial Birthday. The Federal and State government have created commissions that are working on commemorating the 250th Anniversary of our nations founding and have encouraged the creation of local commissions to plan, promote, and celebrate this historic milestone.

DISCUSSION:

To help organize Genesee County's America 250 Celebration, the Board of County Commissioners desires to create a commission to plan events and engage residents in commemorating our nation's Semiquincentennial in the Summer of 2026.

This work will culminate in a celebration at Genesee County's Bicentennial Project, Crossroads Village & Huckleberry Railroad. To be sure that Genesee County's America 250 Commission represents our diverse community, the following members will be appointed:

- One resident from each county commission district - appointed by the county commissioner of that district
- One appointee from the Michigan Township Association - appointed by the MTA
- One appointee from the Small Cities & Villages Association - to be appointed by the SCVA
- One appointee from the City of Flint - to be appointed by the Flint City Council
- One appointee from the education community - to be appointed by the GISD
- One appointee from the higher learning community - to be appointed by the Chair of the Board of County Commissioners
- Two appointees from the Genesee County Historical Society - to be appointed by the Chair of

the Board of County Commissioners

Appointments to the Commission shall be made no later than June 2, 2025, and appointees shall serve through September 30, 2026.

IMPACT ON HUMAN RESOURCES:

There will be no impact on HR.

IMPACT ON BUDGET:

To fund Genesee County's America 250 Celebration, this proposal will use \$250,000.00 from the Accommodation Tax fund balance. Of that amount, no more than \$50,000 will be used contract with a firm that will support the work of the Commission. In appropriating these dollars, the goal is to attract tourists to our area as we celebrate the Semiquincentennial.

IMPACT ON FACILITIES:

There will be no additional burdens on Facilities.

IMPACT ON TECHNOLOGY:

There may be limited impacts on technology as they work to support the work of the Commission.

CONFORMITY TO COUNTY PRIORITIES:

The Board of County Commissioners has prioritized an Inclusive & Collaborative Culture as well as Community Growth. The work of this commission will further those goals in bringing our diverse community together for a shared celebration of the founding of our country as well as drive economic activity through those same celebrations.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, that this Board of County Commissioners of Genese County, Michigan, establishes the America 250 - Genesee County Commission ("America 250 Commission) to plan events and engage residents to commemorate our nation's 250th anniversary in the summer of 2026 at a celebration to be held at Genesee County's Crossroads Village & Huckleberry Railroad.

BE IT FURTHER RESOLVED, that the America 250 Commission will consist of the following appointed members:

- One resident from each County Commission District - appointed by the County Commissioner of that district;
- One appointee from the Michigan Township Association - appointed by the MTA;
- One appointee from the Small Cities & Villages Association - to be appointed by the SCVA;
- One appointee from the City of Flint - to be appointed by the Flint City Council;
- One appointee from the education community - to be appointed by the GISD;
- One appointee from the higher learning community - to be appointed by the Chair of the Board of County Commissioners;
- Two appointees from the Genesee County Historical Society - to be appointed by the Chair of the Board of County Commissioners.

BE IT FURTHER RESOLVED, that the appointments shall be made no later than June 2, 2025, and the appointees shall serve through September 30, 2026.

BE IT FURTHER RESOLVED, that the Chairperson of this Board shall set the inaugural meeting date and time of the America 250 Commission, and said Commission shall be governed by

the Newly Revised 11th Edition of Robert's Rules of Order.

BE IT FURTHER RESOLVED, that the appointees are subject to removal by this Board pursuant to the Appointment Policy (Policy 01.002) and any relevant statutory authority.



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1397

Agenda Date: 4/16/2025

Agenda #: 9.

To: Board of County Commissioners

From: Christopher R. Swanson, Sheriff

RE: Approval of an agreement between Genesee County and the University of Michigan, in the amount of \$120,000.00, to provide monthly training to County Medics; the term of this agreement is May 1, 2025 through April 30, 2026; the cost of this agreement will be paid from account 2110-313.00-801.000

BOARD ACTION REQUESTED:

Approval to enter into a 12-month service agreement between the Genesee County Office of the Sheriff Paramedics Division and the University of Michigan (Physicians) to receive monthly training, case review, call review, on-scene training, trainee instruction, overall extensive provision of services to the Medics. Per the attached Services Agreement, this partnership would begin May 1, 2025, and end on April 30, 2026; at a cost of \$10,000.00 per month not to exceed \$120,000.00 per year to be paid from 2110-313.00-801.000 as per attached budget amendment.

BACKGROUND:

(Proposal from the University) Genesee County's Emergency Medical Services (EMS) are currently provided by a combination of private agencies, local fire departments, and the GCSO Paramedic Division. Given that a large percentage of all highest priority (tier 1) calls have a response by a member of the GCSO Paramedic Division, investing in their training and care delivery has the potential for significant positive impact on the citizens of Genesee County. We propose a comprehensive package of physician-lead quality assurance and improvement. (See attached Proposal for full objective, proposal, key benefits and implementation plan*)

DISCUSSION:

Key Benefits of this service agreement would include but not be limited to the following: Ongoing continuity of training, Team-based case review, Quality improvement, Direct training, Improved care for the population of Genesee County and Opportunities (See attached Proposal for full objective, proposal, key benefits and implementation plan*)

IMPACT ON HUMAN RESOURCES:

None

IMPACT ON BUDGET:

NO IMPACT TO GENERAL FUNDS; services would be paid from 2110-313.00-801.000 in the amount Not to Exceed \$120,000.00 over the 12-month Service Period agreement. A budget

amendment is attached for the remainder of FYE 2025.

IMPACT ON FACILITIES:

None

IMPACT ON TECHNOLOGY:

None

CONFORMITY TO COUNTY PRIORITIES:

Healthy, Livable & Safe Communities: Promoting public health to create safer and healthier residents, Promote safe communities. Collaborative Culture: Expanding the role of the county as a convener to enhance relationships that contribute to the growth of our community.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Office of Genesee County Sheriff to authorize entering into the Services Agreement between Genesee County and the Regents of the University of Michigan, whereby the contractor will be providing on-site training and care delivery services to the Paramedics Division for a one-year term commencing May 1, 2025, through April 30, 2026, at a total cost to the County not to exceed \$120,000.00 to be paid from account 2110-313.00-801.000, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the April 16, 2025 meeting of the Governmental Operations Committee of this Board), the Chairperson of this Board is authorized to execute the agreement on behalf of Genesee County, and the Chief Financial Officer is directed to record the attached budget amendment.



LEGISTAR SUBMISSION CHECKLIST*

Before submission of a request for payment/authorization for goods, services, or construction work, the following questions must be answered to determine whether to use a purchase order or formal contract. You must check an option in all questions until the form directs you to what workflow and/or document to use.

DOES THE PROJECT NEED A CONTRACT?

1) Is this a request for the purchase of goods? (i.e. office supplies, vehicles, equipment, etc.)

Yes: ____ (Go to Question 2)

No: ____ (Go to Question 4)

2) If providing goods, does the vendor require time on any Genesee County premises for installation and/or maintenance for the goods?

Yes: ____ This project requires a contract, skip to the contracts section.

No: ____ (Go to Question 3)

3) Has the vendor presented a document for the county to sign?

Yes: ____

- This document needs to go through Legistar and be reviewed by the proper departments before it can be signed. It is recommended that Corporate Counsel and Risk Management review prior to submission to avoid potential last step denial.

No: ____

- Use a **Purchase Order** You do not need to complete the remainder of this form.

4) Is this a request for services, an IT submission, or construction work?

Yes: ____ This project requires a contract, skip to the contracts section.

No: ____ Contact Corporate Counsel office prior to submitting into Legistar.

CONTRACTS

*** After selecting a template, contact the Risk Manager to obtain insurance requirements before submitting it to Legistar. * If the vendor has provided a contract, or if you have a department specific template that you are using or have used historically, have it reviewed by risk management and corporate counsel prior to submission into Legistar. Even if the agreement was used previously, it may need changes.**

1) Is this a new contract or a renewal/extension? _____

- a. Renewal/Extension: Use the appropriate renewal/amendment template based on the type of agreement. Include the original signed agreement and all prior amendments in the review process.
- b. New Contract: Go to Question 2.

2) How is the contract funded?

- a. Budgeted or General Funds: _____(Go to Question 3)
- b. Grant Funded: _____(Go to Question 4)
- c. Millage Funded: _____ (Go to Question 5)

3) What is the vendor providing?

- a. Services: _____
 - Use the **Professional Service Contract Template**
- b. Construction/Physical Building Altercation/Remodel _____
 - If the contractor has not provided a proposed contract use the **Construction Contract Template** If the contractor has provided a proposed contract, contact Corporate Counsel prior to submitting into Legistar.

*** To avoid a last step rejection, ask corporate counsel to review updated template before submission into Legistar. ***

4) Complete the AGA Recipient Checklist for Determining Contractor vs. Subrecipient

- a. If the service provider is a **contractor**, go back to Question 3.
- b. If the service provider is a **subrecipient**, a department/grant specific subrecipient agreement template must be used. If the template has not been reviewed by corporate counsel within the last year, contact Corporate Counsel office for review of the agreement/template.

5) Is this a new contract/agreement?

Yes: _____ No: _____

- a. If **yes** - contact Corporate Counsel office for assistance in selecting a template and/or creating an agreement.
- b. If **no** – has the template/previous agreement used for this program been reviewed by Corporate Counsel since August 1, 2023?

If **yes**, use the template/previous agreement.

If **no**, contact Corporate Counsel regarding template/previous agreement.

6) Is a contract that is not a County prepared contract being submitted for review?

Yes: _____ No: _____

- a. If yes, submit the contract to Corporate Counsel office for review prior to submitting to Legistar.

* If at any point in time you have questions while completing this checklist, it is recommended that you contact the appropriate reviewing department (Fiscal Services, Purchasing, Risk Management, or Corporate Counsel) to address your question prior to submission into Legistar.

SERVICES AGREEMENT

This Services Agreement (the “Agreement”) is made between the entity listed on Exhibit A as Purchaser (“Purchaser”), and the Regents of the University of Michigan, a Michigan constitutional corporation on behalf of its University of Michigan Health Department of Emergency Medicine with its principal place of business in Ann Arbor, Michigan (“University”). Each of Purchaser and University are also referred to herein individually as a “Party” and collectively as the “Parties”.

ARTICLE I UNIVERSITY OBLIGATIONS

1.1 Services. University will, through its staff, students, contractors and other agents (the “University Staff”), in each case as identified to Purchaser from time to time, including replacements or additions, provide to Purchaser the services set forth and incorporated in Exhibit A to this Agreement (the “Services”) in accordance with the terms and conditions of this Agreement.

1.2 University Staff. University will be solely responsible for the selection, supervision, compensation, evaluation, training, retention, discipline and termination of the University Staff; provided, however, that, upon the request of University, Purchaser may provide University with performance feedback to assist University in its evaluations.

1.3 University Point of Contact. University will identify a member of University Staff to serve as a primary contact with respect to this Agreement.

1.4 Required Licenses and Consents. University will, before the date on which the Services are to commence, obtain, and at all times during the Term (as defined in Exhibit A) maintain, all necessary licenses and consents applicable to the provision of the Services.

1.5 Purchaser acknowledges that University has no responsibility for the supervision of any Purchaser personnel in carrying out his or her contractual functions, and any recommendations made by University (other than in treating patients whom she or he has examined), will require independent judgment of Purchaser prior to being effectuated.

1.6 Purchaser agrees that University shall have access to Purchaser premises at such time as is necessary for University to perform the above described tasks. However, Purchaser may require at least one-week prior notice related to the use of certain facilities.

ARTICLE II PURCHASER OBLIGATIONS

2.1 Purchaser Point of Contact. Purchaser will cooperate with University in all matters relating to the Services and appoint a Purchaser employee to serve as the primary contact with respect to this Agreement and who will have the authority to act on behalf of Purchaser with respect to matters pertaining to this Agreement.

2.2 Access to Premises. Purchaser will provide access to Purchaser’s premises, and such office accommodation and other facilities as may reasonably be requested by University, for the purposes of performing the Services.

2.3 Authorizations and Approvals. Purchaser will respond promptly to any University request to provide information, approvals, authorizations or decisions that are reasonably necessary for University to perform Services in accordance with the requirements of this Agreement.

2.4 Required Licenses and Consents. Purchaser will obtain and maintain all necessary licenses and consents in relation to the Services, in all cases before the date on which the Services are to commence.

2.5 University Performance. If University's performance of its obligations under this Agreement is prevented or delayed by any act or omission of Purchaser or its agents, subcontractors, consultants or employees, University will not be deemed in breach of its obligations under this Agreement or otherwise liable for any costs, charges or losses sustained or incurred by Purchaser, in each case, to the extent arising directly or indirectly from the prevention or delay.

ARTICLE III RECORDS AND ACCESS

3.1 Confidentiality and Privacy. The Parties agree to maintain and hold as confidential and not disclose the existence or terms of this Agreement or any confidential or proprietary information ("Confidential Information") that either Party may be provided during the Term to any other person (with the exception of either Party's legal counsel or other representatives), unless disclosure of Confidential Information is required by Applicable Law or otherwise authorized by this Agreement or consented to in writing by the other Party. In addition, the Parties agree that University's provision of the Services does not qualify University as a "Business Associate" of Purchaser as defined in regulations promulgated under the Health Insurance Portability and Accountability Act of 1996, (which act and regulations as amended, restated and superseded from time to time, are collectively referred to as "HIPAA"). Purchaser will take all necessary steps to ensure University Staff do not seek or obtain access to protected health information created, maintained or received by Purchaser. In the event the scope of University's services changes or HIPAA changes (including governmental guidance offered on HIPAA) such that either Party concludes the Agreement must be amended or further documents executed to ensure the Parties' compliance with HIPAA, the Parties agree to promptly take all actions necessary to ensure their compliance with HIPAA.

3.2 Access to Records.

(a) Cooperation. The Parties will cooperate to make available to one another and to government authorities with jurisdiction access to any financial, medical, or other records created or maintained in connection with this Agreement and the Services as necessary to facilitate their compliance with Applicable Law.

(b) Omnibus Reconciliation Act. If and only to the extent required by Section 1861(v)(1)(1) of the Social Security Act, the Parties will: (i) make available, upon written request of the Secretary of the Department of Health and Human Services, the Controller General of the United States, or any of their duly authorized representatives (collectively the "Government Parties"), this Agreement and such books, documents, and other records as may be necessary to certify the nature and extent of the costs hereunder; and (ii) ensure that any subcontracts with a value or cost of \$10,000 or more over a 12-month period with a related organization contain a clause that requires that until the expiration of six (6) years following the furnishing of services pursuant to the contract, the related organization will make available, upon request of the Government Parties, the subcontract and such books, documents and other records of such related organization as are necessary to verify the nature and extent of rendered contractual costs.

**ARTICLE IV
FINANCIAL ARRANGEMENT**

3.1 Compensation. Purchaser will compensate University for the Services by paying the fees and reimbursing such expenses pursuant Exhibit A.

3.2 Billing. University will submit an invoice to Purchaser quarterly in arrears for its fees and expenses incurred for such time period, or at other time intervals upon which the Parties mutually agree, that University provides Services, documenting all the Services completed by University and the amount owed by Purchaser.

3.3 Payment. No later than thirty (30) days after Purchaser receives an invoice for Services, Purchaser will remit payment to University in the amount set forth in the invoice. All payments under this Agreement will be in US dollars and made by check or wire transfer.

**ARTICLE V
COMPLIANCE WITH LAWS AND STANDARDS**

4.1 Generally. Each Party will exercise its rights and perform its obligations under this Agreement in accordance with Applicable Law, including without limitation those pertaining to recipients of federal funds, confidentiality, health care fraud and abuse and taxes. Purchaser acknowledges that it has been advised that University operates a toll-free compliance hotline (866-990-0111) to facilitate the reporting of any conduct or activity that is or may be non-compliant with legal and regulatory requirements or risk patient safety. Purchaser will immediately report by calling the compliance hotline or filing an online report (<http://www.med.umich.edu/compliancehotline/>) any observed conduct, activity or practice that it believes may be non-compliant or below applicable standards, and will instruct its employees, contractors, agents and others as applicable to do so on its behalf.

4.2 Non-Discrimination/Equal Opportunity. To the extent applicable, the Parties agree to comply with the following, as amended from time to time: Executive Order 11246, Title VI of the Civil Rights Act of 1964, the Vietnam Era Veterans Readjustment Act of 1974, the Age Discrimination Act of 1975, the Drug Free Workplace Act of 1988, Section 503 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, and any similar Applicable Law.

**ARTICLE VI
REPRESENTATIONS AND WARRANTIES**

5.1 Generally. Each Party represents and warrants to the other Party that:

(a) it is duly organized, validly existing and in good standing as a corporation or other entity as represented herein under the laws and regulations of its jurisdiction of incorporation, organization or chartering;

(b) it has the full right, power and authority to enter into this Agreement, to grant the rights granted hereunder and to perform its obligations hereunder;

(c) the execution of this Agreement by its representative whose signature is set forth at the end hereof has been duly authorized by all necessary corporate action of the Party; and

(d) when executed and delivered by a Party, this Agreement will constitute the legal, valid and binding obligation of that Party, enforceable against that Party in accordance with its terms.

5.2 No Warranty or Guarantee; Disclaimer. EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES EXPRESSLY SET FORTH IN THIS AGREEMENT, TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE FEDERAL, STATE AND LOCAL LAW AND REGULATIONS (“APPLICABLE LAW”), UNIVERSITY MAKES NO OTHER REPRESENTATIONS OR WARRANTIES CONCERNING THE SERVICES WHETHER EXPRESS, IMPLIED, STATUTORY OR OTHERWISE UNDER THIS AGREEMENT, AND ANY IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE AND NON-INFRINGEMENT ARE EXPRESSLY DISCLAIMED. FOR THE AVOIDANCE OF DOUBT, UNIVERSITY DOES NOT GUARANTEE ANY PARTICULAR RESULTS BASED ON THE SERVICES PROVIDED.

ARTICLE VII INDEMNIFICATION AND INSURANCE

7.4 Indemnification.

(a) Indemnification. To the extent allowed by law, each Party will defend, indemnify and hold harmless the other Party and its respective officers, directors, trustees, employees, representatives, agents, successors, and assigns from and against any costs, losses, damages, liabilities, expenses, demands and judgments, including court costs and attorney fees (collectively, “Losses”), which may arise out of the indemnifying Party’s acts or omissions under this Agreement for which the indemnifying Party would be liable in law or equity.

(b) Notification of Claim. The indemnifying Party will keep the other reasonably apprised of the continuing status of the claim, including any proceedings resulting from it, and will permit the indemnified Party, at its expense, to participate in the defense or settlement of the claim. When a claim is resolved by the indemnifying Party’s payment of money, it will have final authority regarding defense and settlement. When a claim resolution requires equitable relief against the non-indemnifying Party or the indemnifying Party has not or will not pay the money required for resolution, the Parties will cooperate regarding defense and settlement.

(c) Exclusive Remedy. The sole and exclusive remedy for any and all Losses resulting from, relating to, or arising out of this Agreement will be the rights of indemnification set forth in this Article VII, and no person will have any other entitlement, remedy or recourse, whether in contract, tort or otherwise, it being agreed that all of such other remedies, entitlements and recourse are expressly waived and released by the Parties hereto to the fullest extent permitted by Applicable Law.

(d) Limitation of Liability. Neither Party will be liable to the other for any consequential, incidental, indirect, special, punitive or exemplary damages of any kind whatsoever (including, but not limited to, any loss of future revenue, income or profits or any diminution of value or multiples of earnings damages) sustained as a result of a breach or alleged breach of, or otherwise arising out of, this Agreement or any action, inaction, alleged tortious conduct, or delay by the other related thereto, whether or not the possibility of such damages has been disclosed to the other Party in advance or could have been reasonably foreseen by the other Party. In no event will either Party’s liability arising out of or related to this Agreement, whether arising out of or related to breach of contract, tort (including negligence) or otherwise, exceed the aggregate amounts paid to University pursuant to this Agreement in the twelve-month period preceding the event giving rise to the claim.

7.5 Insurance and Claims.

(a) Maintenance of Insurance. Each Party agrees to procure and maintain in effect during the Term (i) comprehensive general liability insurance, including contractual products and completed operations insurance, of at least one million (\$1,000,000) dollars per occurrence and three million (\$3,000,000) dollars in the aggregate, (ii) errors and omissions/professional liability insurance in the amounts of at least five million (\$3,000,000) dollars per occurrence and ten million (\$6,000,000) dollars in the aggregate if the Services are deemed professional in nature or performed by someone with a professional designation and are excluded from the comprehensive general liability insurance, and (iii) comprehensive cyber liability insurance of at least one million (\$1,000,000) dollars per occurrence and two million (\$2,000,000) dollars in the aggregate with coverage for damages from first and third party losses from media content, security and privacy, cyber extortion, and event management. These insurance requirements may be satisfied with a policy of commercial insurance from an insurance carrier with a Best A- or better rating registered to write insurance policies in Michigan and in good standing with the Commissioner of Insurance for the State of Michigan, or a self-insurance trust fund or captive insurance company which is consistent with self-insurance requirements under Applicable Law. Each Party is responsible for covering its own employees. Each Party agrees to provide the other Party with prompt written notice of any change in its total program of liability insurance coverage that would cause such Party to be out of compliance with the requirements set forth in this Section.

(b) Additional Coverage. In the event any insurance described in this Article is purchased on a claims-made basis, the Party responsible for procuring and maintaining such insurance will procure a reporting endorsement (“tail coverage”) with the same coverage limits.

(c) Evidence of Insurance. Each Party will furnish the other, within seven (7) days after receipt of a request, a current and valid Certificate of Insurance or verification of the existence of a self-insurance program satisfying the requirements set forth in this Article.

(d) Claims and Litigation Arising out of this Agreement. Each Party agrees to fully cooperate with each other in the notification, investigation and handling of all potential claims, pre-suit claims and litigation toward mutually reducing the costs of litigation and enhancing litigation outcome.

**ARTICLE VIII
TERM AND TERMINATION**

8.1 Term. The Term of this Agreement will be as defined in Exhibit A.

8.2 Early Termination.

(a) Termination for Convenience. Either Party may terminate this Agreement, for any reason or for no reason, by providing ninety (90) days’ written notice to the other Party.

(b) Termination for Breach. Either Party may terminate this Agreement in the event of a material breach by the other Party of its obligations under this Agreement by providing written notice to the breaching Party of the breach and a reasonable opportunity to cure of no less than thirty (30) days (the “Cure Period”). In the event the breaching Party does not cure within the Cure Period, this Agreement will terminate as of the day following the expiration of the Cure Period. A notice of termination pursuant to this Section will trigger the informal dispute resolution procedures specified in Article VII.

(c) Immediate Termination. Either Party has the right to terminate this Agreement immediately upon notice to the other Party in the event the other Party becomes insolvent, makes a general

assignment for the benefit of creditors, suffers or permits the appointment of a receiver for its business or assets, or avails itself of or becomes subject to any proceedings under federal or state bankruptcy or other Applicable Law relating to insolvency or the protection or rights of creditors.

(d) Effect of Termination. As of the effective date of the termination of this Agreement, neither Party will have any further rights or obligations hereunder except (i) Sections 2.6, 3.1, 8.2 and Articles III, VII, IX and X will survive the termination of this Agreement, (ii) for rights and obligations accruing prior to the effective date of termination and (iii) arising as a result of any breach of this Agreement.

ARTICLE IX COORDINATION AND DISPUTE RESOLUTION

9.1 Informal Dispute Resolution. A representative of each of University and Purchaser will meet as often as reasonably requested by either Party to review the performance of the Parties under this Agreement. In the event of any dispute or disagreement between the Parties with respect to the performance by either of its obligations hereunder or with respect to interpretation of the Agreement's terms and conditions, then at the request of either Party, each Party will appoint a representative whose task it will be to meet with the other for the purpose of endeavoring to resolve the dispute. During the course of discussions, all reasonable requests made by one Party to the other for information will be honored so that each of the Parties may be fully informed concerning the dispute. The specific format for discussions will be left to the discretion of the designated representatives, but may include the preparation of agreed upon statements of fact or exchange of written statements of position. No formal proceedings for resolution of any dispute may be commenced until the earlier of (i) a good-faith conclusion by each Party's designated representative that amicable resolution through continued negotiation does not appear likely; or (ii) the passage of thirty (30) days after delivery of a written request for appointment of representatives to resolve the dispute. Any discussions or negotiations held pursuant to this Section will be treated as compromise and settlement negotiations for purposes of the applicable rules of evidence.

9.2 Notification of Adverse Action. Each Party will notify the other promptly of: (a) any litigation brought against the notifying Party related to the Services provided hereunder; (b) any actions taken or investigations initiated by any government agency involving the Services hereunder, University, Purchaser, or their employees, agents or contractors involved in providing Services hereunder; or (c) if applicable, any legal actions or investigations, or notice thereof, initiated against the Party by governmental agencies or individuals regarding fraud, abuse, false claims, or kickbacks in connection with the Services. Upon the other Party's request, the notifying Party will provide the other Party with all known details of the nature, circumstances, and disposition of any suits, claims or investigations reportable under this Article VII; provided, however, that nothing in this Article will require either Party to provide the other with any information prohibited to be disclosed by Applicable Law or administrative agency requirement, or to waive any attorney-client, work-product or other similar privileges.

9.3 Participation in Defense. Each Party retains the right to participate, at its own expense, in the defense of any alleged or potential claim against either Party where the claim or potential claim represents any risk of an adverse outcome to the Party seeking participation in the defense.

9.4 Assumption of Defense Obligations. Each Party retains the right to assume, at its own expense, all defense obligations for any alleged or potential claim if the claim arises entirely from the alleged acts or omissions of the Party seeking assumption of the defense obligations.

ARTICLE X GENERAL PROVISIONS

10.1 Names and Marks.

(a) Ownership. Each Party retains ownership in any trade names, service marks, trademarks, trade dress, logos and similar intangible property and neither will take any action that would infringe on the other's property in carrying out the terms and conditions of this Agreement.

(b) Use. In no event may either Party use the names, trade names, service marks, trademarks, trade dress or logos of the other in publicity releases, advertising or any other external communications or public disclosures without the express, written consent of a duly authorized representative of the other.

(c) Effect of Termination. Upon expiration or termination of this Agreement under any circumstances, Purchaser will immediately destroy all signage, stationary and other visible indicators of the University of Michigan's involvement in the provision of Services for Purchaser, if any. Nothing in this Agreement will be interpreted to affect a sale, lease, or other transfer of a Party's name, mark, dress or logo to the other Party.

10.2 Independent Contractors. The Parties agree that each is a separate and independent entity and an independent contractor to the other. Neither Party is the partner, agent, joint venturer or representative of the other, nor does either Party exercise independent direction or control over the manner in which the other performs its obligations under this Agreement. Each Party will be responsible, with respect to each of its employees performing services or obligations pursuant to this Agreement to: (a) pay or cause to be paid compensation and fringe benefits; (b) withhold or cause to be withheld, and pay to the appropriate taxing authorities, all applicable federal, state, and local taxes (including, but not limited to, FICA); (c) make, or cause to be made, any and all payments such as unemployment compensation; and (d) maintain, or cause to be maintained, all worker's compensation and insurance or self-insurance as may be required under Applicable Law. Neither Party will have, nor will any make any statement nor take any action that might cause a third party to believe it has, the authority to transact any business, enter into any agreement, or in any way bind or make any commitment on behalf of the other unless expressly set forth in this Agreement or otherwise approved in writing by a duly authorized representative of the other.

10.3 Assignment/Delegation/Subcontracting. Neither Party will assign, delegate, subcontract or otherwise transfer, whether by operation of law or otherwise, any or all of its rights and/or obligations under this Agreement except with the express, written consent of a duly authorized representative of the other Party. This prohibition will not be deemed to apply to an assignment, delegation, or subcontract by a Party (a) to an entity that owns or controls, is under common ownership or control with, or that is owned or controlled by a Party or (b) in connection with a conversion of such Party, a merger of such Party into another entity, a sale of a majority of the equity in such Party, or a sale by such Party of all or substantially all of its assets. No assignment will relieve the assigning Party of any of its obligations hereunder.

10.4 Notice. Any notice to either Party must be in writing, signed by the Party giving it, and served to the addresses indicated on the signature page (and to such other addresses as later may be designated by written notice) by personal delivery, recognized overnight courier service, electronic mail, or by the United States mail, first-class, certified or registered, postage prepaid, return receipt requested. All such notices will be effective when received, but in no event later than three (3) days after mailing.

10.5 Entire Agreement, Amendment. This Agreement and its attachments collectively constitute the sole and entire understanding between the Parties with respect to the provision of Services to

Purchaser by University and supersede all prior and contemporaneous understandings and agreements, both written and oral, with respect to the subject matter herein. This Agreement may not be amended except by an agreement signed by authorized representatives of both Parties..

10.6 Governing Law, Construction and Venue. This Agreement will be governed by and construed under the laws of the State of Michigan without regard for principles of choice of law. Any claims, demands, or actions asserted against The Regents of the University of Michigan will be brought in the Michigan Court of Claims.

10.7 Force Majeure. Neither Purchaser nor University will be liable for failure to perform its respective obligations under the Agreement when failure is caused by fire, explosion, water, act of God, civil disorder or disturbances, strikes, vandalism, war, riot, sabotage, weather and energy related closings, or like causes beyond the reasonable control of the Party (“Force Majeure Event”). In the event that either Party ceases to perform its obligations under this Agreement due to the occurrence of a Force Majeure Event, the Party will: (a) as soon as practicable notify the other Party in writing of the Force Majeure Event and its expected duration; and (b) take all reasonable steps to recommence performance of its obligations under this Agreement as soon as possible. In the event that any Force Majeure Event delays a Party’s performance for more than thirty (30) calendar days following notice by the delaying Party pursuant to this Agreement, the other Party may terminate this Agreement immediately upon written notice.

10.8 Tax Exempt Status. The Parties acknowledges that each is a tax-exempt institution, granted such status by authorized taxing units of State of Michigan, and is exempt from Federal Excise Tax and Michigan General Sales Tax (see Michigan Public Act 167 of 1933. Section 4 as amended).

10.9 Freedom of Information Act. Nothing in this Agreement will be construed to limit in any way the ability of University to comply with any Applicable Law or legal process concerning disclosures by public bodies. The parties acknowledge that any responses, materials, correspondence or documents provided to University are subject to the State of Michigan Freedom of Information Act and may be released to third parties in compliance with such act or any other law, and such release will not constitute a breach or threatened breach of this Agreement.

* * * **REMAINDER OF PAGE INTENTIONALLY LEFT BLANK** * * *

This Agreement becomes binding when signed by both Parties.

PURCHASER

THE REGENTS OF THE UNIVERSITY OF MICHIGAN

By: _____
Name:
Title:

By: _____
Name:
Title:

Address(es) for Notices:

Address(es) for Notices:
University of Michigan
Attn: Department of Strategy
2301 Commonwealth Blvd 2nd FL
Ann Arbor MI 48105-2967

With a copy to:
Office of the General Counsel
University of Michigan
300 N. Ingalls, Suite 3B04
Ann Arbor, MI 48109-5476

Federal Tax ID: _____

Federal Tax ID: 38-6006309

**EXHIBIT A
SERVICES AND COMPENSATION**

I. DEFINED TERMS

Purchaser	Genesee County, a Michigan Municipal Corporation, with its principal place of business in Flint, Michigan
Purchaser Contact(s)	Rick Cronkright RCronkright@geneseecountymi.gov
University Contact(s)	Lisa Hartwell lahart@med.umich.edu

II. TERM

The initial term for the provision of the Services (the “Initial Term”) will begin on **May 1, 2025** (the “Effective Date”) and end on **April 30, 2026**, unless earlier terminated in accordance with this Agreement. The Initial Term may be renewed and extended for additional one-year terms by written agreement of the Parties (each a “Renewal Term” and together with the Initial Term, the “Term”). Each Party agrees to use its reasonable efforts to notify the other Party, no later than ninety (90) days prior to the end of the Term, that it does not intend to enter into a Renewal Term.

III. SERVICES. The services (“Services”) include, but are not limited to, the following:

- One (1) training session per month to take place during Company roll call that includes both a group case review as well as an educational topic with an emphasis on complex and rare patient presentations.
- Physician involvement in the Genesee County Medical Control Authority (GCMCA) with monthly meetings.
- Professional Standards Review Organization (PSRO) attendance.
- At least forty-eight (48) hours a month of on-scene training during which University Staff will respond to medical calls along with a deputy to provide directed training, coaching and medical oversight as allowable by applicable GCMCA protocols.
- Meet with new trainees during their field training and orientation phase to provide personalized training and orientation phase.

If not specifically enumerated above, University must agree to any additional Services and may require additional time and/or compensation, which agreement shall be in writing between the parties.

IV. SUPPLIES AND SUPPORT STAFF. Purchaser shall be required to provide all supplies, equipment, and support staff needed to enable University Staff to perform the Services.

V. COMPENSATION

A. Fees

The fee for the Services is \$10,000 per month, not to exceed \$120,000 per year. If the Services (inclusive of travel time, as further discussed below) go over the estimated total hours, University will adjust the invoices accordingly.

B. Cost Reimbursement

In addition to the fees described above, Purchaser will reimburse University for all costs associated with the provision of the Services under this Agreement as described below:

1. ~~Mileage Reimbursement. Purchaser will reimburse University for the cost of travel incurred by the University Staff to and from Purchaser and between Purchaser's sites in connection with the performance of the Services at the standard mileage rate set by the Internal Revenue Service.~~

4917-3959-5797, v. 5

Proposal: Comprehensive Prehospital Physician Response, Quality Assurance and Improvement Program for the Genesee County Sheriff's Office Paramedic Division

Objective:

To integrate an ongoing comprehensive program of physician involvement in Genesee County via the Genesee County Sheriff's Office (GCSO) Paramedic Division.

Proposal:

Genesee County's Emergency Medical Services (EMS) are currently provided by a combination of private agencies, local fire departments, and the GCSO Paramedic Division. Given that a large percentage of all highest priority (tier 1) calls have a response by a member of the GCSO Paramedic Division, investing in their training and care delivery has the potential for significant positive impact on the citizens of Genesee County. We propose a comprehensive package of physician-lead quality assurance and improvement that includes the following features:

1. **Monthly training:** a monthly training session during roll call that includes both a group case review as well as an educational topic.
2. Physician involvement in the **Genesee County Medical Control Authority (GCMCA)** with monthly meetings
3. **Call review:** monthly review of referred cases by deputies and leadership
4. **On scene training:** at least 48 hours a month of having a physician respond to medical calls together with a deputy for direct training and medical oversight.
5. **Trainee instruction:** meetings and personalized training and review of new trainees as part of their field training and orientation phase.

Key Benefits:

1. **Ongoing continuity of training:** review of key topics with emphasis on complex and rare patient presentation
2. **Team-based case review:** modeled after morbidity and mortality conferences typically held at academic medical centers, regular review of cases will provide a forum for constructive review of challenging or complex cases with learning opportunities for all providers.
3. **Quality Improvement:** Perform reviews and targeted education of complex prehospital cases.
4. **Direct Training:** During on-scene training, the team-based approach would allow for direct training for all responding units as they work directly with an emergency physician. This builds upon the collaborative nature of the Sheriff Paramedic program with other EMS agencies and clinicians.
5. **Improved care for the population of Genesee County:** a significant focus on quality assurance and improvement for the department ensures the highest quality of patient care.
6. Opportunities for progressive and innovative delivery of prehospital care.

Implementation Plan:

We propose a one-year pilot phase with re-evaluation for continuation.

Metrics tracked include didactic hours, didactic quality survey responses, direct training hours, call reviews completed, personnel training, pre- and post-implementation evaluation, physician patient contacts and procedures performed.

Funding and Resources:

We are seeking funding from the EMS mileage to pay for this program.

EMS/Emergency Physician Effort: no direct compensation would be paid as the physicians are employees of the University of Michigan. Funding would go towards reducing emergency physician clinical time to allow for involvement in this program.

\$2,500 per one shift per month; \$30,000 for one shift per month for 12 months. Physician effort would total \$120,000 to compensate for 4 shifts of physician time divided amongst the activities discussed earlier. This cost also includes medical malpractice and liability coverage, workers compensation and other regulatory needs as outlined by the University.

Funding from the County to provide equipment including but not limited to radio, medical equipment, uniform costs.

DESCRIPTION: UofM Medics Service Agreement

GL #	DESCRIPTION	Increase/(Decrease)
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2110-313.00-801.000	PROFESSIONAL SERVICE CONTRACTS	50,000.00
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DESCRIPTION: UofM Medics Service Agreement

GL #	DESCRIPTION	Increase/(Decrease)
2110-313.00-801.000	PROFESSIONAL SERVICE CONTRACTS	50,000.00



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1398

Agenda Date: 4/16/2025

Agenda #: 10.

To: Board of County Commissioners

From: Joshua Freeman, Director of Administration

RE: Recognition of National Public Safety Telecommunicators Week - April 13-19, 2025

BOARD ACTION REQUESTED:

Recognition of National Public Safety Telecommunicators Week - April 13-19, 2025

BACKGROUND:

DISCUSSION:

IMPACT ON HUMAN RESOURCES:

IMPACT ON BUDGET:

IMPACT ON FACILITIES:

IMPACT ON TECHNOLOGY:

CONFORMITY TO COUNTY PRIORITIES:

National Public Safety Telecommunicators Week

April 13-19, 2025

A Resolution of the Genesee County Board of Commissioners

WHEREAS, emergencies can occur at any time that require police, fire, or emergency medical services; and,

WHEREAS, when an emergency occurs, the prompt response of police officers, firefighters, and paramedics is critical to the protection of life and preservation of property; and,

WHEREAS, the safety of our police officers and firefighters is dependent upon the quality and accuracy of information obtained from citizens who telephone the Genesee County 911 Dispatch Authority; and,

WHEREAS, Public Safety Telecommunicators are the first and most critical contact our citizens have with emergency services; and,

WHEREAS, Public Safety Telecommunicators are the single vital link for our police officers and firefighters by monitoring their activities by radio, providing them information and ensuring their safety; and,

WHEREAS, Public Safety Telecommunicators of the Genesee County 911 Dispatch Authority have contributed substantially to the apprehension of criminals, suppression of fires and treatment of patients; and,

WHEREAS, each dispatcher has exhibited compassion, understanding and professionalism during the performance of their job in the past year;

THEREFORE BE IT RESOLVED THAT the Genesee County Board of Commissioners declares the week of April 13 through 19, 2025, to be National Public Safety Telecommunicators Week in Genesee County in honor of the men and women whose diligence and professionalism keep our city and citizens safe.



GENESEE COUNTY
BOARD OF COMMISSIONERS



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1399

Agenda Date: 4/16/2025

Agenda #: 11.

To: Board of County Commissioners

From: Joshua Freeman, Director of Administration

RE: Recognition of National County Government Month - April 2025

BOARD ACTION REQUESTED:

Recognition of National County Government Month - April 2025

BACKGROUND:

DISCUSSION:

IMPACT ON HUMAN RESOURCES:

IMPACT ON BUDGET:

IMPACT ON FACILITIES:

IMPACT ON TECHNOLOGY:

CONFORMITY TO COUNTY PRIORITIES:

National County Government Month

A Resolution of the Genesee County Board of Commissioners April 2025

WHEREAS, the nation's 3,069 counties serving more than 330 million Americans provide essential services to create healthy, safe and vibrant communities; and

WHEREAS, counties fulfill a vast range of responsibilities and deliver services that touch nearly every aspect of our residents' lives; and

WHEREAS, counties as intergovernmental partners enact local, state and federal programs to address the needs of all residents; and

WHEREAS Genesee County and all counties take pride in our responsibility to protect and enhance the health, well-being and safety of our residents in efficient and cost-effective ways; and

WHEREAS, each year since 1991 the National Association of Counties has encouraged counties across the country to elevate awareness of county responsibilities, programs and services; and

WHEREAS, Genesee County continues to make significant strides in community and economic development, public health and safety, financial stewardship and collaboration, all aimed at enhancing the quality of life for our residents; and

WHEREAS, as an organization, we continued moving forward with our Capital Improvement Plan with the goal of safeguarding the financial future of Genesee County, so that we can continue to provide vital programs and services to our residents; and

NOW, THEREFORE, BE IT RESOLVED THAT the Genesee County Board of Commissioners does hereby proclaim April 2025 as National County Government Month and encourage all county officials, employees, schools, and residents to participate in county government celebration activities.



GENESEE COUNTY
BOARD OF COMMISSIONERS



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1438

Agenda Date: 4/16/2025

Agenda #: 12.

To: Dale K. Weighill, Governmental Operations Committee Chairperson

From: Sheriff Christopher R. Swanson

RE: Approval of a five-year agreement between Genesee County and Vitalcore Health Strategies, in the total amount of \$30,798,819.21, to provide health care services at Genesee County's Jail

BOARD ACTION REQUESTED:

Approval to enter into an agreement between the Genesee County Sheriff's Office and Vitalcore Health Strategies., to provide health care at the Genesee County Jail.

BACKGROUND:

On January 31, 2025, the current inmate medical provider for the Genesee County Jail, Advance Correctional Healthcare (ACH), exercised the 120-day termination clause in their contract. In response to this development, the Sheriff's Office, in coordination with Purchasing and Risk Management, initiated the solicitation of a Request for Proposal (RFP) to secure a new provider for inmate medical and mental health services. After thoroughly reviewing all submitted proposals, the Sheriff's Office recommends awarding the contract to Vitalcore Health Strategies. Their proposal comprehensively addresses both medical and mental health treatment needs. Vitalcore has assured the Sheriff's Office that, should they be awarded the contract, they will be able to begin providing services on June 1, 2025, ensuring there is no disruption in healthcare coverage for the inmates.

DISCUSSION:

The contract with Vitalcore Health Strategies is a five-year agreement with a built-in annual increase of 4%. Vitalcore Health Strategies is one of the nation's leading providers of correctional healthcare services. They currently operate in seven counties across the state of Michigan. The review team conducted site visits and interviews with representatives from all seven counties, and we received no negative feedback. Based on these evaluations, the team is confident in Vitalcore's ability to deliver high-quality care. Additionally, the Vitalcore team has assured the Sheriff's Office that they will conduct interviews with all current staff members to facilitate a smooth transition and ensure continuity of services. The contract shall be subject to Corporation Counsel's approval along with VitalCore's submission of required insurance naming the County as additional insured.

IMPACT ON HUMAN RESOURCES:

None.

IMPACT ON BUDGET:

See the attached budget amendment for the remainder of FYE 2025.

IMPACT ON FACILITIES:

None

IMPACT ON TECHNOLOGY:

Assist in integrating Vitalcore's computers to WiFi.

CONFORMITY TO COUNTY PRIORITIES:

This will help the Sheriff's Office to provide a healthy, livable, & safe community by ensuring inmates receive the appropriate medical care.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Office of Genesee County Sheriff to authorize entering into a contract between Genesee County and Vitalcore Health Strategies, whereby the contactor will provide inmate healthcare services inside of the County Jail for a term commencing June 1, 2025, through September 30, 2030, based on the following annual allocation: June 1, 2025, through September 30, 2025, at a cost not to exceed \$1,806,717.64; October 1, 2025, through September 30, 2026, at a cost not to exceed \$5,420,152.91 pending adoption of the 2025/2026 budget; October 1, 2026, through September 30, 2027, at a cost not to exceed \$5,551,539.66 pending adoption of 2026/2027 budget; October 1, 2027, through September 30, 2028, at a cost not to exceed \$5,773,201.24 pending adoption of the 2027/2028 budget; October 1, 2028, through September 30, 2029, at a cost not to exceed \$6,003,729.29 pending adoption of the 2028/2029 budget; and October 1, 2029, through September 30, 2030, at a cost not to exceed \$6,243,478.47 pending adoption of the 2029/2030 budget, for a total aggregate cost for the five-year period not to exceed \$30,798,819.21 to be paid from accounts 1010-351.00-835.003 and 2230-255.01-872.037, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the April 16, 2025 meeting of the Governmental Operations Committee of this Board), the Chairperson of this Board is authorized to execute the contract after final approval from Corporation Counsel, and the Chief Financial Officer is directed to record the attached budget amendment.

DESCRIPTION: Adjust budget for Vitalcore

GL #	Description	Increase/(Decrease)
2230-255.01-872.037	INDIGENT CARE AGREEMENT	439,755.00

APPROVED BY: _____



RFP No. 25-438

**Genesee County Medical Services
for Inmates**

Genesee County Sheriff's Office

Due: March 24, 2025 at 2pm EST

Copy



719 SW Van Buren Street Suite 100 Topeka, KS 66603

 785-246-6840  785-408-5617

 VCHSAdmin@VitalCoreHS.com

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Signature
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*Insurance
Checklist*



GENESEE COUNTY INSURANCE CHECKLIST

PROFESSIONAL SERVICES CONTRACT FOR: RFP:25-438 – Genesee County Medical Services for Inmates

Coverage Required	Limits (Figures denote minimums)	
X 1. Workers Compensation	Statutory limits of Michigan	
X 2. Employers' Liability	\$500,000 accidental/disease \$1,000,000 policy limit, disease Including Premises/Operations	
X 3. General Liability	\$1,000,000 per occurrence with \$2,000,000 aggregate Including Products/Completed Operations and Contractual Liability	Occurrence
X 4. Professional Liability	\$1,000,000 per occurrence with \$3,000,000 aggregate Including errors and omissions	Claims Made
X 5. Medical Professional Malpractice Liability	\$1,000,000 per occurrence \$3,00,000 in aggregate	Claims Made
X 6. Automobile liability	\$1,000,000 combined single limit each accident – Owned, Hired, Non-owned	Occurrence
X 7. Umbrella liability/Excess Coverage	\$5,000,000 BI & PD and PI	Occurrence
X 8. Genesee County named as an additional insured on other than worker' compensation via endorsement. A copy of the endorsement or evidence of blanket Additional Insured language in the policy must be included with the certificate.		
X 9. Other Insurance Required: Cyber Liability, Crime/Third-Party Theft		
X 10. Best's rating: A VIII or better, or its equivalent (Retention Group Financial Statements)		
X 11. The Certificate must state bid number and title: 25-4?? Genesee County Medical Services for Inmates		

Insurance Agent's Statement

I have reviewed the requirements with the bidder named below. In addition:

_____ The above required policies carry the following deductibles:

PROF / Med Mal - \$400K Retention GL BI/PD Combined - \$10K Deductible

_____ Liability policies are Both
Guffy wright

occurrence x
Guffy Wright

claims made x

See comments above

Insurance Agent

Signature

Prospective Contractor's Statement

I understand the insurance requirements and will comply in full if awarded the contract.

VitalCore Health Strategies

Contractor

Signature

Required general insurance provisions are provided in the checklist above. These are based on the contract and exposures of the work to be completed under the contract. Modifications to this checklist may occur at any time prior to signing of the contract. Any changes will require approval by the vendor/contractor, the department, and County Risk Manager. To the degree possible, all changes will be made as soon as feasible.



Reference
Form



REFERENCES

List 3 references of similar projects

Submitted by: VitalCore Health Strategies

Company/Client:	Contacts:
Ingham County Sheriff's Office	Name: Capt. Robert Earle
	Title: Jail Administrator
	Phone: (517) 676-8321
Dates of Service: 1/17/2023 - Present	Email: rearle@Ingham.org
	Address: 630 N. Cedar Street
	City, State: Mason, MI 48854

Company/Client:	Contacts:
Saginaw County Sheriff's Office	Name: Miguel Gomez
	Title: Undersheriff
	Phone: (989) 790-5450
Dates of Service: 3/1/2020 - Present	Email: mgomez@saginawcounty.com
	Address: 208 S. Harrison Street
	City, State: Saginaw, MI 48602

Company/Client:	Contacts:
Kent County Sheriff's Office	Name: Lyndsie Cole
	Title: Chief Deputy Corrections
	Phone: (616) 458-9660
Dates of Service: 1/1/2021 - Present	Email: lyndsie.cole@kentcountymi.gov
	Address: 703 Ball Avenue NE
	City, State: Grand Rapids, MI 49503



*Statement
of Exceptions*



STATEMENT OF EXCEPTIONS

VitalCore has not taken any exception to any of the terms, conditions, or specifications included in the RFP or the Standard Proposed Contract provided by Genesee County.



Cover
Letter



March 24, 2025

Genesee County Purchasing Department
1101 Beach Street, Room 361
Flint, MI 48502

Re: RFR #25-438
Genesee County Medical Services for Inmates

Dear Members of the Evaluation Committee:

VitalCore Health Strategies, LLC is pleased to provide you with our proposal for comprehensive medical services for inmates housed in the Genesee County Jail. VitalCore has much experience in providing health care services in correctional facilities throughout the nation, including facilities of comparable size and scope in the State of Michigan. VitalCore is the current provider for the Michigan Department of Corrections and nine county jails in Michigan, so we are very familiar and experienced with state laws, rules, and regulations. We are excited for the opportunity to expand our services to include Genesee County.

Our company's benchmark is not the minimum standard. VitalCore's benchmark is community healthcare delivered in detention settings. At every facility we serve we deliver meaningful and transformative treatment that improves lives. We started VitalCore because we know there is a better way, and we are here to deliver it.

VitalCore's senior leaders are all very experienced in providing comprehensive healthcare services and in oversight of such services. We will bring a distinctive approach to our work, placing incarcerated individuals' clinical needs first and working collaboratively with our partners. Our structure entails a one-of-a-kind oversight model built into our system that includes extra levels of checks and balances which ensure accuracy and effectiveness; and our senior leaders will be on-site frequently to ensure operations are running smoothly and that community standard healthcare is provided at all times.

As a privately owned company, VitalCore has a very stable financial condition. We remain completely debt free; and, unlike the majority of other correctional healthcare companies, we are not owned by private equity firms and hedge funds that place constant pressure on the company to make more and more profits. VitalCore thrives because we focus on providing direct, high-quality care to our incarcerated patients. Our team is fueled by passion for our work, and our integrity and ethics stand above other companies because we believe in making a difference.

VitalCore has unique features to offer that you will see in our proposal. Our *Quality Assurance Performance Improvement (QAPI)* Program ensures that our services are constantly evolving to best serve our patients and partners. We believe that a robust Continuous Quality Improvement Program improves health care by 1) monitoring high risk, high volume, and problem areas of health care delivery, 2) effecting changes to address discovered issues, and 3) assessing the effectiveness of those changes. Our QAPI

Program is unique to correctional healthcare and takes a different approach that results in ongoing enhancement that optimizes patient outcomes. VitalCore is committed to proactively providing opportunities for improvement to our partners so that our patients continuously receive high quality care that exceeds minimum standards.

Another unique feature is our *Daily Care Management Calls* wherein a senior clinician leads a daily teleconference in each region of the nation with each facility's Health Services Administrator, D.O.N., or Charge Nurse. Each facility must report all severe offender illnesses or conditions within the facility to obtain advice from the lead clinician as well as other nurses on the call. VitalCore's ongoing commitment to our patient first approach is demonstrated through this system by ensuring high risk patients receive a higher frequency of monitoring so that issues are addressed before they become severe.

If VitalCore is selected, Genesee County officials can be assured that we will conduct a smooth transition and that high-quality service will be maintained throughout the contract. We know that you will appreciate our fresh approach and how it minimizes risk while delivering superior services to individuals in your custody. VitalCore meets and frequently exceeds NCCHC and ACA standards, and we will meet Michigan Standards as well. We offer many services beyond what other correctional health care companies provide, and VitalCore offers these enhancements at no extra cost.

VitalCore has addressed all of the requirements of the RFP in our proposal, and you will see that we meet or exceed the objectives and specifications of the RFP through our unique programs, systems, and oversight model. We believe that when you review our Company Profile, you will find that VitalCore more than meets the minimum qualifications of the RFP with our service to municipal and county jails, juvenile detention facilities, and state prisons.

Our corporate office is established in Topeka, Kansas, with regional offices throughout the nation, including an office in Saginaw, Michigan. VitalCore's corporate and regional staff will be onsite at the inception of the contract to ensure a smooth transition of services and then meet with you on a regular basis to make sure we are meeting all of our contractual obligations and you are happy with the services provided. We believe leadership entails presence, allowing a full range of our company resources available to you.

I am an authorized officer of VitalCore and have reviewed our response to this RFP. Please note that Frank Fletcher, President of Marketing, will serve as VitalCore's representative who will answer any questions about the proposal and who is authorized to negotiate with Genesee County and bind VitalCore to the terms of a contract on my behalf. He can be reached by email at VCHSAdmin@VitalCoreHS.com or at FFletcher@VitalCoreHS.com, and by office phone at 785-246-6840 or his mobile phone at 314-308-9490.

Sincerely,



Viola Riffin
Chief Executive Officer
VitalCore Health Strategies, LLC



*Executive
Summary*



EXECUTIVE SUMMARY

VitalCore is submitting a proposal in response to the Genesee County Request for Proposal #25-438 for the provision of Medical Services for Inmates. VitalCore has provided these services in Michigan jails since June 1, 2019, including nearby Saginaw County since 2020. As a result, we are very familiar with Michigan DOC standards for jails and the labor market in the Genesee County area. Under the leadership of our Senior Vice President of Operations Shelly Viets and Vice President of Operations Jamie Newell, VitalCore has expanded our Michigan footprint to include 9 county jails, 3 county juvenile facilities, and just last year added the Michigan DOC statewide healthcare contract to our portfolio.



The provision of correctional healthcare services, including jails and prisons is the sole business of VitalCore and we have extensive experience in the provision of similar services in similar facilities in Michigan and across the country. We are very familiar with this model and believe that the management of a comprehensive program provides for more consistency between services and optimal communication when all services are under a single contract.

VitalCore will meet and in many cases exceed the requirements of this Request for Proposal. We are very familiar with NCCHC and ACA standards, and all of our policies and procedures comply with these standards, as well as all Michigan DOC Standards, and Genesee County Sheriff's Office Policies and Procedures if awarded this contract. We currently have other jail contracts throughout the State of Michigan, including Ottawa County, Kent County, Saginaw County, Muskegon County, Ingham County, Berrien County, Lenawee County, Monroe County, and Calhoun County. As a result, VitalCore is very familiar with the area, understands the local labor market, and has resources in the local community providing us excellent insight into the wages necessary to recruit and retain quality staff in Genesee County.

Our company was formed to make a difference in the delivery of healthcare to inmates. We expect and deliver the highest quality of services to the inmates at reasonable costs. Our leadership staff are all very experienced in providing these services. Please see the attached Biographies and Resumes of our senior leaders that demonstrate the quality of our corporate leadership staff. Our corporate office is established in Topeka, Kansas and we have a regional office in Saginaw, Michigan under the leadership of Vice President of Operations Jamie Newell, located just 45 minutes from the Genesee County Jail. VitalCore stands above other correctional health care companies through our approach and many special features. Our integrity is frequently cited by our current clients because we actually do what we say we will do. We formed this company to make a difference. We know how to deliver safe, high-quality healthcare at a lower cost.

VitalCore's structure entails a one-of-a-kind oversight model including Dr. Newton Kendig from the George Washington University School of Medicine and Dr. Lannette Linthicum, Health Authority of the Texas Department of Criminal Justice, built into our system for additional layers

of checks and balances. Our Utilization Management and Quality Improvement model ensures community-standard healthcare is provided. Our Corporate Medical Director sets the bar for our healthcare policies and processes and safeguards practices to guarantee American Correctional Association (ACA) and National Commission on Correctional Healthcare (NCCHC) practices are implemented for each facility.

VitalCore's Chief Executive Officer, Viola Riggan, personally evaluates RFPs and develops the staffing plans and cost proposals. Our staffing plan and price proposal are based on our experience over the past five years working in Michigan. We know this staffing plan will provide quality patient care to all inmates in the Genesee County Jail. The staffing plan will provide for daily, 7 days per week, nurse sick call and for appropriate physician, psychiatry, and dental staffing. VitalCore will be able to conduct the comprehensive Initial Health Assessments for all incoming inmates within 10 days of their admission. We will be able to ensure that as many procedures are performed on site as possible to prevent off-site transports. Our reliance on Registered Nurses will improve the overall quality of care and reduce liability for both Genesee County and VitalCore.

We have an excellent Utilization Management system that aligns with community standards of care and includes a daily call from a clinician on our corporate staff to the site to review all high acuity patients and develop a treatment plan for each. This system will allow our providers to make clinical decisions without delay of approvals from a Corporate Medical Director.

VitalCore takes a unique approach to Utilization Management that utilizes a daily *Grand Rounds* telephonic process to present all cases which the provider feels require an offsite or specialty referral. Through collegial review with VitalCore's Chief Medical Officer and Regional Medical Directors on this call, the request will be approved, or an alternate plan of care discussed. Once the provider receives authorization for the referral, the provider will enter pertinent information on the Consultation Request in the electronic medical record. This information is then used to populate VitalCore's unique Utilization Management Tracking Software, *CoreCare*. This system provides efficient and effective assessment and subsequent treatment that results in better outcomes for patients while mitigating risk to our partners. Through this system, we have been able to significantly reduce the number and costs for off-site services in most of our contract sites by at least 30% and some by as much as 50%. Reducing off-site visits also conserves the county's resources through fewer expensive and time-consuming off-site transports and the associated security costs.

VitalCore is wholly committed to fostering an environment of continuous quality improvement, embedding this into our culture from the front lines to the corporate offices. Our Quality Assurance Performance Improvement model will monitor and improve the quality of all facets of healthcare at the Genesee County Jail.

VitalCore provides a particular focus on mental health services as we continue to see an increase in the acuity of mental health patients housed in jail due to fewer and fewer community mental health resources. We will work very cooperatively with the Genesee County Sheriff's Office staff and community mental health agencies to achieve the best outcomes for the inmates. You will

see that we take suicide prevention and crisis intervention very seriously and that we believe that we must all work together and communicate well in order to ensure that the inmates' needs are met and that no one falls through the cracks.

VitalCore always establishes positive working relationships with local health departments in the management of communicable diseases. We will work closely with the local health department and will report instances of communicable diseases as required.

VitalCore is a very transparent and honest company. We will share all contract related information with the Sheriff and Jail Administrator as desired, including financials. VitalCore will never tell you that we do not know what our off-site and pharmaceutical costs are, and we will provide Genesee County with copies of the invoices if desired. We will be completely up front with the Sheriff's Office, ensuring that the Jail's Administration is aware of the status of all serious inmate conditions.

VitalCore raises the bar. Good enough is never good enough for us. We do our best to deliver our best, which means we hold ourselves accountable for the results. Being accountable means using our resources with care and consideration. We recognize the incredible trust people place in our hands, and we treat it with incredible respect.

VitalCore does not obtain contracts for services and then walk away and assume that site staff are doing their jobs as expected. Our senior leadership team members, including Senior Vice President of Operations Shelly Viets and Vice President of Operations Jamie Newell are onsite frequently to ensure that operations are running smoothly. They communicate frequently with the leaders of the organizations to discuss any concerns they may have and then work to resolve those concerns. We are committed to performing our work the right way to ensure that our patients receive appropriate treatment.

At VitalCore, our service-oriented business model is risk-averse, cost-effective, and produces win-win-win results. Our focus on patient care protects the health and well-being of the inmates. Quality, safe care contributes to overall correctional management and protects our correctional partners from adverse consequences. A reasonable profit allows us to grow our company in a deliberate and managed way to "prove the concept" that a focus on service rather than excessive profit or rapid growth results in the most cost-effective delivery of correctional healthcare.

VitalCore's benchmark is not the minimum standard. Our benchmark is community healthcare delivered in a correctional facility. We have decades of experience seeing vendors struggle to provide appropriate healthcare inside the walls. We've seen firsthand how that reverberates throughout the organization. We started VitalCore because we know there's a better way, and we're here to provide Genesee County with the quality, cost effective correctional health care that results from our experience and focus on patient care.



Organizational Chart



ORGANIZATIONAL CHART

We have included an organizational chart on the following page to illustrate the oversight and management structure we will implement for this contract. We invite you to review the attached chart for a comprehensive look at how we will manage oversight and operations at the Genesee County Jail.

VitalCore's Unique Organizational Approach

VitalCore stands out due to our unique organizational structure. Our team comprises lifelong professionals in health care, mental health care, and corrections, all with extensive, corrections-specific experience. Unlike many competitors, we operate without the burden of absentee investors and hedge funds, allowing us to be agile and responsive to your needs. When you engage with our leaders, you interact directly with the decision-makers who collaborate with you to ensure your needs are met.



Subject Matter Experts



George Washington University
Dr. Newton Kendig
Peer Review



Dr. Lannette Linthicum
Medical Affairs



Viola Rigglin
Chief Executive Officer



Dr. Lorelei Ammons
COO Clinical Strategies



Sarah Burr
IPC Consultant



Dr. Harbans Deol
Chief Medical Officer



Dr. Michael Eck
Deputy Chief Medical Officer



Dr. Deborah Schult
Assistant Chief Medical Officer- Behavioral Health



Dr. Jerome Greenfield
Deputy Chief Medical Officer- Psychiatry



Vacant
Chief of Nursing



Shannon Meyer
Chief Operating Officer- Jails



Shelly Viets
Sr. Vice President of Operations



Jamie Newell
Vice President of Operations



Stuart Hudson
Chief Operating Officer- Prisons



Frank Fletcher
President of Marketing



Nikki Gilliland
President of Administration



Roger Haden
President of Business Development



Tim Keck
President of Ancillary Services



Linden Appel
Chief Legal Counsel



Jamie McLaughlin
Chief of Staff



Susan Fout
Chief of Human Resources



Harold Sass
Chief Information Officer



Doug Strubbe
Chief Financial Officer



Troy Berberick
Deputy Chief Counsel



Megan Hillebrand
Assistant Chief Human Resources Officer



*Vendor's
Experience*



VITALCORE EXPERIENCE

VitalCore is organized and exists for the primary purpose of providing correctional healthcare services. VitalCore began on January 29, 2015 as Viola Riggin, LLC and the name was amended to VitalCore Health Strategies on January 22, 2018. VitalCore Health Strategies, LLC was born from a small business, Viola Riggin, LLC. However, Ms. Riggin had a vision. Her vision entailed bringing the industry of correctional healthcare and the treatment of institutionalized persons a better-quality business model which redefines the way healthcare is provided within corrections and other institutionalized settings.

VitalCore has quickly grown to become one of the largest correctional healthcare providers in the country, currently serving 90,000 incarcerated individuals at 155 facilities in 17 states across the country, with over 4,000 employees. This includes nine jail contracts in Michigan including Ottawa County, Kent County, Muskegon County, Saginaw County, Ingham County, Berrien County, Lenawee County, Monroe County, and Calhoun County. Our experience in Saginaw County and throughout Michigan has given us tremendous insight into the labor market and healthcare delivery system in Genesee County needed to ensure we can recruit and retain staff and ensure a quality healthcare program is provided in Genesee County. We have included a list of all of our current contracts as an attachment to this response.

In addition to our work in Saginaw County and throughout Michigan, we currently provide service in many other contracts similar in size and scope to the Genesee County contract. VitalCore provides a comprehensive program inclusive of medical, mental health (including substance use and addiction recovery services), dental, and pharmacy services. Our utilization management and quality improvement programs as further described in this response are unique to the correctional healthcare industry. Our staff possess experience and expertise in all facets of correctional healthcare, including clinical care, policies and procedures, nursing clinical guidelines, administration, and support.

Our company was formed to make a difference in the delivery of healthcare to inmates. We expect and deliver the highest quality of services to the inmates at reasonable costs. Our leadership staff are all very experienced in providing these services. Please see the attached Biographies and Resumes of our senior leaders that demonstrate the quality of our corporate leadership staff. Our corporate office is established in Topeka, Kansas. Oversight of the Genesee County contract is provided by Senior VP of Operations Shelly Viets and Vice President of Operations Jamie Newell who are onsite regularly to ensure contract compliance and client satisfaction are consistently achieved. VitalCore stands above other correctional health care companies through our approach and many special features. Our integrity is frequently cited by our current clients because we actually do what we say we will do. We formed this company to make a difference. We know how to deliver safe, high-quality healthcare at a lower cost.

One of the unique features of VitalCore is that our leadership team has literally hundreds of years of corrections and correctional healthcare experience. In addition, many of our competitors are owned by private equity firms, whose primary focus is on the bottom line. VitalCore is owned by a few individuals with extensive experience in correctional healthcare, enabling us to focus on providing quality patient care. Our size enables us to give personal attention to each and every client. Genesee County officials have the cell phone numbers of Shelly Viets and Jamie Newell, and they are always available for a call. You will see our corporate resources on site early and often during the contract to ensure we are providing quality services and meeting all contract obligations. Our relatively small size, yet combined with our extensive personal experience, provides our clients with an excellent combination of quality service and personal attention.

VitalCore raises the bar. Good enough is never good enough for us. We do our best to deliver our best, which means we hold ourselves accountable for the results. Being accountable means using our resources with care and consideration. We recognize the incredible trust people place in our hands, and we treat it with incredible respect.

VitalCore does not obtain contracts for services and then walk away and assume that site staff are doing their jobs as expected. Our senior leadership team members, including Viola Riggin, CEO, are on-site frequently to ensure that operations are running smoothly. They communicate frequently with the leaders of the Sheriff's Office to determine any concerns you may have and then work to resolve those concerns. We are committed to performing our work the right way to ensure that our patients receive appropriate treatment.

Leadership

VitalCore is led by our Chief Executive Officer, Viola Riggin. Ms. Riggin's education is in Health Services Administration. She has over 30 years of correctional healthcare experience and spent most of her career prior to starting VitalCore as the Health Authority for the Kansas Department of Corrections. In this role, she oversaw nearly every vendor in the industry at one time or another, taking best practices from each to implement as she decided to start VitalCore as a comprehensive correctional healthcare provider. VitalCore's Chief Operating Officer is Lorelei Ammons, PsyD. Dr. Ammons worked with Viola Riggin as the Director of Mental Health Services for the Kansas DOC for 20 years, overseeing the mental health component of the Kansas DOC system.

VitalCore is a very transparent and honest company. Our CEO Viola Riggin and COO Dr. Lorelei Ammons, as well as most of our executive team spent the majority of their careers in the public sector. We understand you have many constituents you serve and must be responsive to all of them. We know you need access

Ownership Structure



to information to respond to them and we are here to share any and all information with you to enable you to monitor the contract appropriately. We will share all contract related information with Genesee County leadership as desired, including financials.

This ownership model is different than any other ownership model at this major level in the industry! As a financially independent company we have the financial stability to skyrocket in the industry, while keeping us financially stable and safe, free from hedge fund owners, investment companies, and profiteers. We are a self-made company made up of correctional and community healthcare leaders. We are debt free, are beholden to no one except our clients, and have no self-imposed margin of profits to achieve. Our motto is that if we take care of the inmate population, take care of our employees, and take care of our clients, the money will manage itself, and it does! Leaving us to be one of the largest and most financially successful companies in the industry.

We know that the corrections industry deserves well-run healthcare – and we’re here to make that happen. We’re caregivers and doers. We’re difference-makers and industry-disruptors. We’re people who are fueled by passion. At VitalCore, we come to work ready to do whatever it takes to care for our patients and better serve our partners by doing the right thing the first time. Our solution for an outstanding correctional healthcare model includes the following:

CORRECTIONAL HEALTHCARE SERVICES: We’ve gathered the industry’s brightest leaders to help us redefine the way correctional healthcare is delivered. We hire experience and commitment, then focus on continuous learning. Our benefits package exceeds industry standards. Hire. Train. Retain. That’s our philosophy. We’ve been where you are, so we know the value of a well-run system. Our patient-first approach ensures safe, high-quality care aimed at optimizing outcomes and mitigating risk. We focus on preventive care, outcomes-based behavioral services – and treating the whole patient. We’ve seen how preventive medicine leads to healthier patients, fewer risks, and lower costs. We put our energy where it matters most. We value smart cost management. Our years of boots-on-the-ground experience running institutions and leading oversight boards taught us how to manage a lean budget without sacrificing quality.

TELEHEALTH: The need for safe, quality healthcare never stops – and neither do we. At VitalCore, we offer on-demand, 24/7 access to top physicians, specialists, and medical consultants through our premier Telehealth Services. Our telehealth services ensure efficient, effective healthcare, no matter your location. We have Board Certified physicians available to provide telehealth services to Volusia County and partner with providers in the community to provide quality telehealth care. All the time. Everywhere.

OVERSIGHT OF HEALTHCARE SERVICES: Our decades of experience monitoring, mentoring, and managing health care services means that we have deep insight into the type of steady approach that results in prudent, safe processes. We understand the challenges inherent in overseeing complicated healthcare systems. Our partnership will help you assess the issue and determine the best solution. We believe in accountability and holding ourselves accountable, so we have integrated an added level of oversight within our system. At VitalCore, we’re so committed to

quality control that we've built in outside peer review for each contract. This innovative approach will help ensure strong oversight every step of the way.

WE'RE ALL ABOUT TRANSPARENCY: At VitalCore, we're straight shooters. Whether we're discussing costs or how to navigate a sticky situation, we speak openly, respectfully, and honestly. That's the VitalCore way.

MISSION, VISION, AND VALUES:

Mission: To establish a culture that recognizes the value of the patient, team member, and client through product and service excellence that results in the most positive clinical experience.

Vision: To redefine benchmarks for the industry utilizing core values, strong partnerships, effective clinical practices, and innovative healthcare strategies.

RAISE THE BAR: Good enough is never good enough for us. At VitalCore, we're constantly raising the bar – on ourselves, our work, and our expectations. We started this company to make a difference and that's what we do. We come to work striving to be our best self – and empower everyone we work with to be the same.



THINK TEAM FIRST: We do more than just work together: We support each other. At VitalCore, we have a team-first attitude. We approach every day and every task with the attitude that we're all working toward the same goal – to put patient needs first. We leave our silos and egos at the door. We celebrate our wins together, and we work on improvements together. That's what happens when you're powered by people who care.

ALWAYS BE ACCOUNTABLE: We do our best to deliver our best, which means we hold ourselves accountable for the results. Being accountable means using our resources – money and time – with care and consideration. We recognize the incredible trust people place in our hands, and we treat it with incredible respect.

BE HUMBLE. BE HONEST: We make decisions, and we act with humility and transparency. When you put patient needs first, there's no room for personal or corporate arrogance. There's only room for integrity. We're not afraid to have the tough talks because we know that we're all on the same team, trying to do our best and holding ourselves accountable for the results. That's what it means to work with and for VitalCore.

There are many things that set VitalCore apart from our competitors and we are confident a check of our references, particularly those that have had contracts with other correctional healthcare companies, will bear this out. The following are a few of the key differentiators unique to VitalCore.

Ownership Structure

The majority of correctional healthcare companies today are owned by large private equity companies and hedge fund investors. Their primary, and almost sole focus is to improve the bottom-line profitability as much and as quickly as possible. They may be looking to create as much value as possible in order to sell the company, most likely to another private equity company. **VitalCore is different.** VitalCore is owned by a very few individuals. They started the company to change the correctional healthcare industry, not to get rich. CEO Viola Riggini is the majority owner. VitalCore is not beholden to investors, stockholders, or ownership. We are accountable only to ourselves. This enables us to focus on providing good quality patient care and not the bottom line.

Personal Attention

The relative size of VitalCore compared to many of our competitors enables us to provide personal attention to each and every client. You will meet, know, and have contact information directly from our CEO, Viola Riggini. Our corporate staff will be onsite at the inception of the contract to ensure a smooth transition of services and then meet with you on a regular basis to make sure we are meeting all of our contractual obligations and you are happy with the services provided. CEO Viola Riggini and all of our executive leadership team is always only a phone call away.

Experience of Leadership Team

VitalCore's leadership team have nearly all made correctional healthcare their career. We have literally hundreds of years of corrections and correctional healthcare experience among our executive team. We have compiled the best of the best in the industry to lead VitalCore and provide direction to our team. Not only do we have experience in the direct delivery of correctional healthcare services, but our executive team, led by Viola Riggini and Dr. Lorelei Ammons, have extensive experience in overseeing correctional healthcare companies. In their roles for the Kansas Department of Corrections, Ms. Riggini and Dr. Ammons were responsible for the oversight of health services. In this role, they saw a number of correctional healthcare companies come and go by winning the contract and then losing it to another vendor. They saw the good, bad, and the ugly from each of them, and learned what works and what doesn't work in correctional healthcare in the process. This perspective gives VitalCore unique insight into how to build and manage a successful correctional healthcare program.

Focus on Patient Care

As indicated above, our ownership structure as well as our passion for correctional healthcare, and our desire to change the industry enable us to put a primary focus on patient care. With VitalCore, patient care and doing the right thing for our patients always comes first. No matter the cost. Our clinical programs, including our Quality Assurance/Performance Improvement

(QAPI) and Utilization Management Programs as described in this proposal, are unique to correctional healthcare. Our response to the COVID-19 pandemic was developed by the leading infectious disease experts in corrections and has become a model for the industry. Our goal is not just to provide quality care, but to bring community care to the correctional environment. The clinical systems we have developed, including our Nursing Clinical Guidelines and Policies and Procedures, provide the foundation for quality patient care. We then hire competent staff as a result of our competitive compensation, train, and re-train staff to ensure these clinical systems are carried out at the site level. At VitalCore, it's all about patient care!

Transparency

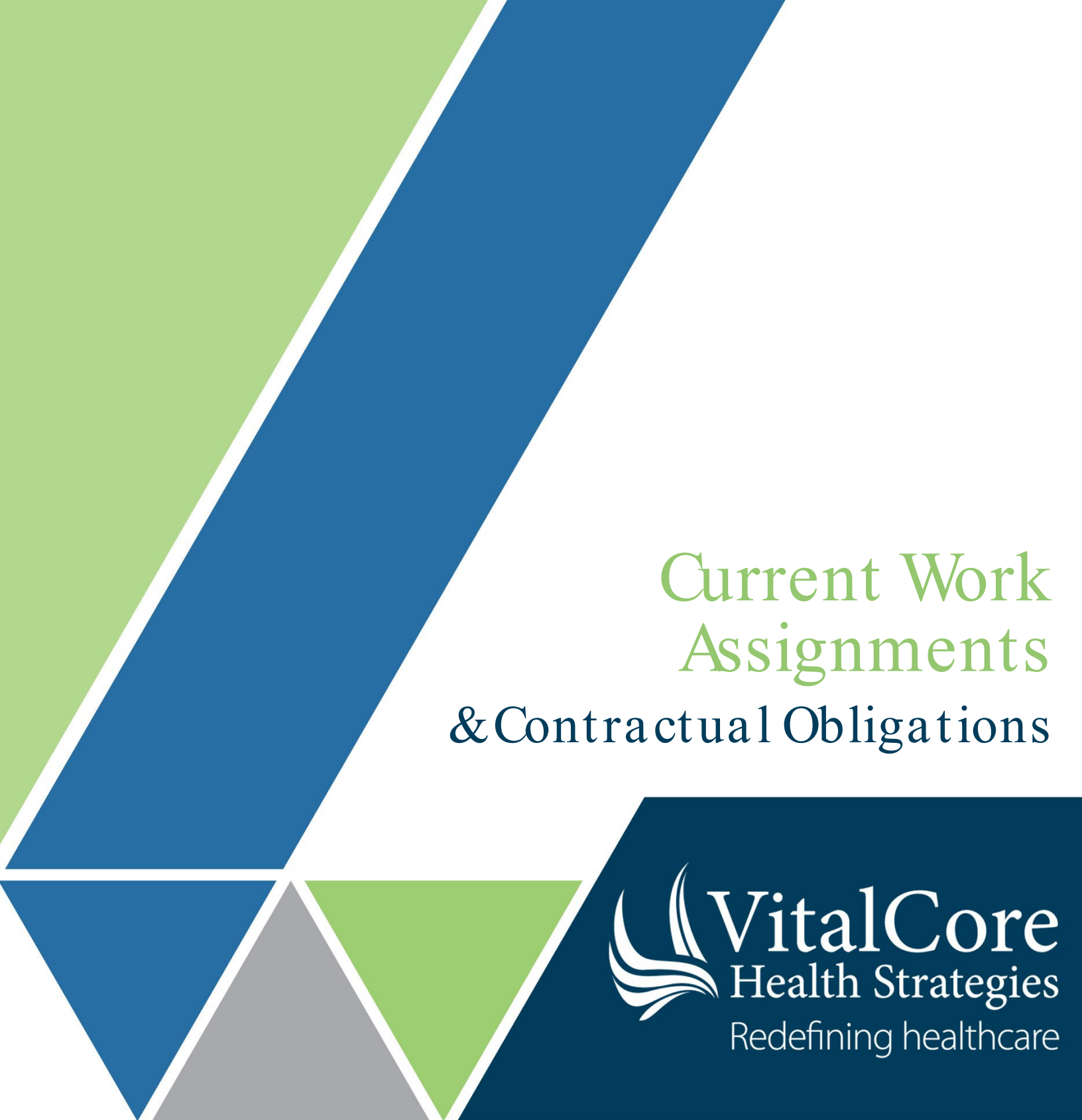
VitalCore is an open book. We share anything and everything with our client partners, including our financial results. Having been in your shoes, we understand what it takes to monitor a contract appropriately. We understand you have many constituents that are interested in the provision and cost of correctional healthcare. From your constituent agencies, local executive office staff, inmate families, inmate advocacy groups, etc., we know you get inquiries on a regular basis regarding our services. Our robust reporting capabilities and our transparent attitude ensure that you are able to respond to these inquiries with access to the appropriate information and on a timely basis. At VitalCore, you know what we know.

Organizational Structure

VitalCore has a diverse and experienced leadership staff who are positioned to achieve clinical healthcare with quality management principles engrained within the structure. At the helm of VitalCore's leadership is Viola Riggin as Chief Executive Officer, bringing over 32 years of correctional healthcare experience to the team.

No partner or individual that has any form of ownership in VitalCore practices clinically or provides direct patient care to patients. Our structure entails a one-of-a-kind oversight model built into our system for an additional layer of checks and balances. Our Utilization Management and Peer Review model ensures community-standard healthcare is provided. Our Corporate Medical Director sets the bar for our healthcare policies and processes and safeguards practices to guarantee American Correctional Association (ACA) and National Commission on Correctional Healthcare (NCCHC) practices are implemented for each facility. The Regional Medical Director works to ensure those processes are in place at the site and regional levels. The Site Medical Director directs all healthcare at the site level.

Our home office support staff includes Human Resource professionals to guide all recruiting and hiring as well as a strong Business Development department and a Staff Development Department to train new and retain current staff members. Our Finance and Accounting teams provide regular reporting for the facility. The VitalCore Information Technology department ensures all technology meets the requirements and needs of our corporate office and contract facilities.



Current Work Assignments & Contractual Obligations



CURRENT WORK ASSIGNMENTS & CONTRACTUAL OBLIGATIONS

VitalCore has extensive resources to successfully implement and manage the Genesee County contract. We are in the process of implementation of a new contract in Kenosha County, Wisconsin that starts April 1, 2025. After that, we do not have any other new contracts starting in 2025. Implementation of the Genesee County contract will be led by Vice President of Operation Jamie Newell, located in Saginaw just 45 minutes from the Genesee County Jail. Jamie is familiar with many of the healthcare staff currently providing services in Genesee County, including Medical Director Dr. Dennis Lloyd, who is also the VitalCore Medical Director in Saginaw County. Jamie Newell will be assisted by Sr. Vice President of Operations Shelly Viets and Director of Logistics Chris Lavenburg. This team recently started the Calhoun County, Michigan contract that began January 1, 2025.

Shelly Viets and Jamie Newell provide corporate oversight to all of our Michigan jail contracts. They are very familiar with the implementation process and steps necessary to ensure a seamless transition of services. Chris Lavenburg will be the project manager overseeing the implementation process and will also be onsite prior to and during the actual start of the contract.

Our implementation team will be assisted by members of each and every department within VitalCore who participate in a weekly start-up call as soon as the contract is awarded. This call is used to update the team on the status of the implementation process, track progress, and ensure no service areas fall through the cracks. Participation in this weekly call includes representatives from Human Resources, Recruiting, IT, Contracting and Network Development, Clinical Services, Operations, Finance, and Marketing,

VitalCore has the experience, resources, and bandwidth to implement and manage the Genesee County contract, providing a smooth, seamless transition and ongoing oversight and management of the contract.



Demonstration of Financial Stability



DEMONSTRATION OF FINANCIAL STABILITY

VitalCore is financially stable due to our ownership structure and the fact we have no long-term debt. Specifically, we state the following:

1. VitalCore has never had any bankruptcy proceedings initiated by or against it.
2. VitalCore has never had and has no bankruptcy proceedings currently pending.
3. VitalCore deems ourselves to be financially solvent and have no reason to believe that an involuntary bankruptcy would be brought against us.
4. VitalCore has never been in receivership.

To further expand on our financial stability plan and upon our statements above, VitalCore has no long-term debt on its balance sheet. The only financing instrument VitalCore currently uses is a revolving line of credit at CrossFirst Bank. This revolving line of credit has historically been paid to a zero balance at some point in 99% of all months since the inception of its use at VitalCore. VitalCore takes great pride in the fact that we have no long-term debt. VitalCore has never had any action, legal or otherwise, brought against us for nonpayment of service.

Also, VitalCore is owned by four (4) individuals. One is our founder and CEO Viola Riggini. Ms. Riggini is the majority owner of all outstanding membership interests in our LLC. Ms. Riggini effectively owns 62% of VitalCore. We have three other owners, two small business owners and a professional, who own the remaining 38%. What this promotes, at least at VitalCore, is that the Company reinvests its profits. VitalCore is not owned by any outside investors who require that ongoing profits be paid to them through distributions and dividends. Our owners believe the best way to increase their return on VitalCore is to reinvest into the company and let it grow. And VitalCore has proven this to be a sound investment strategy for our owners, growing from revenues of over \$1,500,000 in 2018 to over \$660,000,000 in 2025.

We have had an average annual revenue growth rate of 628% over the last 7 years. To be clear, the growth VitalCore has undertaken has had its challenges. When the owners formed VitalCore, Ms. Riggini promised that they would have all their initial investment back before three years. That promise was fulfilled in 2021 and now the only distributions to be made to the ownership group are to be for any tax liabilities passed through from VitalCore to the owners.

Our financial stability plan uses our strength and addresses our weaknesses. We will not borrow funds in any long-term debt agreements. We will not bring on any institutional or hedge fund ownership group. We feel the benefit to our liquidity or equity that either may provide is not worth the associated risks of each and is better achieved by operating our company and this contract in a fiscally conservative approach. At VitalCore, we focus on patient care and a positive relationship with our state, county, and city partners. We provide the staffing and expertise required to treat our patients effectively and efficiently. We focus on minimizing offsite services by bringing our experts on site when possible and ensuring that the services are

necessary in the first place. In short, we provide the care the patient should expect in the greater community. This is the right thing to do as caregivers, but it is also the right move fiscally. As Ms. Riggan once said, "We will make a bigger profit paying nurses and doctors to provide great care, than paying attorneys to defend us, if we provide poor care."

So, the first part of our financial stability plan is to run a successful operation. The second part of our financial stability plan is to set aside profits from the successful operations and to keep them in the company. This is being done by paying down our Line of Credit each month, by increasing our savings in cash accounts each month, and keeping our vendors' payments current and timely. This sounds very simplistic, but this is the benefit of our model, and it is working. We have no long-term debt to worry about restructuring or loan payments to make. We have no requirements (other than tax distributions) from our ownership group to worry about. This is why we can honestly say we have no reason to believe that anyone would bring an involuntary bankruptcy proceeding against us. Our plan is to maintain adequate reserves in cash or an available line of credit balance or available vendor credit to cover two months of payrolls and operating expenses. We recognize and hope that you recognize that this makes us one of the most financially stable companies in the industry.

The third part of our financial stability plan is to plan for, prepare, and try to prevent negative operating results. Our first and foremost line of defense in this regard is always maintaining adequate insurance coverages for all the risks we face, from workers' compensation to medical malpractice to all forms of corporate oversight and governance. In today's world and in the industry we are operating, we must have excellent insurance coverage and advice. Our insurance brokers and our corporate finance team have regular informational exchanges. We provide comprehensive, competent insurance at or above all expected requirements. VitalCore as an organization focuses on mitigating operating risk and takes pride in our much lower than industry normal insurance claims historically.

Furthermore, we plan for an economic rainy day and for potential expansions and how that could affect our resources. We currently operate on a small Line of Credit with our bank, CrossFirst Bank. CrossFirst is a fantastic partner, and we truly value them as a partner. Previously, we had maintained a \$7M Line of Credit with CoreFirst Bank & Trust, and we had paid off nearly 99% of the months it existed. At the latest renewal of this line, it was mutually decided we had outgrown the relationship. In its place, we have contacts at two larger competing banks that have stated they could lend us up to \$20,000,000 on a revolving line of credit at our current levels and would provide accordion borrowing capacity up to \$40,000,000. We maintain these relationships and slowly look to cultivate new ones to prepare for any potential issues or opportunities that may present themselves.

To summarize our financial stability plan, we will operate efficiently and effectively, we will build and sustain necessary reserves, we will not borrow money unnecessarily, we will reinvest all profits back into the company and keep them there, we will maintain adequate insurance coverages, and we have contingency financing for any negative outcomes or potential opportunities. It is a fiscally conservative approach that has served us well to date.



We have included our most recent audited financial statements as an attachment to this response.



Statement of the Project



STATEMENT OF THE PROJECT

In responding to this section of the RFP, we have included a detailed response to each area required under Section 6, Scope of Services, as well as the Technical Proposal requirements.

Scope of Services

1. Health History Interview – Physical – Dental Exams – Substance Use Screening and Assessment

VitalCore Response

VitalCore’s Receiving Screening will be used to identify the needs of individuals entering the facility, ensuring that all incoming inmates receive immediate medical attention upon arrival. Our systematic approach involves targeted inquiries and trained observations, allowing the Intake Nurse to gather critical information swiftly. We’ll ensure patients with existing medical conditions and those on medication receive appropriate assessments and continued treatment. Furthermore, Receiving Screening will identify and mitigate factors that could destabilize the inmate-patient population.

VitalCore’s systematic approach to intake meet and, in many aspects, exceeds ACA and the updated NCCHC standards. Essential elements of the screening will include:

- Current and past illnesses and health conditions
- Serious infectious diseases
- Symptoms of recent or current communicable illnesses
- Suicidal ideation history
- Dental issues
- Allergies
- Substance use (including type, amount, and last use)
- Withdrawal symptoms
- Pregnancy status
- Other health concerns identified by the physician.

Our Intake Nurses will document all observations and responses during the interview, including:

- Appearance (e.g., sweating, tremors, anxiety)
- Behavior (e.g., disorderly, appropriate)
- Consciousness level (e.g., alert, lethargic)
- Mobility (e.g., gait, deformities)
- Breathing patterns (e.g., persistent cough)
- Skin condition (e.g., jaundice, needle marks, rashes).

If an arrestee requires immediate medical attention beyond basic care, the Intake Nurse will request the arresting agency defer the drop-off to facilitate off-site emergency treatment. Only patients cleared will be admitted, with medical stabilization being the arresting agency's responsibility. If they refuse to defer, our site team will inform the GCSD of the need for stabilization, adhering to their policies.

VitalCore has proposed a staffing plan that includes RNs in the intake area to conduct the initial health screening. The intake process is an area of high liability, and we believe it is critical that this be conducted by licensed healthcare staff that are educated and trained in the screening and assessment process. We have proposed adequate staff in our staffing plan to ensure all intake screenings can be conducted by registered nursing staff. We see Intakes as advanced health evaluations critical for risk containment and liability reduction, especially in areas with high rates of intoxication and withdrawal. VitalCore strongly advocates for using RNs trained in handling intoxication and assessing severity to ensure good health outcomes and safe case management. For individuals with severe mental illness or behavioral distress, we will coordinate with security staff for safety and refer them to medical or mental health professionals.

Preventing Risk
Through Systematic
Screening Process

The Intake Nurse will document screening findings on County-approved forms, entering them into the individual's medical record, and determining appropriate care based on results. Intake Nurses will assess the results of all received screenings by the end of their shifts and refer patients to medical, mental health, and dental service providers, as necessary. Incoming individuals will receive an overview of accessing these services during facility orientation.

Initial Health Assessment

VitalCore will ensure that each inmate-patient undergoes an Initial Health Assessment (Health Appraisal), which will involve a comprehensive physical examination and medical history review. This assessment will build on the information gathered during the Receiving Screening, providing an in-depth evaluation of each incoming individual, then using the information to generate a personalized treatment plan. Our site providers will conduct these assessments promptly, aiming for completion within ten (10) days but ensuring they occur no later than fourteen (14) days following admission. All Health Assessment policies and practices will comply with or exceed the standards set by NCCHC and ACA, as well as meet Genesee County and Michigan specifications.

Components of the Initial Health Assessment: As the responsible health authority, the Site Medical Director (SMD) will define the components of the Initial Health Assessment, ensuring that, at minimum, all assessments will include:

- review of the initial receiving screening
- complete medical, dental, and mental health history
- physical examination by a physician, physician assistant, nurse practitioner, or RN
- Recording of vital signs, height, and weight

- Mental health evaluation
- Dental screening
- Vision and hearing screening
- Skin testing for tuberculosis, this item will be completed within the first 72 hours in the facility
- Laboratory and/or diagnostic tests for communicable diseases, such as a syphilis test, and other diagnostic tests as clinically indicated
- Review of the results of the health appraisal by a physician or mid-level practitioner
- Initiation of therapy, when appropriate
- Work detail screening
- Initiation of a problem list, along with a diagnostic or therapeutic plan for each problem
- An immunization history will be taken as part of the history and physical exam. Immunization vaccines will be updated as indicated.

Analysis of Assessment Results

The responsible provider will review any abnormal findings, and specific issues will be incorporated into an initial problem list. Each assessment will result in an individualized treatment plan as clinically indicated. Additionally, we will offer a comprehensive behavioral health assessment to individuals newly admitted with positive results from the initial behavioral health screening. Qualified Mental Health Professionals (QMHPs) will complete these evaluations. The assessment will involve a face-to-face interview to gather historical information regarding treatment and medication use, along with a review of relevant screenings and assessments from the interview process. Based on the information compiled during this thorough evaluation, our site providers will develop and implement a treatment plan that includes recommendations concerning the necessary level of care and appropriate treatment interventions.

2. Triage of Complaints

VitalCore Response

VitalCore will ensure that all inmates and residents are provided with the opportunity to submit oral or written health care requests daily.

Non-emergency health care requests can be submitted electronically or via written paper. VitalCore will ensure that all such requests are reviewed and prioritized daily by a qualified health care professional. Health care requests will be entered into the Sapphire EMR system for tracking and reporting purposes.

Nursing staff will triage all health care requests on a daily basis within 24 hours of requests being picked up. Nurses will utilize proper triage protocol to determine the severity of the complaint. Requests will be categorized as routine, urgent, or emergency. Patients will be seen according to

clinical priority. It is VitalCore policy that all patients are seen by a qualified health care professional within 24 hours of the receipt of health care request. Urgent and emergent health care requests will be addressed immediately.

Registered Nurses will utilize VitalCore’s Nursing Clinical Guidelines to make timely assessments of patients during the clinical encounter. These guidelines are disease specific and include prompts in the form of questions to ask for the history, physical exams to be performed, and actions to be taken. Warning alerts will be on the protocols indicating conditions or vital signs where a qualified health care provider must be notified. Nurses will provide first-aid, nursing care, and medications as clinically appropriate and within their scope of practice. Referrals for provider follow-up will be made as necessary.

VitalCore will ensure that all inmates are able to submit healthcare requests. If an inmate needs assistance submitting a medical request, we will provide support, including translation services and accessibility options.

3. Sick Call

VitalCore Response

VitalCore will conduct nurse sick call daily, 7 days per week. Considering the size of the populations in the Genesee County Jail, we believe it is very important to conduct daily sick call to identify any inmate issues as quickly as possible. VitalCore will ensure that a registered nurse conducts the daily nurse sick call. Registered nurses receive more intensive training in assessments and will be more likely to identify issues appropriately the first time.

VitalCore will collect all health care requests daily. We will ensure that an RN responds to all inmate health care requests within 24 hours of receipt of the request or sooner if deemed urgent. They will provide care as allowed in their scope of practice. These RNs will refer inmate patients as needed to be seen by a physician, mid-level provider, or dentist, as the situation warrants. All sick call request forms will be scanned into the health record, and all sick call encounters will be recorded in the patient’s electronic health record by the responding staff. VitalCore will utilize our proposed EHR system, Sapphire EHR, to track health care requests.

The Director of Nursing will monitor the work of all nursing staff to ensure that they are making appropriate decisions, including priority decisions of nurses conducting sick call. As noted above, the patient will be seen in person by a nurse within 24 hours of receipt of the request unless the contact is of a more urgent nature. Nursing sick call will be available to patients in all areas of the facilities, including those in general population, restricted housing, and special management units.

Secure Telehealth System

VitalCore has a very unique Secure Telehealth System. This program utilizes the *Let’s Talk Telehealth* platform that was developed through the Zoom application. *Voice Products*, a

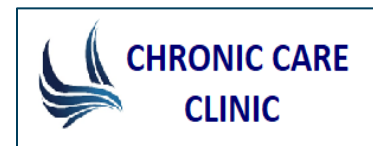
company based in Wichita, Kansas has partnered with the *Let's Talk* platform to offer it and associated vital signs monitors to jails and prisons.

The telehealth platform is HIPAA and CJIS compliant so we can be assured that the video meetings are completely secure. With this program, VitalCore utilizes our own physicians, psychiatrists, and mid-level providers for emergency telehealth services. We also use the platform when using telehealth with community specialty providers if they are unwilling to come to the site to provide services. This program helps us to reduce the need for off-site visits and their associated costs while expanding access to care on-site. While the program will not completely eliminate the need for off-site appointments and transports for the County, it will significantly reduce the need.

Chronic Care

VitalCore will provide chronic care services to inmates at the Genesee County Jail. VitalCore believes identifying incarcerated individuals with chronic disease as soon as possible results in a healthier population with better outcomes. VitalCore will establish a Chronic Disease Program that includes early identification, routine follow-up, ongoing multidisciplinary care, treatment planning, and approved Best Practice Management Guidelines. Through this program VitalCore will aim to decrease the frequency and severity of symptoms, prevent disease progression and complication, and foster improved function of affected inmates.

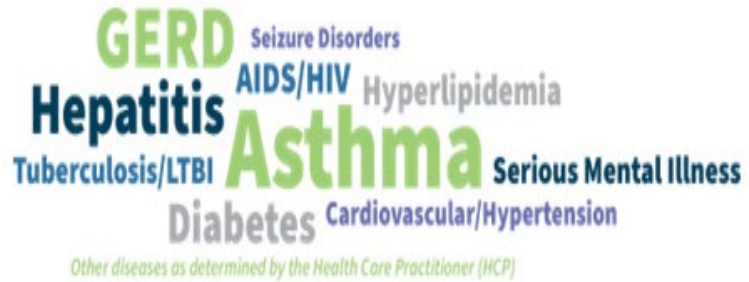
VitalCore's comprehensive Chronic Care Clinic will ensure inmates with special medical needs and chronic illnesses receive the highest level of care possible. Our site clinicians will provide personalized care and close medical supervision to patients with chronic conditions. This program begins at intake, where VitalCore's RNs will identify patients with the need for special medical or chronic care treatment. Patients will be referred to a site provider for further evaluation and treatment. The responsible physician will develop an individualized treatment plan that addresses each patient's specific needs. Chronic care patients will be regularly treated, monitored, and assessed to ensure progress.



Specifications: Our clinical program has been designed to meet or exceed the standards set by the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA) and has been adapted to meet Michigan standards as well. Our clinics are evidence-based and ensure community follow-up and continuity of care for chronically ill patients. Individualized treatment plans will be developed by a qualified provider at the time of condition identification and updated as needed. Our health care staff will document chronic care encounters and ensure the program's adherence to chronic disease protocols. Clinical protocols will be consistent with national clinical practice guidelines. Our Chronic Disease Program will be evaluated and updated annually by the responsible physician. Conditions include:

- Asthma
- Cancer

- Chronic Obstructive Pulmonary Disease (COPD)
- Crohn’s disease, ulcerative colitis, other inflammatory bowel disease, irritable bowel syndrome
- Diabetes
- Heart Disease
- HIV
- Hypertension
- Seizure disorder
- Mental illnesses
- Renal and Hepatic Disease



VitalCore will ensure that clinical protocols are established for the management of, at minimum, the chronic diseases contained in the bulleted list in this section.

Individualized Treatment Plans: As a key part of the Chronic Care program, individualized treatment plans developed and implemented by the responsible physician will guide treatments to ensure the ongoing progress of each patient throughout the duration of their incarceration. Each plan will include instructions on medications, therapies, exercise, diet, lab work, diagnostic testing, treatment modalities, and follow-up appointments. The plans will be regularly updated to reflect changes in the patient’s condition and medical record. Inmates will receive quality follow-up care and monitoring of their medications and other treatment. At minimum, chronic care patients will be reviewed by a physician every three months. Each individualized treatment plan is an active document providing a plan for special diets, housing, work, clinical treatment, and follow-up care needs.

VitalCore will also provide discharge planning for patients with chronic diseases to ensure continuity of care for individuals upon completion of detainment. Discharge planning will begin at intake and continue until the individual’s release into the community. We believe that discharge planning is imperative to support the well-being and quality of life of each individual, especially those with chronic conditions and serious health care needs. The discharge planning process will include a limited supply of prescription medication(s), referrals to community providers, and transportation to an appropriate care facility when indicated.

Individualized
Treatment and
Case Management

Each chronic care patient will have an individualized treatment plan that will:

- Be initiated by the HCP at the initial chronic care visit.
- Be updated at each follow-up visit.
- Be based on an assessment of the individual’s needs.
- Include:
 - Short and long-term goals
 - Referrals for additional services

VitalCore will ensure that documentation of chronic care in the health record confirms that providers are following chronic disease protocols and special needs treatment plans as clinically indicated. Treatment and care will be closely monitored throughout each individual's stay at the Genesee County Jail. VitalCore will ensure continuity of care for each releasing patient by connecting the patient with community resources and providers.

We will provide chronic care services through on-site clinics as well as telemedicine when reasonably possible. VitalCore has adapted our corporate chronic care policy to meet the needs of the patient population at each facility that we serve. We will continue to update this policy and procedure as necessary to meet the evolving needs of Genesee County. We will also ensure continued compliance with national clinical practice guidelines for chronic diseases.

4. Medical Housing Area

VitalCore Response

VitalCore acknowledges and appreciates the information that has been provided about the Medical Housing Area located at the Genesee County Jail. We understand that this area is utilized for the service of patients who cannot be housed in general housing (including handicapped cells). This area may be used for post-operative care, and supportive care for conditions including dementia, chronic obstructive pulmonary disease (COPD), and neurological conditions.

VitalCore has experience serving facilities that have units similar to the Genesee County's medical housing units. These have included infirmaries, medical segregation, and correctional hospitals. We will ensure that only qualified medical providers will order admissions and discharges.

5. Hospital Care

VitalCore Response

Prior to beginning the contract, VitalCore will establish a provider network, contracting with local emergency services, including local hospital ERs. We already have a significant provider network in place in the area as a result of our contracts in Saginaw County and with the Michigan Department of Corrections. We will work with the Emergency Medical Service(s) providing ambulance service to designate the nearest hospitals so that in cases of life-threatening emergencies, VitalCore will utilize these contracted emergency and inpatient hospitalization services. VitalCore will ensure all offsite providers have appropriate treatment capacity for required care. VitalCore will formalize agreements with local hospitals, including any plans or procedures that will be engaged during emergency situations.

6. Specialty Services

VitalCore Response

VitalCore will coordinate off-site specialty appointments when clinically appropriate. Our Utilization Management and Review process will ensure that patients are sent off-site only when medically necessary. Off-site appointments will be scheduled in a timely manner such that the health of the inmate is not adversely affected.

VitalCore will coordinate and plan for the transportation of inmates to ensure timely and safe transfer of patients to off-site locations. We will utilize off-site providers and agencies with which we have established relationships and that are mutually agreed upon between VitalCore and Genesee County.

VitalCore understands and agrees that the name and location of such facilities, and the dates and times of appointments shall not be shared with inmates or their families or friends for security purposes.

When patients are referred to the local hospital, VitalCore will arrange for secure hospital rooms to ensure the safety of the individual. VitalCore understands that the Medical Director may authorize the use of additional off-site specialty care facilities when clinically beneficial or to avoid an interruption in continuity of care.

VitalCore's Utilization Management and Review process will ensure that patients are sent to the appropriate provider as medically necessary. The Site Medical Director will approve all off-site specialty referral requests. Providers will be trained to carefully triage the need for off-site services. VitalCore has found that when everyone is working together towards the same goals: providing quality standards of community care while being mindful of the need to justify services, we achieve excellent results.

7. Emergency Services

VitalCore Response

VitalCore will provide 24-hour daily emergency care services 7 days a week for on-site emergencies. This will be accomplished through an on-call or on-site provider and 24/7 on-site health-care staff. For all medical emergencies, Health Care staff will respond immediately, with a site-specific arrival time at the patient's location targeting 4 minutes of call. Our responders will bring the Emergency Response Bag to all emergency situations as well as an AED. The respondent(s) will provide first-aid at the patient's location and the site medical staff will have authority to activate emergency medical services.

VitalCore will also utilize our Secure Telehealth System to provide emergency telehealth services using our own physicians and mid-level providers. This system provides a mobile telephone application that can be downloaded to each provider's phone so that when a facility nurse on duty calls the provider's mobile phone number, the provider can accept immediately and initiate a secure face-to-face visit. The same type of visit can also be completed through the provider's tablet or computer.

VitalCore maintains a comprehensive Medical Emergency Response Plan Template (attached) that will be adapted to meet the site-specific requirements of the Genesee County Jail. Our medical emergency response plan will involve extensive collaboration with Genesee County and facility staff, who will work together to develop and refine our response strategies. Regular training sessions and drills will be conducted, featuring evaluations and critiques performed in partnership with Genesee County and facility staff to ensure that our procedures meet the highest standards.

8. Behavioral Health Services

VitalCore Response

A cornerstone of VitalCore’s healthcare philosophy is an unwavering commitment to providing outcome based, comprehensive behavioral health treatment. Our goal is to reduce recidivism with a focus on rehabilitation and we have a profound appreciation for the role that behavioral health services play in that pursuit. We commit to providing services that mirror industry best practices and that are constantly evolving. VitalCore prefers the model for one contractor to provide both health and mental health services so that we can treat the whole inmate, coordinate our services well, and train all of our staff on both medical and behavioral health issues.

We have proposed a total of 4.40 FTE of Behavioral Health Treatment staff. This includes coverage on evenings and weekends to ensure adequate staffing at all times. When behavioral health staff are not onsite, we will always have a behavioral health staff member on call 24/7. Our behavioral health staff will communicate with the Charge RN on duty at least once per twelve-hour period to inquire about needs regarding mental health issues.

The following is a description of our proposed behavioral health program.

The behavioral health curriculum we utilize reflects this stance in its inclusion of group therapies offered to achieve maximum benefit for the individuals served within the system. We believe in using modularized curriculums and interventions that are proven to be best practice in the industry and are researched and updated annually. Our interventions are geared toward addressing each individual’s needs.

Best-practice research, funded by the National Institute of Mental Health, describes recommended treatment for justice-involved individuals as follows:

There is research providing evidence to guide group therapy module development. Morgan and colleagues (2011), using metanalytic techniques, found that a variety of treatments addressing trauma, stress, medication compliance, and skill building were effective in reducing criminal justice involvement of justice-involved persons with SMI. These interventions were also found to reduce distress, improve coping, and reduce behavioral problems.

With this research in mind, we have developed a comprehensive set of curricula for our clinicians to use to address the individual's high risks/needs and presenting symptoms. Topics addressed in our curricula include:

- Trauma-Informed Interventions
- Skills and Mindfulness Training
- Managing Stress and Anger
- Cognitive-Behavioral Skills Building and Socialization
- Co-Occurring Symptoms
- Medication Adherence
- Addictive Behavior
- Motivational Interviewing

VitalCore provides services from the point an incarcerated individual enters a facility through reentry into the community at discharge or transfer to another facility. All incarcerated individuals will be screened for mental health services, with an opportunity for service at all levels of care. We also target specialized populations within our models, to include individuals with specific safety considerations and emergency interventions for suicide prevention.

Prior to discharge, VitalCore will communicate and collaborate with the Jail's staff regarding discharge planning needs for all inmates with mental health diagnoses, with particular attention to those with serious behavioral health needs.

Individuals identified as severely impaired by serious mental disorders, those who are dangerous to themselves or others, and those who show an inability to function within a general population setting within the facility will be followed through behavioral health Special Needs clinics and remain on the mental health caseload throughout their incarceration. Additionally, accessing behavioral health treatment may occur at any point during an individual's incarceration. Behavioral health care requests can be submitted by inmates with a known history of behavioral health needs to facilitate immediate and ongoing treatment, as well as by any other inmate as a means to gain access and receive treatment. Group-based therapies are the most common method of delivery for behavioral health services. Individual therapy services are most often used as a supplement to group services or as an alternative for groups when an individual is unable or unwilling to participate in a group therapy context.

Based upon the mental health evaluation findings, the qualified behavioral health professional will initiate ongoing mental healthcare and treatment as clinically indicated. The focus of mental health services will be upon identification, stabilization, and treatment of the seriously and persistently mentally ill, including inmates experiencing acute mental health crisis. VitalCore mental health professionals will develop and maintain mental health treatment plans for inmates in need of ongoing mental health treatment.

VitalCore will ensure that each inmate with a clinically indicated need has an Individualized Mental Health Treatment Plan (ITP) based on an assessment of their clinical needs. The ITP will

be an integral component of the mental healthcare program as it provides a “roadmap” for defining and communicating the ongoing plan of care to address the treatment needs of each inmate.

VitalCore will meet or exceed the standards of care as established by NCCHC and ACA and the State of Michigan Minimum Standards for Jails and will remain current with all standards and expected practices as they change over time. We will also ensure that our staff comply with Genesee County Sheriff’s Office policies.

VitalCore provides *outcome-based, comprehensive* behavioral health treatment services to *reduce recidivism and with a focus on rehabilitation*. Our goal is to provide behavioral health services that are developed using best practices within correctional health and consistent with the community, while emphasizing prevention, identification, early intervention, and the aggressive treatment of mental disorders.

All incarcerated individuals will be eligible for mental health services, with an opportunity for service at all levels of care within the behavioral health continuum. We also target specialized programs within our models, to include individuals with specific safety considerations and emergency interventions for suicide prevention. Additionally, if necessary, we provide a diversionary model for those who have been housed within a restrictive housing environment and an exemplary model for Medication Assisted Treatment, devised by experts in the field.

Priority will be given to those identified as most severely impaired by serious mental disorder, the most dangerous to themselves or others, and those who show an inability to function within a general population setting within the facility.

VitalCore’s behavioral health treatment model includes interventions that work. We believe in providing:

- Patient-Centered clinical care
- Outcome-based group interventions
- Individualized treatment plans with patient-specific goals
- Collaborative, multi-disciplinary service teams

Our *modularized curriculums* and interventions are proven to be most effective in the industry and are researched and updated annually. Interventions are geared toward an individual’s symptoms, risks, and needs. With current research in mind, we have developed a comprehensive set of curricula for our clinicians to use depending on the individual’s high risks/needs and symptoms.

Topics addressed in our curricula include:

- Trauma-Informed Interventions

- Skills and Mindfulness Training
- Addictive Behavior
- Dual Diagnosis
- Managing Stress and Anger
- Cognitive-Behavioral Skills Building and Socialization
- Medication Adherence
- Motivational Interviewing

VitalCore also recognizes the importance of *trauma-informed and gender-specific* differences in the etiology and expression of mental illness. The behavioral health curriculum reflects this stance in its inclusion of group therapies offered to achieve maximum benefit for the individuals served within the system.

Among the services VitalCore offers are:

- Behavioral health admission and intake screening
- Comprehensive assessment and diagnostic services
- Outpatient services
- Suicide prevention and crisis intervention – including safe cells.
- Geriatric and cognitively impaired services
- Acute-Inpatient services
- Due process to a psychiatric facility
- Re-entry/Discharge planning
- Medication assisted treatment/Co-occurring disorders/Substance use education
- Staff training and consultation services
- Quality assessment and performance improvement
- Ongoing monitoring in restrictive housing units

Suicide Prevention

VitalCore views suicide prevention as a continuous care initiative, from inmate admission to discharge. The VitalCore Suicide Prevention Program is proactive, transparent, and deployed within the context of our robust Behavioral Health programs. We are profoundly committed to improving the mental health of the inmate and see suicide prevention as a key component.

VitalCore approaches suicide prevention as an ongoing intervention rooted in evidence-based mental health standards of care, along with corrections-specific skills, continuing education, training, and practice.

All VitalCore staff are trained in suicide prevention and intervention and are expected to take any statement, threat, or gesture seriously, triaging them accordingly. In fact, suicide prevention training is part of orientation for all staff responsible for patient supervision. VitalCore will continually assess staff for knowledge and ability to identify suicide risk – and evolve training as necessary.

At-risk patients will receive a thorough, caring mental health exam in a safe environment. New inmates will receive a mental health screening that is designed, in part, to assess their risk for suicide. VitalCore's protocols require a thorough review of all the inmate's medical health records to help inform the care and treatment plan of anyone at risk for suicide.

If a Suicide Risk Assessment indicates that an inmate is in danger, an escalated assessment will occur in a timely manner, resulting in anything from referral to ongoing counseling to suicide watch. Any inmate placed on suicide watch will meet face-to-face with a Psychiatric NP or Psychiatrist within 24 hours.

VitalCore encourages Genesee County Sheriff's Office to review our comprehensive guidelines for Suicide Prevention and Intervention. It's important to note that we see deploying this critical function as a partnership between VitalCore and the Sheriff's Office, ensuring all staff are well-trained, mindful, and sensitive to any sign of patient danger. A safe environment is our primary goal.

Crisis Intervention Services

VitalCore's commitment to safety includes a robust protocol for crisis intervention services. A practiced, disciplined plan around crisis intervention greatly increases the odds of the situation de-escalating more quickly.

VitalCore staff are trained on how to intervene with an inmate who shows significant emotional distress or mental illness – and appears to be a risk for self-harm or harming others. A mental health assessment could lead to therapeutic seclusion, a more expansive exam, suicide watch, forced medication, or restraint. The goal is always to ensure the safe, humane treatment of each inmate.

On-site, the jail will have a dedicated – and well-trained – Crisis Intervention Team, with clear protocols and guidelines for managing an incident. Our evidence-based philosophy for crisis intervention requires the use of a longitudinal risk assessment as the standard of care when monitoring patients who are considering self-harm acts. VitalCore does not support the use of "Contracts for Safety" with potentially suicidal or suicidal patients.

All VitalCore staff are trained – and their knowledge assessed – regarding crisis intervention. The protocol includes a strict cascade of contact and information sharing.

Behavioral Health Admission and Intake Screening

All individuals admitted into custody receive a health screening upon intake by a behavioral health-trained registered nurse. This screening includes observation of the individual's behavior and symptoms, as well as a series of questions designed to elicit information regarding the

individual's history of behavioral health treatment, drug use, and suicidal behaviors. The screening also elicits information regarding current or past use of psychotropic medications, previous psychiatric hospitalizations, current depression and suicidal, homicidal, and/or self-harm ideation. Any identified concerns are forwarded to behavioral health staff by telephone in cases of emergencies. A patient may also request to see a QBHP in writing or verbally through the medical staff or institutional staff.

Comprehensive Assessment and Diagnostic Services

Comprehensive behavioral health assessments are provided to newly admitted individuals into the system and/or those with positive findings on the initial behavioral health screening. Behavioral Health evaluations are completed by a QBHP and reviewed by a practitioner who has an independent license to practice through the State Licensing Regulatory Agency. The Assessment includes a face-to-face interview asking historical information regarding treatment and medication use as well as a review of screenings and assessments that are provided during the interview process and pertinent to the situation. From a compilation of the information received during the comprehensive evaluation, a treatment plan is developed and implemented, including recommendations concerning level of care needs and treatment and program interventions.

Case consultation occurs with psychiatric staff if the behavioral health professional is unable to ascertain a differential diagnosis or otherwise requires a second opinion regarding assessment, housing, or program recommendations.

Outpatient Services

Outpatient services minimally include identification and referral of inmates with mental health needs, crisis intervention services, psychotropic medication management, individual therapy, group therapy and/or psychoeducational programs, and treatment documentation and follow up. Mental health treatment plans are developed to guide the care.

Group Therapy/Counseling services are offered which focus on a variety of topics. A patient who chooses to participate will sign a statement which outlines the limits of confidentiality that indicates the agreement to participate in behavioral health therapy. An individualized treatment plan is completed by a QBHP. Individual therapy services are offered which may focus on crisis resolution, or in preparation for referral to group therapy, or on occasion as an adjunct to group therapy. Assignment of the number of sessions is based on a brief and solution-based therapy model and the acuity of the patient. Behavior Health Coordinator consultative direction is obtained for individual therapy sessions beyond a brief, solution-based model.

Discharge Planning

VitalCore believes in discharge planning from the time a client walks in the door. We have worked on discharge planning over many years, and our team members have participated in award winning discharge planning practices for the Kansas Department of Corrections, state hospitals, and collaborations with local and county jails. Our Chief Operating Officer - Clinical Services, Dr. Lorelei Ammons, has had over 12 years' experience directly supervising the discharge planners

for the entire Kansas Department of Corrections. We will bring that expertise to Genesee County to work to improve the discharge planning process. All aspects of continuity of care regarding admissions and discharge planning will be managed by the Discharge Planner. The HSA will work as part of a collaborative team to ensure continuity of care is met on all patient transactions with the community.

VitalCore will coordinate with community-based treatment resources and correctional resources to ensure the appropriate level of supervision, treatment, and continuing care upon the inmate's discharge from Genesee County custody. We begin our discharge planning services at intake, where we identify any chronic health conditions and behavioral health/substance use issues. We base our discharge planning services on the acuity of each individual's case and history of symptoms and anticipate their needs upon their release into the community. We will facilitate ongoing communication and collaboration with the Genesee County Sheriff's Office staff regarding upcoming releases to prepare the best possible plan for each person's needs. Our collaborative efforts do not stop within our walls, however. We reach out and build relationships with our community partners to ensure we have solid referral sources for our patients. We seek out active linkages to the community to "handoff" care as individuals transition out of incarceration. Our goal is to build community relationships; target appropriate cases; and participate in thorough planning with high acuity cases. We provide case management services that begin with the intake process as well. Following intake and identification of needs, inmates are placed on case management lists (acute, chronic care, special needs). The process entails:

- Patients receiving mindful follow-up according to their individualized treatment plan
- Arranging linkages with community substance use providers, clinics, health departments, indigent care facilities, shelters, and mental health providers
- Prepare a referral network / Provide a list of resources available to individuals in their community of release if their discharge planning needs are minimal
- Prepare a discharge summary to provide the individual with a summary of his/her care needs to be provided to the next provider in the community
- Patients who are higher risk or have significant targeted needs will receive more in-depth planning, to include working with community providers to engage with patients prior to release to ensure a smooth transition
- Participate with Genesee County Sheriff's Office staff in the development and delivery of transitional reentry services

As noted above, VitalCore seeks to perform collaborative partnerships with Genesee County community resources in the development and delivery of transitional reentry services and discharge planning.

VitalCore has become an industry leader in behavioral health care services for incarcerated individuals. We have the nation's foremost experts on behavioral health services as senior leaders of our behavioral health department. These leaders have ensured that our behavioral health services are the highest quality possible.

We treat people, not just behaviors. Our innovative approach includes trauma-informed care, outcomes-based treatment, and interventions that align with treatment goals. We understand the critical role behavioral health services play in any health ecosystem, but especially within the correctional environment. Our thoughtful approach gets results, which reverberate throughout the organization, leading to well-run multi-disciplinary teams and a safer environment for both patients and staff.

VitalCore will implement our unique mental health care program at the Genesee County Jail. Our program will be comprehensive, including mental health counseling and psychiatric services. We will provide psychiatric services for individuals experiencing a crisis, psychosis, active or potentially suicidal ideation, depression, emotional/cognitive disorder, or other acute or chronic mental health issues. We will provide crisis intervention and suicide prevention services including referral and/or commitment for individuals who require more intense care than available at the jail.

Our mental health care services will begin at intake with our Medical and Behavioral Health Care Screen. We will identify individuals with mental health needs and continue to provide screening and evaluations for inmates exhibiting signs or symptoms of mental health issues throughout their incarceration.

VitalCore will work with the County to provide step-up housing and service programs for individuals under psychiatric or mental health counseling.

VitalCore will provide psychotropic medication management services that include close monitoring of all individuals receiving these medications. We will develop site-specific policies and procedures regarding psychotropic medication management and distribution to ensure safety and compliance with all applicable standards, laws, rules, and regulations.

VitalCore will develop suicide prevention procedures in collaboration with the County. These procedures will be site-specific. We will provide a step-up program from acute suicide watch to follow-up health care in conjunction with the County's existing security policies and procedures. VitalCore's mental health care staff will communicate with security staff regarding need-to-know information to ensure the safety of patients and staff.

VitalCore will document all mental health care services delivered in the electronic health record. We will maintain logs and reports of mental health care delivery and provide these to the County as requested.

VitalCore will provide discharge planning for individuals who require mental health care services. We will ensure continuity of care for each incarcerated individual. Through our discharge planning process, we will help connect releasing individuals with community resources to establish therapeutic relationships with community providers. VitalCore's discharge planning process will begin at intake, where individuals with ongoing mental health care needs will be identified. We

endorse pre-release engagement of community services and family ties to ensure continuity of care beyond release, involving the incarcerated individual in the planning process. As part of our Multi-Disciplinary approach, VitalCore’s health and mental health staff will collaborate and participate in case conferences regarding reentry and release planning.

Integrated Care Model

VitalCore utilizes the Integrated Care Model for our entire program. This model ensures that there is appropriate sharing of information as well as oversight of the integrated services. VitalCore believes that medical and mental health are both vital aspects of a patient’s overall health and wellbeing.

When VitalCore provides both medical and mental health services to a site, we can ensure that there is a balance of services as needed. Health care team members will meet to provide collaborative medical and mental health care services and individualized treatment for incarcerated individuals. Everyone will work together on the same therapeutic goals by integrating services and treatment. Qualified medical and mental health care professionals will work within the scope of their discipline, coordinating efforts to address each individual’s unique medical and mental health care needs. Multidisciplinary teams will include collaboration with corrections staff, supervision, and administration to develop treatment plans for inmates displaying manipulative behaviors or disruptive behaviors that challenge the orderly operation of the jail.

VitalCore’s Health Services Administrator will establish relationships with community providers



and designated crisis response personnel. Our team will collaborate with these agencies and other community mental health agencies to coordinate the care of vulnerable inmates.

9. Ancillary Services

VitalCore Response

VitalCore will make arrangements and pay for the provision of all ancillary services, including ambulance services, radiology services, prescription drugs, laboratory services, biohazard waste disposal, and shredding of protected health information. The following paragraphs further describe our program for the provision of ancillary services. More detail on our program for pharmacy services can be found in response to Section 11, Pharmaceutical, Medical, and Office Supplies.

Ambulance Services

In cases of medical emergencies that require transport to the local hospital, VitalCore will make the necessary arrangements and pay for all ambulance services. We will work with the local Emergency Medical Service(s) providing ambulance service to designate the nearest hospitals so that in cases of life-threatening emergencies, VitalCore will utilize these contracted emergency and inpatient hospitalization services. Non-emergency transport services will be provided by the Genesee County Sheriff's Office.

Radiology Services

VitalCore will continue to provide timely on-site radiology services through TridentCare. These services will include x-ray, mammogram, and ultrasound services. X-rays will be taken by a registered technician and interpreted by a board-certified radiologist within 24 hours with a written report sent to the facility within 48 hours of being read. All results will be reviewed and signed by the responsible physician or mid-level provider with documentation of follow-up care to be provided. The Health Care Practitioner (HCP) will be notified immediately of all STAT x-rays with results reviewed within 2 hours. All results will be reported and documented in the medical record within 24 hours.



VitalCore understands that we will be responsible for the cost of x-ray services as well as all related supplies.

Laboratory Services

VitalCore has a national agreement in place with Garcia Labs, located in Jackson, Michigan and we are proposing the use of their services for the Genesee County contract. Garcia is a global leader in innovative and comprehensive laboratory services in corrections. Garcia will provide timely and accurate specimen pick-up and testing. Garcia utilizes a carefully designed, internal courier network for receipt and transportation of specimens to its testing facilities and will schedule mutually agreeable times for pick-up of specimens.

VitalCore site nurses will collect specimens utilizing proper techniques and according to provider orders. Our physicians/mid-level providers will review all laboratory results within 24-48 hours. The reviewing physician will assess the follow-up care indicated and screen for any discrepancies between the clinical observations and laboratory results. The on-call physician will receive immediate notification in cases of STAT or abnormal results. VitalCore will maintain a list of all critically abnormal lab values that will be available for healthcare staff reference at all times.

Biohazard Waste Disposal

VitalCore has a national agreement in place with Waste Integrated Solution Experts (WISE), for the removal of biohazardous waste. Their team of experts specializes in collecting, transporting, treating, and disposing of medical waste in a secure and compliant manner, with a particular focus on facilities with secure operations. Through this partnership, WISE will provide our site team with 24/7 access to an online client portal, offering shipping information, resources, and real-time support to ensure seamless and efficient waste management operations.

Shredding Services

VitalCore will arrange for the shredding of protected health information and all other confidential information as part of our subcontract with Waste Integrated Solution Experts (WISE).

10. Medical Records

VitalCore Response

VitalCore has extensive experience with electronic medical records as nearly all of our contract sites use some form of an EMR. VitalCore team has experience in correctional healthcare IT systems since 2001 utilizing various systems. We recognize the system is only as good as the staff that maintain the product, and that most products can function and provide a competent record system if they are well maintained. We have experience with a variety of different EMR systems, most tailored to the correctional environment, including NextGen, Fusion by GE Centricity, CorEMR, eOMIS by Marquis, Diamond's Sapphire, and others.

After working with all of the systems detailed above, VitalCore has settled on Sapphire as our Electronic Medical Record of choice. The functionality, user friendliness, and price combine to make Sapphire the best value in a correctional healthcare EMR. We have worked extensively with Sapphire in tailoring their system to the correctional environment. All of our forms, nursing clinical guidelines, and policies and procedures have been incorporated into Sapphire. They have built interfaces with pharmacy providers, Garcia Labs, Trident X-ray Services, and other providers to ensure a comprehensive medical record can be maintained. We have Super Users that are trained in the Sapphire system that can be called upon to assist in the training of staff and troubleshooting of the system. We currently use Sapphire in many of our contract sites and are proposing the use of Sapphire in the Genesee County contract.

This EMR has several basic advantages: It is non-proprietary to VitalCore. The County can transfer it to the next medical provider. There will be no installation or interface fees and it does not bind the County to a medical provider but allows freedom for the County to operate independently. Importantly, Sapphire was developed independently of correctional healthcare companies, making it easier to migrate or convert data (if needed), as other service contracts change.

Sapphire has additional advantages: It requires minimal equipment and is portable, allowing site providers and nurses to accurately enter patient information while providing direct care. It allows for development and maintenance of API and web services data access at no extra cost. Sapphire has been adopted by over 400 correctional facilities across the US and territories. Its cloud-based software eliminates the need for less secure paper processes, offering a comprehensive set of tools and functions to optimize patient care. It offers customization options tailored to each facility's unique needs and workflow. VitalCore utilizes this system because it not only meets the data management requirements through its advanced statistical reporting capabilities, but also because of its user-friendly interface, intuitive design, and streamlined navigation which is preferred by site teams who need to focus on multiple tasks.



Specifications: Sapphire's secure architecture ensures HIPAA compliance, ONC certification, EPCS certification, and SOC-2 compliance. User access is password-protected and unique, providing an added layer of security alerts and notifications to keep users informed. Additionally, Sapphire interfaces seamlessly with various systems, including bi-directional JMS/OMS, laboratories, pharmacies, local health networks, state vaccine registries, and more. VitalCore trusts in Sapphire's robust security features, including secured backup and clustered servers, offline capabilities, 24/7/365 support, and customization options. Many of Sapphire's modules were developed in collaboration with justice leaders and correctional healthcare professionals, ensuring that the system will meet the unique needs of the facility.

We anticipate Sapphire being in place and ready for use on day 1 of the Genesee County contract.

11. Pharmaceuticals, Medical, and Office Supplies

VitalCore Response

For pharmacy services at the Genesee County Jail, VitalCore is proposing to subcontract with Diamond Pharmacy. We are very familiar with Diamond as we use them in the majority of our contract sites. As a correctional-specific pharmacy, Diamond's system allows for quick filling of orders, secure delivery and packaging, and excellent customer service. In many of our other sites, Diamond has proven responsive to facility needs and will provide low-cost prescription and over-the-counter pharmaceuticals. VitalCore will manage and oversee Diamond's system as it is implemented at the Jail. Through this system we will ensure accurate and efficient delivery of comprehensive pharmacy services for the Genesee County Jail.

VitalCore will hold responsibility for all prescription and non-prescription medications, medical supplies, forms, office supplies and equipment, medical records, miscellaneous supplies, books, periodicals, dentures, and prosthetic devices. We will cover the initial costs as well as replacement of these supplies. We have national agreements in place with McKesson and

Medline for the purchase of medical supplies. VitalCore procures medical supplies based on costs and availability between McKesson and Medline to provide the most cost-effective and timely delivery of products. These national agreements result in very cost effective and quality services for the provision of medical supplies.

All medications for inmates at the Genesee County Jail will be ordered by the responsible physician and administered only by qualified healthcare personnel trained in our medication administration procedures. This training will ensure that medications are administered safely, accurately, and securely. Additionally, our staff will maintain records of all medications on-site and these records will be available for review by the County. Through our excellent Medication Administration system, as well as through the expertise of our pharmaceutical provider, VitalCore will ensure that management of pharmaceuticals will meet or exceed ACA and NCCHC standards.

VitalCore will provide a total pharmaceutical system for the Genesee County Jail through our comprehensive Pharmacy and Medication programs, coordinated with our proposed pharmacy provider, Diamond Pharmacy. Our system includes prescribing, dispensing, record keeping, and additional processes such as audits and quality improvement reviews. Through this system we will provide over the counter (OTC) medications, regular prescription medications, as well as stock medications and STAT doses for emergencies, all of which will be securely maintained, regularly inventoried, and regularly inspected. Our system will comply with all applicable laws and will meet or exceed recommended standards. Only those providers legally authorized to prescribe medications will prescribe and only qualified medical staff trained to administer medication safely and accurately will administer such medications. Providers who prescribe will be appropriately licensed in Michigan and in good standing in all regulatory boards.

As part of our pharmaceutical system, VitalCore agrees to bear the costs of all drugs administered, subject to the limitation on mental health and HIV medications of \$95,000 per year as detailed in the RFP.

As a cost-effective option, VitalCore will supply generic prescriptions and non-prescription drugs when approved by the physician. Our Medication Services program will ensure that any patient who is currently taking a critical medication, including psychotropic or other prescription, will be provided with this identical medication within 24 hours.

As a full-service medical contractor, VitalCore will provide a total pharmaceutical system that will meet the needs of the Genesee County Jail. By utilizing Diamond Pharmacy, which is a correctional-specific pharmacy provider, we will provide all the industry-standard resources and supply chain capabilities required to successfully meet the Jail's needs. Through this system we will ensure efficient oversight and quick delivery of orders. We will also ensure secure administration and appropriate packaging. Our proposed system will provide the highest quality of services tailored specifically to meet the needs of the Genesee County Jail.

STAT and Emergency Medications

VitalCore will ensure that all medications will be available for on-site delivery 6 days per week, including on-site doses for STAT emergencies and continuity of current medications within 24 hours. For STAT and urgent medications, Diamond will contract with one or more local backup pharmacies to guarantee continuity of care.

We will ensure that medications are prescribed, ordered, and dispensed in accordance with all applicable laws and regulations. VitalCore maintains strict procedures for pharmaceutical operations that ensure medications are being delivered to the right patient, at the right time, in the correct dose, by the appropriate staff, in a safe manner.

We will conduct medication passes in the housing units on a daily basis. VitalCore will train all of our health care employees in the pharmaceutical aspects of their position so that medication delivery is conducted safely and efficiently.

Over the Counter Medication

VitalCore will provide Over the Counter (OTC) medications for distribution through Diamond in blister card packaging or through a subcontracted pharmaceutical provider in bulk and in accordance with the established nursing protocols and approved OTC lists.

VitalCore will collaborate with the Genesee County Sheriff's Office to develop a list of OTC products to be offered through the facility canteen/commissary outside of health services. We understand that these products will be approved in writing, including periodic additions/deletions, by the HSA, Site Medical Director, and the Facility Administrator or designee. The products and access will be reviewed annually and listed on the site Formulary.

We understand that approved OTC medications will be supplied through the Facility canteen/commissary for patient purchase and self-administration; however, we realize that the need for over-the-counter medications can take place prior to the inmate having the opportunity to purchase the medication. In such cases and also whenever an inmate is considered indigent, VitalCore will provide over-the-counter medications to the inmate through our stock of over-the-counter medications and in accordance with nursing protocol or provider order.

VitalCore will maintain responsibility for OTC medications and their associated costs if the medication is provided in accordance with health services. We will ensure that agreements for procurement and delivery of all necessary OTC medications are in place upon commencement of the contract.

Unused Medication

VitalCore will collaborate with SOPS regarding the accounting, reconciliation, disposal, and removal of unused medications as defined by federal, state, and local rules and regulations. We understand that proper pharmaceutical waste disposal procedures are critical to prevent drug abuse, drug diversion, and stockpiling. Unused medications will be properly disposed according to site-specific procedures and Michigan law.

We understand that certain conditions permit “return and reuse” of designated medications in full, unused conventional blister cards and full or partial nonconventional blister cards. When medications have been out of the nursing staff’s control, VitalCore will destroy the medication. We will also make necessary provisions for the destruction of stock-controlled substances. Destruction of medication will be conducted according to Michigan law.

Medication Control and Accountability

VitalCore will maintain a strict process to ensure that pharmaceutical operations are in compliance with Genesee County’s policies and requirements regarding the security and accountability of medications. We will give special attention to controlled substances. We will revise our corporate policies to be site-specific for policies that address count procedures, key control practices, and documentation of off-counts and “waste”. Weekly supervision of these practices will be documented to ensure compliance.

VitalCore will provide Genesee County with monthly reports containing data related to medication count discrepancies. We will notify the Department of narcotic related off-counts and other significant medication related occurrences immediately.

12. Pharmaceutical Services

VitalCore Response

VitalCore’s proposed solution for pharmacy services through a subcontract with Diamond Pharmacy is described in the section above.

13. Special Medical Program

VitalCore Response

VitalCore’s Chronic Care program is designed to meet or exceed the standards set by the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA), and we have adapted it to Michigan standards as well. Our clinics are evidence-based and ensure community follow-up and continuity of care for chronically ill patients; and we have a strategic staffing plan to meet the needs of chronic care clinics by professional, licensed staff. Our team will conduct regular chronic care clinics where such patients will be seen at a minimum of every three (3) months, typically at 30 days or 90 days depending on the stability of the condition.

Our Chronic Care Program is designed to deliver personalized care through individualized treatment plans developed by a physician or qualified provider at the time of condition identification and updated as needed. Our providers and nurses will create comprehensive documentation that confirms the clinic’s adherence to chronic disease protocols and special needs treatment plans, as clinically indicated. All chronic illnesses and special needs requiring

a treatment plan will be listed on the master problem list, ensuring seamless tracking and coordination.

Individualized Treatment Plans

As a key part of the Chronic Care program, individualized treatment plans will guide treatments to ensure the ongoing progress of each patient throughout the duration of their incarceration. Each plan will include instructions on medications, therapies, exercise, diet, lab work, diagnostic testing, and follow-up appointments. The plans will be regularly updated to reflect changes in the patient's condition and medical record. Inmates will receive quality follow-up care and monitoring of their medications and other treatment. Each individualized treatment plan is an active document providing a plan for special diets, housing, work, clinical treatment, and follow-up care needs.

We will promptly supply medical and dental orthoses, prostheses, and other aids when necessary to prevent adverse health effects. Furthermore, we will maintain a comprehensive list of special needs patients to ensure timely and effective care. Upon arrival, patients with special needs or chronic health conditions will be screened by healthcare staff, followed by a scheduled appointment with a healthcare provider (HCP). Patients with chronic diseases requiring close medical supervision and/or multidisciplinary care include:

- Hyperlipidemia
- Diabetes
- Cardiovascular and Hypertension
- Hepatitis
- Seizure Disorders
- AIDS/HIV
- Tuberculosis/LTBI
- GERD
- Other diseases as determined by the Health Care Practitioner (HCP).

Special Treatment Plans

Additionally, an individual treatment plan will be completed for patients with any of the following conditions:

- Physically disabled (mobility impairments)
- Developmental disabilities
- Frail/elderly conditions

The treatment plan will be developed based on assessments of the patient's needs and includes a statement of short and long-term goals, as well as the methods by which these goals will be pursued. Patients with disabilities who are eligible to participate in programs offered by medical or behavioral health staff will be reasonably accommodated with regards to access to the program or service.

Individuals with the following conditions may constitute a reason for referral for a special needs' treatment plan:

- Upper or lower limb amputation(s) with or without prosthesis
- Spinal cord injury, neuromuscular or musculoskeletal condition, or any condition requiring an orthotic or wheelchair to perform independent gait or activities of daily living.
- Closed or open head injury resulting in brain damage with any level of functional loss.
- Significant or profound hearing loss that requires the use of American Sign Language for communicating.
- Legally or totally blind or progressive degenerative eye disorder (e.g., diabetic retinopathy, glaucoma, retinitis pigmentosa).
- Debilitating speech impairment.
- Stroke with significant neurological impairment.
- Peripheral plexus or nerve injury/disease resulting in significant neurological impairment.
- Severe venous stasis with chronic edema and/or ulceration.
- Severe burns or scarring producing significant physical impairment.

Inmates unable to independently perform activities of daily living who cannot be housed in general population will be referred to the appropriate care management / multidisciplinary treatment team for review and care management.

14. Health Education

VitalCore Response

VitalCore understands that health education is a vital component of the total healthcare delivery system. We will provide a patient education program to inmates and Genesee County staff. In-service training, first aid and CPR training, blood-borne and airborne pathogen training, substance use withdrawal, Medication Assisted Treatment, and insulin and allergy management training will be provided for Genesee County Jail employees.

The patient education program will promote healthy lifestyles, wellness, and recovery. Health care staff will provide patients with individual health and wellness education as well as instruction in self-care for health conditions. We will also ensure that general health education materials are accessible to all inmates. Health education will be documented in each individual's health record. To supplement our health education program, VitalCore will utilize outside resources such as the American Red Cross, American Heart Association, American Cancer Society, and Community Health Departments.

VitalCore will also provide a health training program for facility staff. We believe that training security staff to address emergency health care situations is an integral part of providing optimal health care to inmates. When security staff are well trained in the health care responsibilities of their jobs, the risk of adverse patient events, poor clinical outcomes, and staff illness and injury

are reduced. The training program will be approved by the Health Services Administrator (HSA) in cooperation with the Jail Administrator. This training will include, at minimum:

- Administration of first aid.
- Cardiopulmonary resuscitation (CPR) including the use of an automated external defibrillator (AED).
- Recognizing the need for emergency care in life-threatening situations.
- Acute manifestations of certain chronic illnesses.
- Intoxication and withdrawal.
- Medication Assisted Treatment.
- Adverse reactions to medications.
- Dental emergencies.
- Procedures for suicide prevention.
- Procedure for appropriate referral for medical, dental, and mental health complaints to health staff.
- Precautions and procedures with respect to infectious and communicable diseases including personal protective equipment, potential bloodborne pathogen exposure, and biohazardous waste disposal.
- Maintaining patient confidentiality.

We will further ensure that health training for Genesee County Jail employees includes specifications requested by the County as appropriate to the facility and the patient population.

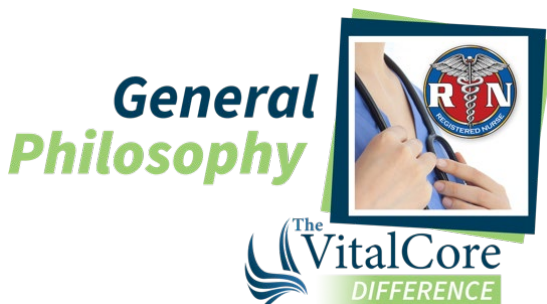
15. Medical Records

VitalCore Response

VitalCore's proposed solution for the provision of an Electronic Medical Record is included in response to Section 10, Medical Records above.

STAFFING REQUIREMENTS

VitalCore’s extensive experience in correctional healthcare helps inform our approach to staffing, which we see as an essential practice of health care. A strong staffing matrix will lead to the safe, effective, and efficient delivery of healthcare services. VitalCore will ensure the Genesee County Jail maintains a written staffing plan that ensures the right number and type of health staff required to deliver care that is, at a minimum, consistent with current standards of care. The VitalCore Health Services Administrator will assess the plan annually to make sure it meets the evolving health needs of the population. VitalCore’s staffing plans include backfill factors to ensure that there is staff available to utilize during staff absences and to prevent staff burnout.



VitalCore’s general philosophy is to rely more heavily on RNs than LPNs in our proposed staffing. This is due to the increased education, training, and assessment skills of RNs vs. LPNs. We like to use RNs in the intake area as their assessment skills can help prevent emergency room visits and reduce liability for both the Sheriff’s Office and VitalCore. While increased RN staffing does add some up-front costs to the contract, VitalCore firmly believes this increase in cost will be more than offset with decreases in offsite costs, primarily ER visits, and improvements in the overall quality of care as well as reduced security costs to the Genesee County Sheriff’s Office associated with transporting inmates offsite. We also believe the use of RNs will result in overall increased quality of care and greatly reduces the potential for bad outcomes, resulting in reduced liability for both Genesee County and VitalCore.

We have also found LPN recruiting to be extremely difficult in the Genesee County area. A number of LPN schools have closed, and the number of RN candidates are much more prevalent than LPNs in the area.

Our team understands the importance of a strong staffing plan in ensuring the safe, effective, and efficient delivery of healthcare services. To achieve this, we will ensure that the facility maintains a written staffing plan that meets the current standards of care and we will regularly assess and update the plan to address the evolving health needs of the population.

VitalCore remains committed to quickly filling any vacancies to maintain full staffing. Our Staffing Plan proposal incorporates a relief or backfill factor, allowing us to provide coverage during staff absences and short-term vacancies. To accomplish this, we will hire PRN staff specifically trained for the Genesee County Jail, ensuring they are ready to step in as needed.

Our staffing plan eliminates the need for the use of agency or stat nursing services. However, in the case of a rare emergency such as a flu epidemic or staff walk off, due to our extensive

presence in Michigan, we have other Michigan licensed nursing staff in our other contract sites who can travel to your facility to fill in and take over management. We also have a national nursing staffing company with whom we have an agreement for catastrophic staffing fill in. This company specializes in correctional nursing. We have not had to use this staffing to date, but this staffing is available 24/7 and has licensed staff who are trained in correctional nursing as their niche. We currently do not use agency nursing staff in any of our jail contracts.

We have staffed the clinic to allow for backfill and coverage for vacation and sick leave allowing us to provide coverage essentially without overtime. Please refer to the backfill positions as detailed in our proposed staffing plan. Our plan allows us to physically have a minimum of one FTE backfill on site daily. This additional FTE allows flexibility in rearranging schedules and picking up overtime if it is necessary. This provides the facility with solid coverage and eliminates the risk of having to go without staff or using agency staff that have no training at your site. This plan also allows for us to have backfill for staff that are trained on the site, allows time for training days, and prevents burnout from overworking staff. We are confident that our proposed staffing plan will meet the needs of the Genesee County Jail and enable us to provide quality patient care.

As described below, our proposed staffing plan is based on our experience in providing similar services to other similar size facilities as Genesee County, including those in Michigan. We have provided detailed explanations of our recommended staffing plan in each of the specific areas below.

Nursing Staff

VitalCore has proposed nursing staff that exceed the requirement of the RFP. In total, we have proposed 420 hours of weekly RN coverage and 336 hours of weekly LPN coverage. This will ensure we have an RN stationed in booking 24/7 to ensure timely and comprehensive initial health screenings. Included in our nursing coverage is a Charge RN 24/7 as well. This will ensure both VitalCore staff and Genesee County staff have a person on duty at all times that they can go to with questions and issues as they arise. We have included adequate LPN coverage to provide timely medication administration on both shifts. We have then also included the required full-time Health Services Administrator, Director of Nursing, and a MAT nurse 64 hours per week. We have proposed a total of 900 nursing hours per week.

Mental Health Staff

VitalCore has also proposed mental health staff that exceed the RFP requirements. As you are undoubtedly aware, our nation's jails have become the primary community mental health provider in many locations, and we expect Genesee County to be no different. As a result, we have proposed a full-time Mental Health Coordinator to oversee the mental health program at the Genesee County Jail. We have then included 3.40 FTE of Mental Health Professionals in our staffing plan, including coverage on weekends and evenings to ensure appropriate coverage.

Medical Records Clerk and Administrative Assistant

VitalCore has proposed 40 hours of Medical Records Clerk and 40 hours of an Administrative Assistant. With our proposed Electronic Medical Record, Sapphire, VitalCore is confident that

40 hours of Medical Records Clerk time is sufficient to ensure these duties are conducted timely and efficiently.

Dentist and Dental Assistant

VitalCore has proposed 12 hours of Dentist and 14 hours of Dental Assistant time consistent with the requirements of the RFP.

Psychiatrist

VitalCore has proposed 20 hours of psychiatric provider time as required by the RFP. This is broken down into 4 hours of Psychiatrist time and 16 hours from a Psychiatric Nurse Practitioner.

Medical Doctor/Site Director

VitalCore has proposed 8 hours of a Medical Director and 24 hours of a Nurse Practitioner in our proposed staffing plan. This will ensure we have a provider onsite five days per week and is what we believe is necessary to provide the appropriate clinical care and administrative duties of the Medical Director based on our experience in providing services in similar sized jails, including those in Michigan.

The following pages include our proposed staffing plans for the Genesee County Jail.



Staffing Plan - Genesee County Jail - ADP 650

Position	FTE	Backfill	Hours	SCHEDULE						
				S	M	T	W	T	F	S
DAY SHIFT 6:00 a.m. to 6:30 p.m.		0.10 of FTE								
Health Services Administrator	1.00		40		8	8	8	8	8	
Director of Nursing	1.00		40		8	8	8	8	8	
Administrative Assistant	1.00		40		8	8	8	8	8	
Medical Records Clerk	1.00		40		8	8	8	8	8	
Medical Director (Physician)	0.20	0.02	8		4				4	
Nurse Practitioner	0.60	0.06	24			8	8	8		
Charge RN	2.10	0.21	84	12	12	12	12	12	12	12
RN Intake	2.10	0.21	84	12	12	12	12	12	12	12
RN Sick Call	2.10	0.21	84	12	12	12	12	12	12	12
Psychiatrist	0.10	0.01	4		4					
Psychiatric Nurse Practitioner	0.40	0.04	16			4	4	4	4	
Dentist	0.30	0.03	12				8		4	
Dental Assistant	0.35	0.04	14				9		5	
Mental Health Coordinator	1.00	0.10	40		8	8	8	8	8	
Mental Health Professional	2.00	0.20	80	8	16	16	16	8	8	8
MAT Coordinator	1.40	0.14	56	8	8	8	8	8	8	8
LPN	4.20	0.42	168	24	24	24	24	24	24	24
DAYSHIFT TOTALS:	20.85	1.69	834	76	132	136	153	128	133	76
NIGHT SHIFT 6:00 p.m. to 6:30 a.m.		0.10 of FTE								
Charge RN	2.10	0.21	84	12	12	12	12	12	12	12
RN Intake	2.10	0.21	84	12	12	12	12	12	12	12
LPN	4.20	0.42	168	24	24	24	24	24	24	24
Mental Health Professional	1.40	0.14	56	8	8	8	8	8	8	8
NIGHT SHIFT TOTALS:	9.80	0.98	392.00	56	56	56	56	56	56	56
TOTAL:	30.65	2.67	1226	132	188	192	209	184	189	132
Backfill	2.67			Hrs/WK DAY = 1226. = 30.65						
	33.32									

Positions in lavender shading are considered essential and will be backfilled.

Monthly and Daily Statistics

Each month VitalCore will furnish the Facility Administration with a Monthly Statistical Report (Health Services Report), with each report covering the previous reporting period. The report is comprehensive and will allow for statistical tracking at each facility. The Medical Administration Committee will reference this report during meetings, and it will comprise all of the data requested in this section of the RFP. VitalCore's primary objective with this report is to provide the Sheriff and the Facility Administration with an all-encompassing view of the health care delivery system every month.

The monthly Health Services Report will be submitted by the 5th day of each month to the Sheriff's designee and will include the items listed in this section.

The Site Health Services Administrator (or designee) will submit daily statistical reports to the Contract Manager for the previous 24 hours by 8:00 AM every day. These daily reports will include the items listed in this section of the RFP.

This report has been tested at other sites, can be adjusted to meet the individual site, and provides information on how we spend money and what service centers are costly and/or cost effective. A full accounting of cost savings measures and corrective action plans will be developed utilizing this intensive data management tool. A sample of our standard Health Services Report Form is included as an attachment.

General Specifications

Standards

All VitalCore personnel that will operate onsite will adhere to all current and future state, federal, and local laws and regulations, including court orders, administrative directives, and institutional mandates. Our team will comply with standards set forth by the Genesee County Sheriff's Office, as well as the NCCHC and ACA, regardless of accreditation status. VitalCore prides itself on its impeccable track record, having successfully passed all ACA and NCCHC audits to date, and we are determined to maintain this standard.

Community-Standard Care: We wholeheartedly believe in the critical importance of ensuring that incarcerated individuals receive the healthcare they require, which is a fundamental constitutional right. Moreover, VitalCore is dedicated to upholding community standards within your facility by aligning our procedures with Genesee County policies to achieve your strategic objectives. Whether Genesee County aims to maintain or achieve accreditation, VitalCore will consistently ensure that these standards are met through ongoing compliance and dedication.

Personnel

Regarding recruitment and retention of staff, VitalCore is different. We have developed an enhanced recruitment program and retention plan that includes competitive wages, tuition reimbursement, retirement benefits, excellent health insurance benefits, ancillary insurances, retention incentives, job enhancement programs, and training curriculum to ensure we can

recruit and retain quality staff.

We believe that our employees are as important as every client. We believe our employees are also our clients, and that it is our responsibility to keep them well adjusted, provide for positive work schedules, provide a safe and clean working environment, and provide a wage that allows for stable, long-term investment in our company and in the entity they serve.

VitalCore maintains a very positive reputation for the treatment of our employees and for the quality of services we provide. Many times, our positions are filled through “word of mouth”; nurses talking to other nurses, etc. The Vice President of Operations will ensure that each Health Services Administrator continues to post the most common positions so that we will have staff ready to start when the need arises.

Our Core Values set us apart from other correctional healthcare providers as it relates to how we treat our staff and what it means to work at VitalCore. They include the following:

TEAM CONCEPT Although we praise and reward individual achievement, team success is priority and we will set aside personal ambitions to make sacrifices for the good of the team. We share ideas, opinions, and expertise openly within our Company as well as with our Clients. We believe that collaboration and participation in the decision-making process achieves the best results.

HONESTY AND INTEGRITY The highest standards of honesty and integrity will permeate our business decisions and actions. We provide an atmosphere of respect, fairness, and trust by treating others as we would like to be treated. We will conduct our business in a manner that promotes transparency, encouraging open and honest discussions between all parties.

HUMILITY We will not permit personal or corporate arrogance to dictate our decisions or impede progress towards success. We seek an accurate assessment of both our strengths and opportunities for improvement.

Employees want to work for VitalCore because we go out of our way to treat our employees with dignity and respect. We appreciate the work they do every day in a challenging environment, and we demonstrate our appreciation in many different ways.

We believe every employee of VitalCore deserves to make a living wage, regardless of the position they hold. The role of the Administrative Assistant is no less important than the role of the Medical Director. Each has a job to do and we appreciate them for the role that they play in the overall goal of providing quality patient care.

Our personnel policies include the following:

- Candidates for positions of Health Service Administrator, Director of Nursing, and Medical Director require pre-approval of Genesee County.

- All VitalCore staff will be required to pass a criminal background check conducted by Genesee County.
- Require and verify that all personnel are currently and appropriately licensed, certified, credentialed or registered, as necessary, in conformance with Michigan state laws and regulatory requirements. A personnel file will be established for each employee or subcontractor. Each employee's file will contain current licensure, registration and/or certification documentation.
- Develop and implement an orientation program that each staff member must complete within thirty (30) days of commencing employment.
- Provide all employees with a copy of VitalCore's personnel policies and pertinent Genesee County policies, directives, rules, interim memos, MOUs, intergovernmental agreements, and guidance documents.
- Develop an employee grievance and resolution process that provides VitalCore staff with a confidential means to address work-related issues.
- Avoid the regular use of Agency, per diem, or traveler staffing to meet the staffing requirements of the Contract.

Although we see the recruitment of quality staff as everybody's job, VitalCore has six staff in our corporate office that are dedicated to the recruitment and retention of our staff. These individuals will be intimately involved in our recruiting efforts for the Genesee County contract.

Turnover

VitalCore maintains a turnover rate of under 10%, which is extremely low when compared to the healthcare industry standard of approximately 25%. This speaks highly of our employee engagement programs as we are extremely focused on employee retention. This starts by paying a very competitive wage and offering an excellent benefit package and is further enhanced by some of the little things we do for our employees during nurses' week, holidays, and just ad hoc to show our employees how much they mean to us and how much we care about them.

Equal Employment Opportunity

VitalCore provides equal employment opportunities to all employees and applicants for employment without regard to race, color, ancestry, national origin, gender, sexual orientation, marital status, religion, age, disability, gender identity, results of genetic testing, or service in the military. Equal employment opportunity applies to all terms and conditions of employment, including hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation, and training.

VitalCore expressly prohibits any form of unlawful employee harassment or discrimination based on any of the characteristics mentioned above. Improper interference with the ability of other

employees to perform their expected job duties is absolutely not tolerated. Any employees with questions or concerns about equal employment opportunities in the workplace are encouraged to bring these issues to the attention of the Human Resources Department.

VitalCore does not tolerate any form of retaliation against individuals who raise issues of equal employment opportunity. If an employee feels they have been subjected to any such retaliation, they should bring it to the attention of the Human Resources Department. Retaliation means adverse conduct taken because an individual reported an actual or perceived violation of this policy, opposed practices prohibited by this policy, or participated in the reporting and investigation process described below. "Adverse conduct" includes but is not limited to:

- Shunning and avoiding an individual who reports harassment, discrimination or retaliation;
- Express or implied threats or intimidation intended to prevent an individual from reporting harassment, discrimination or retaliation; or
- Denying employment benefits because an applicant or employee reported harassment, discrimination or retaliation or participated in the reporting and investigation process.

Licensure/Certification

VitalCore staff who provide direct patient care, from nurses to psychiatrists, will be required to participate in a clinical review of their credentialing and background checks. A full credentialing packet appropriate to the license status will be maintained. We will ensure that all clinical staff are licensed in the State of Michigan. VitalCore will not hire any licensed clinical staff with restrictions on their licenses for any reason. All staff will adhere to the facility's security rules, regulations, policies, and procedures. VitalCore will provide information to Genesee County regarding all key personnel and receive approval of staff prior to hire.

Each Clinician will participate in our clinical performance enhancement program. The program ensures that each health professional's work is reviewed regularly by qualified professionals. The goal is to ensure healthcare professionals comply with both discipline-specific and community standards. The review will include an analysis of trends in the practitioner's clinical practice, providing a clear and accurate view of his or her work. Healthcare practitioners will then receive a confidential assessment of their work, including any opportunities for improvement.

Employee Benefits

VitalCore has a comprehensive employee benefit program that exceeds industry standards. We believe in investing in our employees, treating them well and minimizing the turnover of our staff. We ensure every employee receives a 2% increase after one year of service, 3% after two years of services, and 4% after three years of service. In the fourth year, the increases are rolled up into their new base salary and the process starts over again with a 2% increase in year 4.

For health, dental and vision coverage, VitalCore pays for 70% of the total premium for individual and family coverage and the employee is responsible for 30% via payroll deduction. We have successfully renewed our insurance plan for the past two years with no increase to our employees for their share of our health, dental, and vision benefits! We have three different levels of health

insurance coverage and four tiers of premiums to ensure flexibility in our offerings and meeting the various needs of all of our employees

The following is a description of the benefits offered to employees.

Healthcare Benefits –

- Medical Plan
- Minimal co-pays for office visits & walk-in clinics
- Several plans to choose from with low and high deductibles
- \$50 gift card for employee and spouse completing annual health assessment
- Prescription Drug coverage with generic drugs covered at a \$3 to \$45 co-pay

Dental Benefits –

- Dental Coverage
- 100% Coverage for Preventive and Diagnostic Services
- 50% of orthodontic services for dependents under age 19

Vision Benefits –

- Coverage for Exam
- Lenses, Frames/Contact Lenses

Accident and Cancer Policies –

- Accident policy pays for covered benefits for off-the-job and on-the-job accidental injuries
- Cancer policy pays for covered cancer or 29 additional diseases

401(k) Retirement Plan –

- Help yourself save for retirement with pre-tax dollars
- VitalCore provides a contributory match of up to 2% to your account after one-year of employment or 1000 hours of service

Bereavement Leave –

All associates are allowed time off in the event of a death in their immediate family. The length of such leave will vary depending on the circumstances. All regular full-time associates will be allowed up to three (3) days' leave with pay. PRN and regular part-time associates will be granted time off without pay. For purposes of Bereavement Leave, immediate family includes spouse, children, grandchildren, brothers, sisters, parents, legal guardian, grandparents of associate or spouse and spouse's parents.

Family Medical Leave Act (FMLA) –

VitalCore will provide FMLA to its eligible employees. We provide the mandatory FMLA Notice upon hire and post required notices by the U.S. Department of Labor (DOL) on Employee Rights and Responsibilities under the Family and Medical Leave Act at each contract site. Eligible employees qualify for up to twelve (12) weeks of unpaid leave, which can be taken on an intermittent basis.

Holidays –

VitalCore recognizes specific holidays each calendar year. Regular Full-Time employees are eligible for paid holidays (time off with pay). VCHS designates eight (8) paid holidays during the calendar year for eligible employees. When and if necessary, certain employees may be required to work on a holiday but will be given an alternative day off within the same week, if possible, or within the same pay period as the holiday falls. Paid company holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Christmas Day

Jury Duty –

If called to jury duty, the employee must submit the Court Notice and the Proof of Jury Duty to their manager and Human Resources. Time off to perform jury duty will be provided. VitalCore will pay for up to three (3) days of regularly scheduled time if an employee is out. Employees have the option to use accrued vacation or sick leave.

Military Leave -

Employees ordered to uniformed service on active-duty status will be granted a leave of absence for up to five years. Employees may be eligible for leave under the FMLA policy. It is the responsibility of the employee to provide your manager with notice of every leave before the leave begins. If advance notice cannot be provided due to extenuating circumstances, the employee must ensure notice is provided via emergency contact and/or family member as soon as possible. Employees in military service for more than 30 days are required to provide documentation that provides the discharge status and release date for the respective leave within two weeks from the end date of the leave. Employees in military service for 90 days or less will, upon return, be generally restored to the job he or she would have had if employment had not been interrupted by service. Ultimately, the job assignment will be based on compliance with applicable law, availability, the employee's qualifications, as well as the business needs of the company.

Voting –

Employees will be excused with pay for such time as is reasonably necessary to vote in national, state, and local elections.

Administrative

VitalCore has extensive manuals in place including policies and procedures, nursing clinical guidelines, infirmary care, infection prevention and control, behavioral health services, and personnel manual. Our policies and procedures have been developed to align with the standards

of the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC) and Prison Rape Elimination Act (PREA) regulations. We will ensure that Genesee County policies comply with all of these standards as well as Michigan Department of Corrections standards. VitalCore will also ensure that our policies and practices comply with the American Society of Addiction Medicine Standards, and all Genesee County policies and directives. We can assure Genesee County that we will meet and, in many cases, exceed all of these standards.

When staff members have clear direction on policies and procedures, the workplace runs efficiently and effectively. To that end, VitalCore will ensure teams are aligned – and compliant - - by providing the facility with a manual of written policies and defined procedures regarding healthcare services that address each applicable ACA or NCCHC standard. The manual will clearly outline the official position of the health services operations on key issues and include detailed guidelines concerning how the policies and procedures will be implemented.

The on-site Health Services Administrator is ultimately responsible for ensuring that staff - and new personnel - follow approved policies and procedures. The VitalCore Policy and Procedure Manual will also be reviewed annually by corporate office staff and site health care personnel.

Health services (including medical, dental, behavioral health, and ancillary services) are coordinated with jail administration through joint monitoring, planning, and problem resolution. Healthcare is discussed at administrative meetings and healthcare staff meetings are conducted to review administrative issues. Statistical reports are generated monthly to include information for all services provided by the site health care units. Ongoing communication and cooperative efforts between VitalCore’s Regional Office, site healthcare units, and the site administrator is maintained.



Schedules

VitalCore remains committed to quickly filling any vacancies to maintain full staffing. Our Staffing Plan proposal incorporates a relief or backfill factor, allowing us to provide coverage during staff absences and short-term vacancies. To accomplish this, we will hire PRN staff specifically trained for the Genesee County Jail, ensuring they are ready to step in as needed.

Our staffing plan eliminates the need for the use of agency or stat nursing services. However, in the case of a rare emergency such as a flu epidemic or staff walk off, due to our extensive presence in Michigan, we have other Michigan licensed nursing staff in our other contract sites who can travel to your facility to fill in and take over management. We also have a national nursing staffing company with whom we have an agreement for catastrophic staffing fill in. This company specializes in correctional nursing. We have not had to use this staffing to date, but this staffing is available 24/7 and has licensed staff who are trained in correctional nursing as their niche. We currently do not use agency nursing staff in any of our jail contracts.

All VitalCore staff will comply with sign-in/sign-out procedures agreed to by Genesee County Jail Facility and VitalCore. VitalCore staff will attend all facility briefings as agreed to with Sheriff's Department Administration.

We have staffed the clinic to allow for backfill and coverage for vacation and sick leave allowing us to provide coverage essentially without overtime. Please refer to the backfill positions as detailed in our proposed staffing plan. Our plan allows us to physically have a minimum of one FTE backfill on site daily. This additional FTE allows flexibility in rearranging schedules and picking up overtime if it is necessary. This provides the facility with solid coverage and eliminates the risk of having to go without staff or using agency staff that have no training at your site. This plan also allows for us to have backfill for staff that are trained on the site, allows time for training days, and prevents burnout from overworking staff. We are confident that our proposed staffing plan will meet the needs of the Genesee County Jail and enable us to provide quality patient care.

Security

All VitalCore staff will be subject to the security regulations of the Genesee County Sheriff's Office. As "guests in your house," VitalCore's team is committed to adhering to all security regulations and procedures established by the County and the Sheriff's Office. Our site personnel will study and understand all applicable facility rules before working in the facility. Each VitalCore site employee will have a complete working knowledge of these rules and integrate them into their daily duties as they coordinate with security staff.

Additionally, we recognize that any violations of these regulations may lead to access restrictions for our employees. Should any VitalCore personnel be denied access due to noncompliance with Genesee County guidelines, we will promptly assign another qualified employee to fill that role. Our commitment to maintaining a safe and secure environment means that VitalCore employees will consistently follow facility rules, maintain a clean workspace, and follow security protocols at all times.

Referrals

VitalCore will provide as many specialty care services on-site as possible. We will utilize our Secure Telehealth System to provide such services when specialty care providers are unable or unwilling to come on-site. This program utilizes the *Let's Talk Telehealth* platform that was developed through the Zoom application. *Voice Products*, a company based in Wichita, Kansas, has partnered with the *Let's Talk* platform to offer it and associated vital signs monitors to jails and prisons. The telehealth platform is HIPAA and CJIS compliant so we can be assured that the video meetings are completely secure. This program helps us to reduce the need for off-site visits and their associated costs. While the program will not completely eliminate the need for off-site appointments and transports for the County, it will significantly reduce the need.

When a patient requires care that extends beyond the services provided on-site, VitalCore's health care professionals will make referrals to the appropriate off-site provider. We will coordinate with the County for security arrangements during transfer. All transfer information will be kept confidential from the patient.

Utilization Management for Specialty Referrals

VitalCore utilizes a *Grand Rounds* Utilization Management process that helps ensure appropriate and timely referrals for off-site specialty care. Through this process, a site provider will consider the need for offsite referral during a clinical encounter. The provider will then present the patient case during the daily care management call or through private consultation with the Site Medical Director. Through collegial review with VitalCore's Regional Medical Directors on this call, the request will be approved, or an alternate plan of care discussed. Once the provider receives authorization for the referral, the provider will enter pertinent information on the Consultation Request in the electronic medical record. This information is then used to populate VitalCore's unique Utilization Management Tracking Software, *CoreCare*. This process will ensure that all requests for non-emergent off-site services are reviewed for appropriateness and approved as clinically indicated. Of course, in emergency situations, VitalCore will not hesitate to transfer patients to the nearest emergency department as medically necessary.

VitalCore will manage all specialty referrals through our Utilization Management and Review program. This process will ensure that patients receive the appropriate care from a qualified provider, in a timely manner. We will ensure that approval of consultations or inpatient care will be completed within five (5) working days of the request for referral.

Pregnancy and Pre-Natal Care

Our company takes pride in our comprehensive Pregnancy and Pre-Natal Care Program. This program begins when our Intake Nurses actively interview all incoming female inmates to assess any potential for pregnancy and obtain the date of their last menstrual period. If a client is determined to be pregnant, our physician/mid-level provider will assess the patient and determine if the services of a skilled obstetrician who specializes in high-risk prenatal obstetrical services are necessary.

VitalCore will ensure that our prenatal care program includes regular prenatal care, medical exams, nutritional counseling, and safety precautions to ensure both the health of the mother and baby. The provider will also offer guidance with diets, prenatal vitamins, appointments, housing, hospitalization, and diagnostic testing, including HIV testing and prophylaxis when necessary.

Our prenatal care program includes routine urine analyses for proteins and ketones, vital sign monitoring, biometric assessments, and monitoring for toxemia. Additionally, our pregnancy evaluation process involves collecting the patient’s medical history regarding prior pregnancies, complications, and other issues. We prioritize providing as much prenatal care as possible on-site with our credentialed providers. Our team is dedicated to ensuring that all pregnant patients receive the best care possible throughout their incarceration, including delivery if necessary. Through our system we will ensure a cost-efficient method that protects the safety of the patient.

Prioritizing Women’s
Health

In-Service Training

VitalCore will deliver in-service training for both medical and security staff, focusing on methods for diagnosing and treating diseases, recognizing mental health illnesses, managing drug and alcohol withdrawal, and preventing suicide—areas known to significantly impact inmates. Our Site Medical Director (SMD) will serve as the primary coordinator for these trainings, while the Site Health Services Administrator (HSA) will assist in organizing and scheduling them, documenting their completion, and tracking ongoing training schedules. The SMD will also oversee the in-service training, leading sessions or collaborating with approved organizations and experts as part of VitalCore’s Continuing Education (CE) policy and program. This program mandates that all newly hired health and mental health staff complete 40 hours of Orientation Training. Licensed and certified professionals will earn Continuing Education Credits (CEUs) through on-site training sessions or online courses provided by VitalCore's corporate clinicians.

As part of our healthcare services, VitalCore will train facility staff in suicide prevention, recognizing special needs, and identifying mental illnesses. These courses, utilized at many of our other sites, encourage team building and foster collaboration between medical staff and security personnel. Examples of our training offerings include

- cardiopulmonary resuscitation (CPR),
- basic first aid, suicide prevention, and
- mental health awareness.

We will coordinate these courses for the Genesee County Jail, aligning them with existing training and skills development programs currently on site. We will offer these courses annually to every security staff member who works with incarcerated individuals. Additionally, we are prepared to provide education and training to inmates in response to the County’s request. Suicide prevention will remain a crucial focus for us, ensuring that all members of our team, as well as yours, collaborate to minimize risks and support inmates grappling with such challenges, providing appropriate treatments when necessary.

Professional Development and Continuing Education

VitalCore commits to ensuring that all healthcare professionals participate annually in the continuing education required by state or federal law, as well as any training appropriate for their positions and accreditation standards. The Site Medical Director (SMD) and Health Services Administrator (HSA) will work closely with facility leaders to develop a comprehensive training curriculum that aligns with NCCHC standards for healthcare and emergency response. We understand that collaboration and regular training are crucial, as drills and exercises can save lives and mitigate harm in high-pressure situations. Accordingly, all VitalCore site staff will be trained in emergency response. Nursing staff will receive training in CPR, emergency response, first aid, dental screenings, along with regular competency reviews, crisis intervention training, trauma-informed care techniques, PREA, and suicide prevention.



The onboarding process for new hires will include a combination of in-person and online training sessions, offering a thorough introduction to our health and emergency response procedures. VitalCore will supply documentation of ongoing continuing education to the Genesee County Jail Administrator, while the HSA will maintain copies on-site.

Continuing Education for Mental Health Staff

VitalCore's mental health (MH) staff members will complete ongoing continuing education (CE) to address the unique needs of the incarcerated population, including female and aging patients. They will also receive training in trauma-informed care and confidentiality regarding behavioral health information. Suicide prevention and risk assessment will make up two essential areas of focus in our MH Staff's CE requirements. This will equip them to recognize the signs of mental illness, substance use, relapse, neurocognitive disorders, and neurodevelopmental disabilities. It is important to highlight that many training topics will overlap, enhancing our integrated system's effectiveness in meeting the diverse needs of each patient.

Focus Areas of Training For Correctional Staff

VitalCore will actively train jail staff in key areas of health care, mental health, and chemical dependency, including inmate prescreening, receiving screens, suicide prevention, and CPR/First Aid certification. We will also cover topics identified as significantly impacting inmates. Our training for facility staff encompasses several critical areas such as suicide prevention, identification of special needs, health care emergency readiness, and recognition of mental illness. These training courses, implemented at many of our other sites, enhance preparedness and foster teamwork and collaboration between medical and security staff. VitalCore believes this training will strengthen our positive relationship with the County's security personnel.

Our staff will defer to correctional staff in all security-related matters while acknowledging that their efforts contribute to the overall security of the facility. Therefore, they will strictly adhere to the facility's security protocols at all times.

Suicide Prevention Training for Facility Staff

The NCCHC Standards for Health Services for jails and prisons outlines that the first component of suicide prevention and intervention training (Standard B-05) is to educate all staff members who interact with inmates. Our training will equip them to recognize verbal and behavioral cues indicating potential suicide risks and to respond appropriately. VitalCore proposes providing both initial and annual training sessions that cover risk factors, warning signs, and procedures for responding to at-risk individuals. Since individuals at risk may confide in anyone, we will train all security staff to be vigilant and aware of both direct and indirect cues regarding suicidal behavior.



VitalCore considers site nurses and the County's jail staff as the primary monitoring level for identifying potential risks—the eyes, ears of your facility. They will be the first to identify and respond to potential crises. Therefore, every member of the security staff will be trained to possess the skills to recognize potential risks and report them immediately, mitigating potential issues. Additionally, when staff realize that their training empowers them to save lives, they become more invested in mastering the necessary content and skills. We have observed that raising awareness among security staff and nurses about their critical role in supporting suicidal inmates enhances their pride in their work, fostering a deeper understanding of their importance. This often leads to improved morale and performance.

Three primary skills achieved in VitalCore's training are:

- Recognizing and responding effectively to warning signs of impending suicide or self-harm
- Intervening to interrupt a suicidal act in progress
- Identifying when an individual requires referral for mental health care and ensuring timely and effective referrals

Our overarching goal is to improve lives and promote positive change. VitalCore looks forward to collaborating with Genesee County's facility leaders to ensure that each individual struggling with these issues finds hope and receives the care and treatment they need.

Orientation of New Employees

VitalCore fully recognizes the importance of training and professional development for all of our staff. We will ensure that each staff member receives the necessary hours of training on topics required and will document the training.

The Health Services Administrators will ensure the availability of a written orientation plan to include any new employee hired for the facility. Among topics that shall be included, but not limited to, are:

- Job Description
- Employee Benefit Program

- Organizational Overview
 - Confidentiality/Release of Information/Sharing Information Based on “need to know”
 - Prohibitions against fraternization
 - Improper relationships with incarcerated individuals
 - Trafficking
 - Patient/Staff Relationship and Appropriate Conduct with Patients
 - Basic Rights of Patients / Eighth Amendment
 - Introduction to Accreditation Standards
 - Security and Control (Contraband, Key Control, Professional Boundaries)
 - Relevant Security Policies and Procedures
 - Healthcare Policies, Procedures, and Protocols
 - The Patient Social System
 - Tour of Facility
 - Emergency Procedures
 - Emergency Response/Location of Emergency Equipment
 - Health Needs, Signs and Symptoms, and Classifications of Patients
 - Suicide Prevention Plan
 - Quality Assurance Performance Improvement (QAPI)
 - Specials Needs of the Patient Population
 - Behavioral Health Classification of Patients
 - Right to Refuse Treatment
 - Informed Consent
 - Electronic Medical Record
 - PREA / Aspects of Sexual Abuse and Harassment

The Health Services Administrators, or designee, will develop a work schedule for new employees that allows for sufficient time necessary for orientation. Employees shall not perform any onsite duties without full orientation. The orientation program is approved by the Jail Administrator.

VitalCore employees receive a general orientation to the institution upon initiation of employment through the completion of VitalCore Orientation training. The modules included in VitalCore Orientation contain information related to:

- VitalCore Health Strategies company policies.
- Working in a correctional environment.
- Handling urgent/emergent situations.
- Employee Safety.
- HIPAA training.
- Human Resources information.

VitalCore has developed training to include orientation and annual training for VitalCore healthcare staff as well as correctional officer training on healthcare issues within the Genesee County Jail. We will ensure that training is developed to be site specific and abide by NCCHC and ACA guidelines.

VitalCore will work with the Sheriff's Office to ensure annual training for security and healthcare staff is completed timely, the work is evidence based, and the training records are complete. To prevent staff training from becoming insular to the correctional environment, we encourage staff to practice no differently in a correctional healthcare setting than in a community clinical setting.

Staff Emergency Services

VitalCore will provide emergency services including first aid, assessment, stabilization and the coordination of transport of employees or visitors who become ill or injured in the Genesee County Jail and provide appropriate incident report.

Adjustment to Price

Should Genesee County and VitalCore mutually agree to a change in the scope of the program during the contract term, VitalCore understands we will be allowed to adjust the contract price as mutually agreed upon.

Modification and Amendments to the Contract

VitalCore understands that changes in contractual provisions of services to be furnished under the contract may be made only in writing and must be approved mutually by an authorized agent of VitalCore and Genesee County.

Assignment

VitalCore assures Genesee County that we will give full attention to the faithful execution of the contract, shall keep the contract under its control, and shall not by power of attorney or otherwise assign the contract to any party.

Abandonment or Delay

VitalCore understands that if the work to be done under this contract shall be abandoned or delayed by VitalCore, or if at any time the Office of the Sheriff is of the opinion and shall so certify in writing that work has been abandoned or delayed by VitalCore, Genesee County Sheriff's Office may annul the contract or any part thereof if VitalCore fails to resolve the matter within one day of Genesee County's notice.

Respondent's Cooperation

VitalCore will maintain regular communications with Genesee County Correctional Facility and shall actively cooperate in all matters pertaining to this contract.

VitalCore understands The Office of the Sheriff shall have the unfettered right to monitor the work of VitalCore in every respect. In this regard, VitalCore will provide its full cooperation, and ensure the cooperation of its employees, agents, and sub-respondents. Further, VitalCore will make available for inspection and/or copying when requested, original time sheets, invoices, charge slips, credentialing statements, continuing education and training records, and any other data, records and accounts relating to VitalCore's work and performance under the contract. In the event VitalCore does not hold such material in its original form, a true copy will be provided.

Responsibility

VitalCore will at all times observe and comply with all federal, state, local and municipal laws, ordinances, rules and regulations in any manner affecting the contract whether in place now or enacted at any time during the term of the contract.

Public Information

VitalCore will not publish any findings based on data obtained from the operation of this contract without the prior written consent of the Office of the Sheriff.

Research

No medical research projects will occur involving inmates.



Litigation History



LITIGATION HISTORY

Over the past 6 years of practice, VitalCore’s services have included comprehensive healthcare services as well as assisting in reorganizing, restructuring State Hospitals and State Correctional Systems. As you are undoubtedly aware, this is a highly litigious environment. Despite that, with our tight clinical practices and our conservative treatment philosophy, we have experienced incredibly low incidence of grievances, complaints, and legal actions against VitalCore.

We can summarize our litigation history briefly. To date, no default or breach of contract claim has been filed against VitalCore. Neither has there been any judgment filed, nor any investigations of fraud, abuse, conflict of interest, political activities, nepotism, bankruptcy or any criminal activities. We are proud to say that we are unique in this clean record in the industry.

While not completely immune, we have had a very limited number of lawsuits filed against VitalCore, considering that we currently serve over 90,000 inmates in 17 states. Our broker describes our track record on litigation as “impeccable,” with very few cases settled and when settled, for very low amounts.

Our philosophy in to provide quality patient care up front, which we consider to be the driving reason behind our excellent litigation record. We address grievances with a timely, comprehensive response to prevent them from exacerbating into potential litigation. When litigation does occur, we defend it vigorously and do not settle cases for the sake of saving a few dollars in attorney fees.



***Technical
Proposal***



TECHNICAL PROPOSAL

We have included a response to each of the areas requested in the technical proposal section of the RFP on the following pages.

- a) How onsite and offsite healthcare services will be provided and/or accessed. The Respondent must demonstrate an understanding of each task. Each task should be identified along with an explanation of how the Respondent plans to approach the task. A restatement of tasks taken from the "Scope of Work" section of this RFP will not be considered responsive.

VitalCore Response

We have provided a detailed description of our delivery of onsite and offsite healthcare services in response to the Scope of Services section under the Statement of the Project earlier in this proposal response.

- b) Identify existing Respondent relationships and/or the nature of the relationships in Genesee County and/or what network of Respondents the Respondent will have available to provide off-site or specialty services.

VitalCore Response

VitalCore has an extensive network in place throughout Michigan and in nearby Saginaw County as a result of our contracts with the Michigan Department of Corrections and Saginaw County. We will establish a similar network in Genesee County with intent to minimize the travel time from the jail required for offsite specialty and hospital care.

- c) Describe in detail your experience with an integrated care model (systemic coordination of general and behavioral health care), including the integrated care model that you currently use

VitalCore Response

VitalCore utilizes the Integrated Care Model for our entire program. This model ensures that there is appropriate sharing of information as well as oversight of the integrated services. VitalCore believes that medical and mental health are both vital aspects of a patient's overall health and wellbeing.

When VitalCore provides both medical and mental health services to a site, we can ensure that there is a balance of services as needed. Health care team members will meet to provide collaborative medical and mental health care services and individualized treatment for incarcerated individuals. Everyone will work together on the same therapeutic goals by integrating services and treatment. Qualified medical and mental health care professionals will work within the scope of their discipline, coordinating efforts to address each individual's unique medical and mental health care needs. Multidisciplinary teams will include collaboration with corrections staff, supervision, and administration to develop treatment plans for inmates

displaying manipulative behaviors or disruptive behaviors that challenge the orderly operation of the jail.



- d) How do you assess medical necessity and assign the level of care needed for inmates with SUD? Please include tools and methods used to make these determinations.

VitalCore Response

VitalCore fully understands that complications associated with withdrawal from alcohol and addictive drugs have become a significant problem in the correctional setting. By providing medically supervised withdrawal using current best practice withdrawal protocols and close monitoring, VitalCore will reduce the risk of these complications. We further believe that incarcerated individuals with SUD who have access to substance disorder information, education, and/or treatment programs for substance use disorders are more likely to adopt healthier lifestyles thus reducing recidivism. We will identify individuals in need of substance use treatment services upon intake and during incarceration and provide treatment and programs that best fit the needs of the Genesee County Jail.

Intake is a crucial time for inmates suffering from withdrawal or intoxication issues. The medical staff will evaluate all incoming inmates during receiving screening to determine if they are fit for admission to the facility or if they require elevated levels of treatment offsite. For inmates that report drug and/or alcohol use, our staff will determine if they require detoxification and withdrawal management using our triage procedures.

VitalCore will provide protocols for intoxication and withdrawal that are approved by the responsible physician annually and are consistent with nationally accepted treatment guidelines.

This will ensure that each inmate suffering from withdrawal will be housed for effective monitoring and that appropriate treatments will be applied. Inmates showing signs of intoxication or withdrawal will be monitored by qualified health care professionals using approved protocols as clinically indicated until symptoms have resolved. Meanwhile, the patient will be screened for diseases associated with alcohol and other drug use, and the appropriate behavioral health staff will be notified to evaluate and determine the plan for behavioral health treatment.

- e) What trends does your organization track to ensure that your practice is aligned with community standards and/or evidence based/best practices?

VitalCore Response

A cornerstone of VitalCore’s healthcare philosophy is an unwavering commitment to providing outcome based, comprehensive healthcare services. Our goal is to reduce recidivism with a focus on rehabilitation and we have a profound appreciation for the role that health services play in that pursuit. We commit to providing services that mirror industry best practices and that are constantly evolving. VitalCore prefers the model for one contractor to provide both health and mental health services so that we can treat the whole inmate, coordinate our services well, and train all of our staff on both medical and behavioral health issues.

All of our systems, nursing clinical guidelines, policies and procedures have been developed to adhere to ACA and NCCHC standards and industry best practices.

- f) What expertise does your organization have in behavioral health specialty areas, i.e. suicide prevention, behavior modification, effective therapies for corrections populations, co-occurring disorders, etc.?

VitalCore Response

VitalCore’s comprehensive behavioral health program, including specialty areas mentioned above, is described in detail in response to the behavioral health component of the Scope of Services included in the Statement of the Project earlier in this proposal response.

- g) Describe your experience with medication assisted treatment (MAT) for opioid use disorders (OUD)? For other substance use disorders (SUD)?

VitalCore Response

VitalCore has experience in developing and implementing Medication Assisted Treatment (MAT) programs in the correctional environment. We believe that individuals with Opioid Use Disorder (OUD) should have access to FDA approved medications for treatment of OUD and adjunctive behavioral therapy, as needed, to support their health needs. The MAT program will include individualized treatment plans that support each patient in their efforts to attain wellness. We will ensure that the practitioners providing MAT are appropriately qualified to deliver such care and services are provided in accordance with applicable guidelines and standards.

VitalCore has years of experience in the development and administration of MAT programs in correctional environments. We maintain MAT programs at many of our other contract locations across the nation. We have established policies and procedures that we will utilize in the development and implementation of a MAT program at the Genesee County Jail. Our Chief Operating Officer, Dr. Lorelei Ammons, is very experienced with the establishment and management of MAT programs and will play a key role in the oversight of the MAT program implemented at the Genesee County Jail.

We will ensure that each patient is screened upon intake for participation in the MAT program. We will utilize urine drug screens as one tool to determine opioid use disorder and appropriateness for MAT. Our intake staff will be properly trained to correctly identify individuals in need of MAT and SUD services utilizing current best practices.

We will ensure that individuals identified at intake or through report to infirmary as moderate-high risk are referred appropriately for screening and assessment. We will ensure that these individuals are seen in a timely manner to initiate care.

VitalCore will utilize current best practices withdrawal protocols to provide inmates with a comprehensive medically supervised withdrawal program. We will ensure that our staff is fully proficient in buprenorphine taper method. Inmates will be assessed for MAT prior to determining their need for withdrawal and detoxification. Medically supervised withdrawal will be done under provider supervision utilizing the appropriate medications to mitigate withdrawal symptoms. The provider will order medication for withdrawal as clinically indicated and following established protocols.

Our staff will utilize their triage skills to identify pregnant individuals entering the stage of withdrawal so that the patient is assessed in a timely manner. All pregnant individuals demonstrating clinical signs or symptoms of withdrawal will be transported to the local emergency room for immediate OB/GYN and neonatal consultation. We will ensure the pregnant individual receives follow-up care and treatment managed by the OB/GYN consultant unless other arrangements have been made with an off-site consultant.

VitalCore employees conducting intake screening will utilize evidence-based screening tools to assess withdrawal potential for each incoming inmate. We will ensure that each employee is appropriately trained and experienced in current best practices for assessment of Substance Use Disorder (SUD). Tools utilized for withdrawal assessment will include Clinical Instrument Withdrawal Assessment (CIWA), Benzodiazepine Withdrawal Scale for Corrections (BWS-C), and Clinical Opiate Withdrawal Scale (COWS).

VitalCore's discharge planners will initiate contact with community agencies for continuity of MAT medications and Behavioral Health and/or other adjunctive services prior to an incarcerated individual's discharge when the individual is on MAT medications. We will ensure continuity of care for inmates being discharged to the community so that there is not a lapse in medications or care.

We will work closely with the County’s designated Drug and Alcohol Authority on best practices for the treatment of Substance Use Disorder.

VitalCore has experience in the development and implementation of Opioid Treatment Programs (OTP) at some of our other contract locations. We have initiated programs at both Jefferson County, Colorado and Stark County, Ohio. One of our regional medical directors, Dr. John Tomarchio, has developed a team of MAT professionals that have created operational guidelines for the development and implementation of MAT programs in the correctional setting. Our corporate level team will aid in the development of the OTP at the Genesee County Jail.

- h) How would you advance appropriate, evidence-based use of MAT in the jail setting?

VitalCore Response

Please see our response above regarding the implementation of a MAT program in Genesee County, including continuation and induction services.

- i) What experience does your organization have working with community service practitioners, insurance carriers and health and human service agencies to ensure continuity of care upon release/discharge?

VitalCore Response

VitalCore has extensive experience in the provision of discharge planning and reentry services. We believe that discharge planning begins at intake and continues throughout each individual’s incarceration period. We take this process very seriously and will cooperate with the Genesee County Sheriff’s Office on patient reintegration initiatives to ensure continuation of care within the community. We will develop and implement health discharge planning services for patients requiring continued care at the time of release. VitalCore will ensure that patients are linked with the appropriate community agencies that offer the care they need.

VitalCore’s discharge planning staff will schedule appointments with community providers including (but not limited to) care for acute and chronic illnesses and substance use disorder services and victims of sexual abuse. Our discharge planners will develop individualized release plans and ensure that referrals to community agencies contain the appropriate information. VitalCore will ensure all appropriate referrals are made including those for community-based medication assisted treatment (MAT) programs. All referrals and individualized release plans will be developed to ensure continuity of care for each releasing individual.

VitalCore will complete referrals for service to the local health department as indicated and appropriate. We will provide assistance to patients requiring special needs services and/or devices.

Program Support Services

Medical Audit Committee

Medical Audit Committee (MAC) meetings are held monthly. The Jail Administrator, or designee, and the responsible health authority will be in attendance monthly. Members of the healthcare and Sheriff's Office staff will attend as deemed necessary by the Health Services Administrator (HSA) or Jail Administrator. At minimum members should include: HSA, Site Medical Director, Dentist (if applicable), psychiatrist (if applicable), Director of Nursing (D.O.N.), and Behavioral Health Coordinator (if applicable). The MAC meeting is chaired by the Medical Director, HSA, or designee, and minutes or summaries are made and retained for reference. Copies are available and reviewed by all appropriate personnel. The format of the meeting is as follows:

1. Call to order
2. Acknowledgement of guests
3. Approval of previous meeting minutes
4. Old business
5. New business
6. Quality Assurance/Performance Improvement Activities
 - a. Continuous Quality Improvement Report
 - b. Environmental inspection reports
 - c. Health Services Summary Report
 - d. Offender correspondence/grievances
 - e. Infection control
 - f. Man-down and disaster drills
7. Departmental reports (i.e., dental, custody, behavioral health, etc.)
8. In-service training report
9. The Health Services Report (HSR) will be provided at each meeting.

Quality Improvement Program

VitalCore's Quality Assurance Performance Improvement (QAPI) program is a rigorous system of internal auditing and review designed to exceed standards. This system sets us above many competitors through its comprehensive oversight and tracking structure, including detailed forms for recording mental health care statistics in the Health Services Report, as well as other forms for psychiatric file reviews, inspections, staff meetings, QAPI meetings, and more.

VitalCore's QAPI process is preventive and involves proactive monitoring and oversight at every level of the healthcare program. We will use this process at the Genesee County Jail and provide a written QAPI policy with defined processes in addition to the monthly QAPI report, which includes indicators such as the number and

Quality Assurance Performance Improvement Plan



type of inmate assessments, evaluations, and treatments, individual and group counseling, suicide precautions, crisis intervention, clinical case management, and referrals.

Unlike other correctional healthcare companies, VitalCore does not simply require completion of these forms by the Health Services Administrator (HSA) at each facility. Instead, we make sure the completed forms are submitted to the Regional Director of Operations and the Director of Quality Improvement for review. This helps us quickly identify and correct any deficiencies or troublesome trends to ensure high-quality, appropriate, and continuous care for inmates.

QAPI is an integral part of our delivery model and is used to measure the effectiveness of our services. It works best when it is planned, systematic, and implemented collaboratively by all appropriate healthcare and other disciplines. We will continue to implement this program at Genesee County using a specially developed, written program that meets each facility's specific needs; and, as with all our policies and practices, our QAPI policies and procedures meet or exceed NCHC and ACA standards and will meet or exceed all applicable Genesee County and Michigan state standards.

Structure of the Program

Performance Improvement is a proactive and continuous study of processes with the intent to prevent or decrease the likelihood of problems. The site Health Services Administrator will be the on-site party responsible for the development and oversight of the facility's QAPI Program. He/she will be the liaison between the VitalCore Corporate Director of Quality Improvement and facility staff and will assemble a multidisciplinary QAPI committee that meets monthly to identify areas of opportunity and identify and analyze the root causes of persistent or systemic problems.

The Vice President of Operations will oversee and assist the Health Services Administrator to ensure the facility is implementing the QAPI program as intended. Once the site has identified areas for improvement, the VitalCore Corporate Office QAPI Committee, which will include but not be limited to the Director of Quality Improvement, the Corporate Medical Director, and the Chief Operating Officer – Clinical Services, will collaborate to provide corrective action plans and establish targeted expectations for improvement. Monthly re-evaluation and follow-up will continue until the facility achieves at least 90% compliance. Thresholds will be determined by the VitalCore Corporate Office QAPI Committee who establishes targets for each problem by using Community Standards of Care, Policies, Procedures, and Nursing Clinical Guidelines that are compliant with the National Commission on Correctional Healthcare, American Correctional Association, Agency for Healthcare Research & Quality, and the Institute for Safe Medication Practices.

The Corporate Director of Quality Improvement will oversee the Corporate Quality Assurance Performance Improvement Calendar. This calendar will provide corporate expectations for standardized monthly reviews of critical healthcare functions. Data collected during these monthly company-wide reviews will inform and highlight areas of relative strength and opportunities for improvement. Quality Improvement Screens developed for each of these areas of oversight will be used to evaluate site data.

Goals & Elements of the Program

VitalCore's QAPI is based on five (5) programmatic elements, with related goals as noted herein:

1. Design and scope are ongoing and comprehensive to deal with the full range of services offered by the facility including, but not limited to:
 - a. Chronic care
 - b. Emergent Care
 - c. Preventive Care
 - d. Care Transitions / Sequential Intercepts
 - e. Accreditation & Compliance
 - f. Outcomes-based treatment and cost effectiveness
 - g. Setting goals for safety, quality and prevention for all clinical interventions while emphasizing outcome and evidence-based treatment and cost effectiveness
2. Goals Include, but are not limited to:
 - a. Provide a systematic method for multidisciplinary staff engagement within an environment of performance improvement, providing opportunities for feedback and learning.
 - b. Implement quality assessment, evaluation, performance improvement planning, and monitoring of healthcare processes and outcomes.
 - c. Identify and reduce errors Improve overall staff and offender safety.
3. Governance and Leadership are part of the critical foundation that stabilizes the QAPI program and encompass:
 - a. Healthcare administration that provides leadership and support to the employees as they make the Quality Assurance process part of their routine and integrate into the culture of the site and the organization.
 - b. A Health Services Administrator that leads the employees through the process by coordinating employee training, confirming access to resources and equipment and ensuring competency development for excellent standardized care.
 - c. Leadership within the facilities that ensures expectations are being set and maintained for

safety, quality, access, and prevention in a transparent and respectful environment.

- d. Leadership that is responsible for accountability as VitalCore believes in creating an atmosphere of safety, not punishment, wherein quality concerns are reported and addressed in a respectful, efficient, and effective manner.
4. Systems are in place to monitor care and services, drawing data from multiple sources including but not limited to:
 - a. Patient Outcome Measures
 - b. Audit results including but not limited to:
 - i. Monthly self-auditing standards results
 - ii. Grievances or reported concerns
 - iii. Life safety results
 - iv. Serious outcome or adverse/sentinel event clinical reviews
 - c. Health Record data
 - d. Internal facility monitoring tools including but not limited to:
 - i. Maintenance and Environmental Services monitoring tools
 - ii. Patient satisfaction surveys
 - iii. Staff satisfaction surveys
 - iv. Infection control surveillance, tracking and trending tools
5. Performance Improvement Projects (PIPs) are developed, tracked, trended and patterns are identified to improve processes and outcomes:
 - a. PIPs are developed in areas identified as needing attention
 - b. Information is gathered systematically, and improvements are implemented
 - c. Selected areas are important and meaningful for specific type and scope of services unique to each facility
6. Systematic Analysis and Action (SAA) are essential:

- a. SAA utilizes a systematic approach to determine where in-depth analysis is needed to fully understand problem, causes and implications of change
- b. Ensures a thorough, organized and structured approach
- c. Includes policies and procedures that demonstrate proficiency in use of Root Cause Analysis
- d. Promotes continual learning and continuous improvement

Areas of Focus

The Health Services Administrator or designee will track adverse patient events, analyze their causes, and report their findings to the Performance Improvement Committee. The Performance Improvement Committee or assigned workgroup will implement preventive actions and mechanisms that include feedback and education throughout the facility. The Quality Assessment Rounds Form can be used to identify areas of concern such as:

1. Adverse patient events include, but are not limited to:
 - a. Medication errors
 - b. Adverse drug reactions
 - c. Major injuries
 - d. Sentinel events
 - e. Patient deaths (including Suicides)
2. Other QAPI Areas of Focus may include:
 - a. Behavioral Health Specific
 - i. Acute Care Unit Treatment Planning
 - ii. IRU Treatment Planning
 - iii. Recidivism to Acute Care/IRU
 - iv. Group Therapy outcome measure progress

- b. Offender satisfaction
- c. Medication management
- d. Information management
- e. Information technology
- f. Pharmacy services
- g. Infection control management
- h. Safety management
- i. Environmental services
- j. Accounting practices
- k. Marketing practices
- l. Rehab/Physical therapy
- m. Discharge planning
- n. Nursing services
 - i. Falls & Accidents
 - ii. Pain management effectiveness
 - iii. Pressure ulcers
 - iv. Venous Thromboembolism
 - v. Consistent assignments
 - vi. Use of chemical and therapeutic restraints
- o. Human Resource Services
 - i. Staffing Levels
 - ii. Staff turnover

iii. Staff Satisfaction

Performance Indicators & Methodology

VitalCore’s Performance Indicators include:

- QAPI-1 - Quality Assessment Rounds Form
- QAPI-2 - Performance Improvement Project Worksheet
- QAPI-3 - FOCUS-PDCA Worksheet
- QAPI-4 - Performance Improvement Plans (PIPs) Report Form

The FOCUS-PDCA: “Find, Organize, Clarify, Understand, Select” (FOCUS) - “Plan, Do, Check, Act” (PDCA) system will be used as the accepted quality improvement methodology at all VitalCore sites. This methodology provides a structured and standardized process of identifying and conducting quality improvement projects. Each facility, with its unique issues, will be expected to identify specific areas of health care that require oversight and improvement.

Performance Improvement Plans (PIPs) will be used to establish the objectives and processes necessary to deliver results in accordance with the expected goals. Performance measures will be based on Genesee County contract requirements and current evidence-based and best-known practices developed to represent interdepartmental communication and interdisciplinary processes as necessary to provide a solid infrastructure. The following data sources may be used in the development of performance measures:

- Employee perceptions of potential safety risks to offenders and/or employees
- Employee reports of errors or perception of errors
- Auditing tools and oversight findings
- Mental health policies and procedures
- Outcomes of processes or services, including adverse events
- Resource performance measures from facility-approved internal and external databases
- Infection control surveillance and reporting
- Review of Grievances
- Satisfaction Surveys

- Peer-Reviewed Research
- Review of sentinel events
- Performance measures related to the following processes, as appropriate for care and services provided, are reviewed monthly by the QAPI Committee:
 - Management of Hazardous Conditions
 - Medication Management
 - Any Identified Procedures that place Patients at Risk
 - Restraint Use
 - Staffing Effectiveness.
 - Appropriateness and Effectiveness of Pain Management
 - Care or Services to High-Risk Populations
 - Benchmarks or Thresholds that Trigger Intensive Assessment and Evaluation are Established

Summary

Quality Assurance Performance Improvement is an integral component of the VitalCore healthcare delivery model. It is built into the ethic of our sites and is utilized to measure the effectiveness of the care and services we provide. QAPI is most effective when it is planned, systematic, and when all appropriate healthcare and other disciplines work collaboratively to implement. At the site, Regional, and Corporate level, VitalCore is committed to a culture of quality and continuous improvement.

Management Information System

Our engagement of new contracts involves a holistic approach, meticulously addressing every facet of the technology systems within the medical department. The process will begin with comprehensive site assessments, involving a detailed evaluation of existing technology systems. During these assessments, we will engage in the following activities:

- Conduct a facility tour and equipment inspection.
- Engage in discussions with site leadership to understand goals and challenges.
- Document the network infrastructure, identifying gaps or issues.
- Perform a SWOT analysis on the technology systems.
- Assess alignment with department objectives and needs.

Our primary goal is to ensure that technology not only supports the department effectively and efficiently but is also tailored to the site-specific delivery of care.

Moving into the deployment phase, our dedicated go-live team will collaborate closely with the clinical team to facilitate a seamless transition. Throughout this period, we will work with the County to:

- Install, configure, and test infrastructure and supporting technology.
- Train and support staff in technology use.
- Ensure technology meets or exceeds department expectations.

Once the contract is live, our commitment to support will continue in various ways. Initially, we will station technology staff on-site for a period to fine-tune technology and promptly address any arising issues or requests.

As an integral part of the Electronic Health Records solution, training is paramount to validate the accuracy and value of patient information and data within the system. The EHR Development team will employ a hybrid training model, incorporating both online and in-person sessions to accommodate the diverse learning styles of individuals working with Sapphire on a daily basis. Additionally, VitalCore Health Strategies implements a "train the trainer" strategy to facilitate the onboarding of new staff and ensure continuous knowledge transfer as needed.

More specific detail regarding our monthly health services report can be found in the later section on monthly and daily statistics and we have included a copy of the format we use to record and report monthly and daily statistics as an attachment to this response.

Grievance Procedure

VitalCore places high priority on hearing and responding to inmate requests and grievances; therefore, we maintain a rigorous grievance procedure. We will ensure that each complaint receives a full hearing and that issues are addressed and remedied in a timely fashion. VitalCore's corporate procedure is outlined below:

1. Incarcerated Individuals are informed of the grievance process at admission.
2. All medical grievances are tracked.
3. Medical Grievances are reviewed within the Quality Assurance Program at least annually and more often if a trend is noted.
4. The grievance policy includes:
 - a. A time frame for response.
 - b. The process for appeal.
5. Responses to patient grievances:
 - a. Are timely,
 - b. Are based on principles of adequate medical care, and
 - c. Include documentation of response.

VitalCore’s policy allows for effective detection and correction of issues in the health care system. We will adapt this policy to align with the procedures of the County. VitalCore will maintain documentation and statistics of grievances filed on a monthly basis. We will track grievances to help identify any trends that might indicate an ongoing issue with the health care delivery system.

Ensuring Genesee County Oversight of Grievances

VitalCore will notify Genesee County Administration of the outcome of any grievance, investigation, adjudication, or complaint. VitalCore agrees that notification of the initiation of an investigation alone is not sufficient. We acknowledge that the County reserves the right to review any inmate complaint and review VitalCore’s actions in response to the complaint. We will work with the County to implement recommendations in disputed cases, and we will follow the County’s timelines for responses.

Low Grievance Rates Through
Positive Rapport

VitalCore maintains exceptionally low grievance rates throughout all the facilities we serve. This is because we build genuine rapport with patients, listen to their concerns, address issues as quickly as possible, and do the right thing the first time.

Policies and Procedures

VitalCore has extensive manuals in place including policies and procedures, nursing clinical guidelines, infirmary care, infection prevention and control, behavioral health services, and personnel manual. Our policies and procedures have been developed to align with the standards of the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC) and Prison Rape Elimination Act (PREA) regulations. We will ensure that Genesee County policies comply with all of these standards as well as Michigan Department of Corrections standards. VitalCore will also ensure that our policies and practices comply with the American Society of Addiction Medicine Standards, and all Genesee County policies and directives. We can assure Genesee County that we will meet and, in many cases, exceed all of these standards.

When staff members have clear direction on policies and procedures, the workplace runs efficiently and effectively. To that end, VitalCore will ensure teams are aligned – and compliant - - by providing the facility with a manual of written policies and defined procedures regarding healthcare services that address each applicable ACA or NCCHC standard. The manual will clearly outline the official position of the health services operations on key issues and include detailed guidelines concerning how the policies and procedures will be implemented.

The on-site Health Services Administrator is ultimately responsible for ensuring that staff - and new personnel - follow approved policies and procedures. The VitalCore Policy and Procedure Manual will also be reviewed annually by corporate office staff and site health care personnel.

Accreditation

VitalCore believes strongly in the accreditation process and has successfully achieved accreditation by both NCCHC and ACA in many of our contract locations. VitalCore has never failed an NCCHC or ACA audit. Many of our contract sites are accredited by NCCHC and/or ACA.

The ones that are not either do not want to become accredited or are in the process of preparing for their first accreditation audit.

VitalCore will begin our preparation for NCCHC, ACA, PREA, and MDOC audits during the initial transition process. The Vice President of Operations for each site will lead the transition and start-up process and will ensure that historical audit information and files are available. We will train site personnel in the applicable accreditation processes and the importance of completing all contract requirements and ensuring documentation is complete.

For an upcoming audit, the Vice President of Operations and other regional and corporate staff will employ a “boots on the ground” approach to ensure that the facility meets all standards for which the program will be audited and possesses the documentation to prove compliance. While the facility’s HSA bears much responsibility for ensuring accreditation, VitalCore provides much additional regional and corporate staff support by experienced leaders who have successfully managed audit processes.

VitalCore will prepare for internal policy compliance audits and to attend periodic accreditation meetings as required by Genesee County.

All of our VitalCore sites that have oversight by a state agency such as the State Department of Corrections have successfully passed the states’ audits as well. We are very familiar with the Michigan Department of Corrections’ healthcare standards for jails as a result of our other jail contracts in the state. We have never failed an audit by MDOC.

Strategic Planning and Consultation

VitalCore has extensive experience in the development and implementation of strategic plans and medical and administrative consultation with many of our current clients. This includes such areas as policy and procedure development, adherence to standards, process and workflow, development of electronic medical records, and design of healthcare units within correctional facilities. We would be pleased to offer our expertise in any of these areas and many others to Genesee County as requested.

Medication Assisted Treatment

VitalCore has extensive experience delivering Medication Assisted Treatment (MAT) services to incarcerated individuals. We believe those with Substance Use Disorder (SUD) deserve access to FDA-approved medications for Opioid Use Disorder (OUD) and complementary behavioral therapy to support their health needs. Our MAT procedures help individuals navigate their incarceration, enhancing their functioning and reducing the risk of relapse upon release.

VitalCore has a team of experts who lead our MAT programs. This team includes Dr. John Tomarchio, Dr. Jerome Greenfield, and Leah Carreon, who oversee MAT programs across our contract sites. This team is especially expert in addressing the



issue of co-occurring disorders, which is a high liability problem for many facilities in the region. VitalCore's goal is to ensure our site team coordinates these services and works closely with the Discharge Planner, to make sure the program has long-term success.

Continuity of Care of MAT Patients: VitalCore will coordinate with a community-based opioid treatment facility to facilitate smooth transitions for patients between community treatment and treatment received on-site. The Site HSA will monitor the availability of MAT medications, keeping the County informed through regular reports. Additionally, our proposed MAT Coordinator will provide timely referrals to Qualified Mental Health Professionals (QMHP) as part of the MAT process. The proposed MAT Coordinator will also navigate many specific administrative issues, and we will assist the County in any capacity available regarding securing grant funding and making sure the MAT system serves patients effectively.

Staffing

VitalCore's proposed plan for staffing of the Genesee County Jail, including our detailed proposed staffing plan, are included earlier in this proposal in response to the sections on Staffing Requirements, Schedules, and Recruitment.

Monthly and Daily Statistics

Each month VitalCore will furnish the Facility Administration with a Monthly Statistical Report (Health Services Report), with each report covering the previous reporting period. The report is comprehensive and will allow for statistical tracking at each facility. The Medical Administration Committee will reference this report during meetings, and it will comprise all of the data requested in this section of the RFP. VitalCore's primary objective with this report is to provide the Sheriff and the Facility Administration with an all-encompassing view of the health care delivery system every month.

The monthly Health Services Report will be submitted by the 5th day of each month to the Sheriff's designee and will include the items listed in this section.

The Site Health Services Administrator (or designee) will submit daily statistical reports to the Contract Manager for the previous 24 hours by 8:00 AM every day. These daily reports will include the items listed in this section of the RFP.

This report has been tested at other sites, can be adjusted to meet the individual site, and provides information on how we spend money and what service centers are costly and/or cost effective. A full accounting of cost savings measures and corrective action plans will be developed utilizing this intensive data management tool. A sample of our standard Health Services Report Form is included as an attachment.

Pricing Methodology

We have included our proposed pricing methodology in the following Price Proposal Section.



Price Proposal



Price Proposal

The following sections detail VitalCore’s cost proposal for the Genesee County Jail in response to Genesee County’s RFP #25-438 for Medical Services for Inmates. We have provided pricing for an average daily population of 650 as requested, a detailed breakdown of our staffing and other line-item costs, and each section provides a brief narrative providing background specifics for our proposed costs.

Long-Term Value and Cost-Reduction – VitalCore focuses on ensuring stable pricing and delivering long-term benefits. While many companies emphasize short-term gains to secure contracts, this strategy often results in higher long-term costs. VitalCore adopts a more strategic approach, recognizing that the long-term value of partnerships creates more benefit as the contract term progresses.

VitalCore understands the complexities of the correctional system and recognizes that institutional timelines demand a far-sighted perspective. Our staffing plan is designed for reducing risk and managing services to minimize costly events. This plan targets high-litigation areas by establishing healthcare management and quality control systems that reduce risk and generate ongoing savings. In this way we provide savings not only on the first day of the contract, but through the entire term.

Staffing Plan – VitalCore has included our proposed staffing plan on the pages that follow. As detailed in our proposed plan, we have proposed what are likely modifications to your current staffing, adding moderate increases to boost nurse coverage and to implement a more structured, systematic approach to on-site mental health care. We have included nursing staff to ensure nurses can conduct the initial intake screening on all inmates, a critical step in ensuring early intervention into any potential issues upon arrest and improving the overall quality of care.

VitalCore’s general philosophy is to rely more heavily on RNs than LPNs. This is due to the increased education, training, and assessment skills of RNs vs. LPNs. In addition, there are significantly more numbers of licensed RNs in the State of Michigan when compared to LPNs. This will improve recruitment of nursing staff, enhance the overall quality of care provided through the increased education and training of the RN staff, provide better assessment skills, and reduce offsite referrals (primarily emergency room visits).

Our suggested mental health staffing is based on several key factors. First, we emphasize that genuine treatment follow-through is essential. To achieve meaningful results, Mental Health Professionals on site require adequate time to explore each patient’s unique challenges and to collaborate with other providers. This collaborative approach addresses the behavioral or criminogenic factors that initially led individuals to enter the justice system. It is particularly crucial for those with addiction and substance use issues, as medication alone often falls short.

We are also proposing a Mental Health Coordinator, who will provide oversight to the entire behavioral health program. This position is important because the facility's treatment system will need to be coordinated with other services areas (Chronic Care, MAT, etc.) as well as with community providers.

As you are undoubtedly aware, our jails have become the primary community mental health treatment facility, and we expect this to not only continue, but increase in numbers as community mental health resources continue to be reduced. Additionally, nationwide numbers indicate a substantial number, usually about 10%, have a serious mental health issue. About half of jail inmates nationwide have a general mental health problem requiring treatment interventions. VitalCore therefore wants to ensure sufficient staff for monitoring and treatment to prevent negative outcomes in the Genesee County Jail.

Coordination of MAT Services – We are also proposing a full-time MAT Coordinator position. This position is based on our experience in addiction and recovery services in Michigan and similar MAT services provided at other jails of a similar size and scope, as substance use and addiction rates in Michigan exceed the national average. Opioid-related Genesee County's correctional system, our goal is to ensure that such encounters are as effective as possible.

Coordination of Nursing Services – VitalCore is proposing 24/7 Charge Nurse coverage for the jail. We believe that designated Charge Nurses for each shift allows for more streamlined delivery of services—focusing on coordinated team efforts each shift. These nurse leaders will be responsible for scheduling and assigning responsibilities, acting as a liaison to other teams and departments as necessary, and ensuring the smooth transition from one shift to the next. This will ensure site RNs and LPNs have support and that nursing services are coordinated appropriately.

Risk Reduction and RN Coverage – VitalCore's proposal to provide RN coverage for intake processes underscores the importance of addressing the unique health needs of individuals in crisis. By focusing on intake as a high-liability area, we recognize that many individuals arrive at facilities in states of distress or following traumatic experiences. This necessitates immediate and comprehensive medical intervention.

Having a Registered Nurse (RN) trained in advanced health screenings and triage will provide a crucial layer of protection for the populations of the jail. Trained RNs can accurately identify potential health risks, including communicable diseases and the effects of acute or polysubstance intoxication. Their expertise will allow for prompt intervention and accurate referrals. Unlike assessments, the initial screening is a one-time event, and we believe it is therefore more crucial to ensure the process is accurate and effective.

Offsite Costs – VitalCore has developed significant expertise in reducing offsite costs. We are proposing to bring more ancillary services on-site and utilizing telehealth to supplement medical and mental health care. Our unique CoreCare utilization management (UM) system/software will further reduce costs by refining referral procedures and eliminating wasteful referrals.

It is the understanding of VitalCore based on the responses to questions that we are only responsible for the cost of emergency room visits and ambulance services regarding offsite costs. As a result, we have proposed an annual aggregate cap on the cost of offsite services of \$100,000 per year. In the event offsite costs for ambulance and ER services exceed \$100,000, costs in excess of \$100,000 will be the responsibility of Genesee County.

Pharmacy Costs – VitalCore is proposing the use of Diamond Pharmacy Services for the provision of pharmacy services. We are very familiar with Diamond as we use them in a majority of our other jail contracts. In lieu of the annual aggregate on mental health and HIV medications as requested in the RFP, we have proposed an annual aggregate cap on the cost of all pharmaceuticals of \$250,000. This allows us a better opportunity to manage the overall cost of all medications. Based on our experience in other similar sized jails, we believe this amount is more than adequate to cover the costs of all pharmaceuticals. Under this proposal, in the event costs for pharmaceuticals exceed \$250,000 annually, the cost in excess of \$250,000 will be the responsibility of Genesee County.

Employee Education, Recruiting, Orientation – The costs for recruitment in Genesee County are based on VitalCore’s comprehensive approach as well as our experience recruiting in similar contracts in Michigan, including Saginaw County. To hire and retain dedicated team members who are part of the VitalCore family requires more than posting vacancies. VitalCore has a presence in the region, and we want to build on this presence. Our recruiters need time to communicate and connect with potential employees. With a paucity of nursing school graduates in Michigan, our teams will recruit in person and get to know potential candidates as much as possible. Most young nurses do not understand the benefits, stability, and meaningful work that we do in improving the correctional healthcare industry. We also seek to recruit experienced nurses and mental health professionals. VitalCore believes that the costs for recruitment and orientation of new employees are always positive investments.

Administration and Insurance Requirements – Better management of medical services saves lives and will protect individuals in the County’s custody. Our company focuses on high-litigation areas, knowing that a single case can have detrimental financial and reputational consequences. VitalCore takes this approach because we see how pricing for short-term gains disservices public organizations, creating trust issues with advocacy groups and community leaders, in addition to causing unstable partnerships. In contrast, VitalCore promotes transparent pricing and genuine collaboration. We will openly share information with you, including financial details, and will never tell you that such requested information is proprietary or confidential. For the proposed

contract, we have adjusted our administrative costs to be as competitive as possible. Additionally, VitalCore will ensure the County is protected by satisfying all insurance requirements (as indicated on our allocations page).

The following pages include our proposed staffing plan, detailed staffing costs, as well as line-item pricing for each of the potential five years of the contract.



Staffing Plan - Genesee County Jail - ADP 650

Position	FTE	Backfill	Hours	SCHEDULE						
				S	M	T	W	T	F	S
DAY SHIFT 6:00 a.m. to 6:30 p.m.		0.10 of FTE								
Health Services Administrator	1.00		40		8	8	8	8	8	
Director of Nursing	1.00		40		8	8	8	8	8	
Administrative Assistant	1.00		40		8	8	8	8	8	
Medical Records Clerk	1.00		40		8	8	8	8	8	
Medical Director (Physician)	0.20	0.02	8		4				4	
Nurse Practitioner	0.60	0.06	24			8	8	8		
Charge RN	2.10	0.21	84	12	12	12	12	12	12	12
RN Intake	2.10	0.21	84	12	12	12	12	12	12	12
RN Sick Call	2.10	0.21	84	12	12	12	12	12	12	12
Psychiatrist	0.10	0.01	4		4					
Psychiatric Nurse Practitioner	0.40	0.04	16			4	4	4	4	
Dentist	0.30	0.03	12				8		4	
Dental Assistant	0.35	0.04	14				9		5	
Mental Health Coordinator	1.00	0.10	40		8	8	8	8	8	
Mental Health Professional	2.00	0.20	80	8	16	16	16	8	8	8
MAT Coordinator	1.40	0.14	56	8	8	8	8	8	8	8
LPN	4.20	0.42	168	24	24	24	24	24	24	24
DAYSHIFT TOTALS:	20.85	1.69	834	76	132	136	153	128	133	76
NIGHT SHIFT 6:00 p.m. to 6:30 a.m.		0.10 of FTE								
Charge RN	2.10	0.21	84	12	12	12	12	12	12	12
RN Intake	2.10	0.21	84	12	12	12	12	12	12	12
LPN	4.20	0.42	168	24	24	24	24	24	24	24
Mental Health Professional	1.40	0.14	56	8	8	8	8	8	8	8
NIGHT SHIFT TOTALS:	9.80	0.98	392.00	56	56	56	56	56	56	56
TOTAL:	30.65	2.67	1226	132	188	192	209	184	189	132
Backfill	2.67			Hrs/WK DAY = 1226. = 30.65						
	33.32									

Positions in lavender shading are considered essential and will be backfilled.



Direct Labor Costs for Base Year - Genesee County, Michigan

Direct Labor Costs												
	Regular Hours			Night Shift Differential		Back Fill						
Personnel Costs cover all Contract Line Items (CLINs)	Estimated Labor Hours Auto Imported from Tab1	Regular Hourly Rate \$	Regular Hours Cost	Estimated Night Shift Hours***	Night Shift Differential Cost* Differential Rate \$2.00	Backfill Hours 0.10 of FTE	Regular Hourly rate	Back Fill Costs	Total Labor Hour Cost	Total Benefit Percent: 29%	Labor Overhead: 01%	Total Annual Direct Labor
Health Services Administrator (Nursing Supervisor)	40	\$ 60.00	\$ 2,400.00				\$ 60.00		\$2,400.00	\$696.00	\$30.96	\$3,126.96
Director of Nursing	40	\$ 55.00	\$ 2,200.00				\$ 55.00		\$2,200.00	\$638.00	\$28.38	\$2,866.38
Administrative Assistant	40	\$ 25.00	\$ 1,000.00				\$ 25.00		\$1,000.00	\$290.00	\$12.90	\$1,302.90
Medical Records Clerk	40	\$ 25.00	\$ 1,000.00				\$ 25.00		\$1,000.00	\$290.00	\$12.90	\$1,302.90
Medical Director (Physician)	8	\$ 200.00	\$ 1,600.00				\$ 200.00	\$ -	\$1,600.00		\$16.00	\$1,616.00
Nurse Practitioner	24	\$ 80.00	\$ 1,920.00				\$ 80.00	\$ -	\$1,920.00	\$556.80	\$24.77	\$2,501.57
Charge RN	168	\$ 50.00	\$ 8,400.00	84	\$ 168.00	16.8	\$ 50.00	\$ 840.00	\$9,408.00	\$2,728.32	\$121.36	\$12,257.68
RN Intake	168	\$ 48.00	\$ 8,064.00	84	\$ 168.00	16.8	\$ 48.00	\$ 806.40	\$9,038.40	\$2,621.14	\$116.60	\$11,776.13
RN Sick Call	84	\$ 48.00	\$ 4,032.00			8.4	\$ 48.00	\$ 403.20	\$4,435.20	\$1,286.21	\$57.21	\$5,778.62
Psychiatrist	4	\$ 200.00	\$ 800.00				\$ 200.00	\$ -	\$800.00		\$8.00	\$808.00
Psychiatric Nurse Practitioner	16	\$ 85.00	\$ 1,360.00				\$ 85.00	\$ -	\$1,360.00	\$394.40	\$17.54	\$1,771.94
Dentist	12	\$ 125.00	\$ 1,500.00				\$ 125.00	\$ -	\$1,500.00		\$15.00	\$1,515.00
Dental Assistant	14	\$ 25.00	\$ 350.00				\$ 25.00	\$ -	\$350.00		\$3.50	\$353.50
Mental Health Coordinator	40	\$ 50.00	\$ 2,000.00			4	\$ 50.00	\$ 200.00	\$2,200.00	\$638.00	\$28.38	\$2,866.38
Mental Health Professional	136	\$ 45.00	\$ 6,120.00	56	\$ 112.00	13.6	\$ 45.00	\$ 612.00	\$6,844.00	\$1,984.76	\$88.29	\$8,917.05
MAT Coordinator	56	\$ 40.00	\$ 2,240.00			5.6	\$ 40.00	\$ 224.00	\$2,464.00	\$714.56	\$31.79	\$3,210.35
LPN	336	\$ 40.00	\$ 13,440.00	168	\$ 336.00	33.6	\$ 40.00	\$ 1,344.00	\$15,120.00	\$4,384.80	\$195.05	\$19,699.85
Total FTE: 30.00	1226											
												Weekly \$81,671.21
												Yearly \$4,246,902.91

Positions in lavender shading are considered essential and will be backfilled.



Annual Allocation for Genesee County, Michigan

Annual Allocation Year 1	
Description Population	650
Staffing	\$ 4,246,902.91
Employee Education, Recruiting, Orientation	\$ 50,000.00
Lab, Diagnostics and on-site services	\$ 48,750.00
Medical Supplies	\$ 40,000.00
Computers, Office Supplies, and Equipment	\$ 40,000.00
Pharmacy (capped)	\$ 250,000.00
Offsite Services (capped)	\$ 100,000.00
Insurance	\$ 84,500.00
IT Licenses and Sapphire EMR	\$ 50,000.00
Equipment Fund	\$ 10,000.00
Administration and Overhead	\$ 300,000.00
Profit Margin	\$ 200,000.00
Total Annual Cost by Population:	\$ 5,420,152.91

Annual Allocation Year 4	
Description Population	650
Staffing	\$ 4,777,188.20
Employee Education, Recruiting, Orientation	\$ 56,243.20
Lab, Diagnostics and on-site services	\$ 54,837.12
Medical Supplies	\$ 44,994.56
Computers, Office Supplies, and Equipment	\$ 10,816.00
Pharmacy (capped)	\$ 281,216.00
Offsite Services (capped)	\$ 112,486.40
Insurance	\$ 95,051.01
IT Licenses and Sapphire EMR	\$ 32,448.00
Equipment Fund	\$ 10,000.00
Administration and Overhead	\$ 303,476.01
Profit Margin	\$ 224,972.80
Total Annual Cost by Population:	\$ 6,003,729.29

% Increase From Year 3

4%
4%
4%
4%
4%
4%
4%
4%
4%
4%
4%
4%

Annual Allocation Year 2	
Description Population	650
Staffing	\$ 4,416,779.03
Employee Education, Recruiting, Orientation	\$ 52,000.00
Lab, Diagnostics and on-site services	\$ 50,700.00
Medical Supplies	\$ 41,600.00
Computers, Office Supplies, and Equipment	\$ 10,000.00
Pharmacy (capped)	\$ 260,000.00
Offsite Services (capped)	\$ 104,000.00
Insurance	\$ 87,880.00
IT Licenses and Sapphire EMR	\$ 30,000.00
Equipment Fund	\$ 10,000.00
Administration and Overhead	\$ 280,580.63
Profit Margin	\$ 208,000.00
Total Annual Cost by Population:	\$ 5,551,539.66

% Increase From Year 1

4%
4%
4%
4%
4%
4%
4%
4%
4%
4%
4%
4%

Annual Allocation Year 5	
Description Population	650
Staffing	\$ 4,968,275.72
Employee Education, Recruiting, Orientation	\$ 58,492.93
Lab, Diagnostics and on-site services	\$ 57,030.60
Medical Supplies	\$ 46,794.34
Computers, Office Supplies, and Equipment	\$ 11,248.64
Pharmacy (capped)	\$ 292,464.64
Offsite Services (capped)	\$ 116,985.86
Insurance	\$ 98,853.05
IT Licenses and Sapphire EMR	\$ 33,745.92
Equipment Fund	\$ 10,000.00
Administration and Overhead	\$ 315,615.05
Profit Margin	\$ 233,971.71
Total Annual Cost by Population:	\$ 6,243,478.47

% Increase From Year 4

4%
4%
4%
4%
4%
4%
4%
4%
4%
4%
4%
4%

Annual Allocation Year 3	
Description Population	650
Staffing	\$ 4,593,450.19
Employee Education, Recruiting, Orientation	\$ 54,080.00
Lab, Diagnostics and on-site services	\$ 52,728.00
Medical Supplies	\$ 43,264.00
Computers, Office Supplies, and Equipment	\$ 10,400.00
Pharmacy (capped)	\$ 270,400.00
Offsite Services (capped)	\$ 108,160.00
Insurance	\$ 91,395.20
IT Licenses and Sapphire EMR	\$ 31,200.00
Equipment Fund	\$ 10,000.00
Administration and Overhead	\$ 291,803.86
Profit Margin	\$ 216,320.00
Total Annual Cost by Population:	\$ 5,773,201.24

% Increase From Year 2

4%
4%
4%
4%
4%
4%
4%
4%
4%
4%
4%
4%

Pharmacy costs are capped at \$300,000 per year and offsite costs are capped at \$100,000 per year

Staffing and Costs are negotiable



Attachments





***Bios/Resumes
of Key Staff***





Viola Riggin, BHSA, CHSA, CCE

Chief Executive Officer

Viola Riggin is founder and partner of VitalCore Health Strategies, LLC and serves as Chief Executive Officer. She has worked in corrections for over 32 years and is recognized as a national expert in the field of correctional health care. From 2002 to 2018, Ms. Riggin served as the Executive Director of Health Care Services for the University of Kansas Medical Center in its oversight role for the Kansas Department of Corrections' health care contract. She began her corrections career in classification and records in 1984 and moved to health care management by 1989. Since 1992, Ms. Riggin has worked in health care management at the state and national level for several health care companies that have provided health care services to incarcerated populations.

Her educational background is in health care administration and information technology. Ms. Riggin is a current member of ACA's Constitution and Bylaws, Health Care, Policies and Resolutions, and Standards committees. She has received many awards during her years of service, most notably: the 2006 National Council of State Governments Innovations Award; the 2006 Kansas Public Health Association Corporate Public Health Services Award; 1989 and 1992 Employee of the Year Award, Correctional Medical Services; Prison Health Services Employee of the Year Award 1996, 1999, and 2001; and 2006 KDOC Contract Employee of the Year. In 2013, Ms. Riggin received the Prestigious National Health Authority Leadership Award.



Lorelei Ammons, PsyD

Chief Operating Officer – Clinical Affairs

Dr. Ammons is a partner in VitalCore Health Strategies, LLC and serves as Chief Operating Officer for Clinical Services. She is a licensed psychologist in Kansas. She began her career at Walter Reed Army Medical Center, while she was active duty in the U.S. Army. Dr. Ammons received her doctoral degree in clinical psychology from Forest Institute of Professional Psychology in Springfield, Missouri. She fulfilled her clinical psychology internship in 1993 at Walter Reed Army Medical Center. Dr. Ammons began practicing in the correctional behavioral health field in 1998, working as the Clinical Supervisor of the Topeka Correctional Facility. She has also worked at the Veteran's Administration performing Quality Management services while maintaining a private clinical practice in the in the community.

In 2008, Dr. Ammons was appointed as the first Behavioral Health Director for the Kansas Department of Corrections and continued in that role until joining the VitalCore team. She developed the behavioral health monitoring program for the KDOC system. Dr. Ammons has served as co-chair of the Governor's Behavioral Health Planning Council's Subcommittee for Justice Involved Youth and Adults, which collaborates with mental health entities and community partners across Kansas. Dr. Ammons has represented Kansas as a member of the Mental Health Network through the National Institute of Corrections. She has also served as a member of the American Correctional Association's (ACA) Commission on Accreditation. Nationally, Dr. Ammons currently serves as a member of the Behavioral Health and Substance Use Disorder Committees for ACA and she has conducted behavioral health certification training for at least eight state correctional programs across the United States.



Stuart Hudson

Chief Operating Officer of Administration & Finance

Stuart Hudson has over 28 years of experience working in corrections, with more than 10 of those years in correctional healthcare. Stuart began his corrections career with the Ohio Department of Rehabilitation and Correction in 1994. During his tenure with Ohio he worked in community supervision, prison operations, healthcare and administration and fiscal oversight of the state agency. Stuart served Ohio as a Warden at two different facilities, one of which was a long-term care and dialysis facility for inmates. He served as Chief of the Office of Correctional Healthcare and served as the Health Authority for Ohio for more than 9 years. In 2013, Stuart was appointed to oversee all fiscal operations and budgeting for the agency totaling \$1.8 billion per year.

As VitalCore's Chief Operating Officer of Administration and Finance, Stuart is responsible for the oversight and direction of the administrative and fiscal business operations. Stuart coordinates administrative activities with clinical care needs to ensure VitalCore provides the highest quality of service to each patient, team member, and client we serve.

Stuart has served on the Board of Governors for the American Correctional Association (ACA) and the Board of Directors for the National Correctional Industries Association. Currently, he is active with the ACA serving on many committees to include the Healthcare Committee, Substance Use Disorders Committee, Behavioral Health Committee and served as the national co-chair of the Coalition of Correctional Health Authorities (CCHA). Stuart was instrumental in implementing Medicaid for the inmate population in Ohio and received the CCHA Leadership Award for his contributions to the field of correctional healthcare in 2019.



Shannon Meyer

President of Operations

Shannon Meyer serves as VitalCore's President of Operations. This includes working closely with the Vice Presidents to provide oversight of the contracts, ensuring that quality services are being provided to the patients, that staff are equipped to provide care according to national standards and building relationships with partners throughout the country.

Before joining VitalCore, Shannon was with the Kansas Department of Corrections (KDOC) for twenty years. She worked in several positions during that time, including Discharge Planner, Case Manager, Assistant Reentry Director, Community Corrections Director, Deputy Warden and lastly as Warden for the last six years. She served as Warden at Topeka Correctional Facility (TCF), the only female facility in KDOC and then at Lansing Correctional Facility (LCF), the largest male facility in KDOC. She was involved in multiple ACA accreditation audits throughout her career. In these leadership roles, Shannon was responsible for the offender population, staff, operations, programs/services, contracts, staff development, maintenance, policies and budget for the correctional facility.

As LCF Warden, Shannon was responsible for the final planning and activation of the newly constructed Lansing Correctional Facility that opened in 2021. The facility was designed to house 2,500 offenders of all custodies, ranging from long-term restrictive housing down to minimum.

During her career with KDOC, she was very involved in oversight of the medical and behavioral health services and worked closely with CEO Viola Riggin and COO Dr. Lorelei Ammons for many years.

Shannon joined VitalCore because she believes in the company's mission. She has witnessed the medical and behavioral health services historically provided to the offender population and is dedicated to improving those services.



Dr. Harbans Deol

Chief Medical Officer

Dr. Harbans Deol joined VitalCore in 2023 following his retirement as medical director for the Nebraska Department of Correctional Services (NDCS). While working with the NDCS, Dr. Deol was honored for his service during the pandemic. According to NDCS Director Scott R. Frakes, Dr. Deol and others were recognized because they served NDCS in extraordinary ways during the pandemic. Response to the coronavirus required long-range planning, and in many situations, immediate action. “Ours is an agency that is responsible for the care of people, just like a nursing home or a hospital. At times, we needed all-hands-on-deck. Our staff responded without hesitation.”

Dr. Deol began his services as medical director of the Nebraska Department of Correctional Services on Jan. 2, 2017. He had served as health services administrator for the Iowa Department of Corrections since 2004 after being in private practice for more than 15 years.

Dr. Harbans S. Deol's article, "Strategies in Managing Chronic Pain," was featured in a 2018 edition of *Corrections Today*, a publication of the American Correctional Association.

In 2017, Dr. Harbans Deol was appointed chairperson of the American Correctional Association’s (ACA) Health Care Committee. Each of the 50 states is represented on this committee, which sets the standard for health care in American prisons.

As chairperson, Dr. Deol played a principal role in guiding the direction and practice of corrections health care nationwide. James Gondles, executive director of ACA, said of Dr. Deol, “He is well-respected and highly regarded by his peers and has been an active member of the Coalition for Correctional Health Authorities (CCHA) for many years. Dr. Lannette Linthicum, ACA’s 105th president, recognized his abilities and appointed him as the ACA Health Care Committee chairperson.”

Dr. Deol was re-elected recently as Treasurer of the ACA.

He was also selected as one of eight CCHA members who provided training to ‘new’ health authorities in 56 corrections jurisdictions. In that role, he delivered insight and guidance on executive leadership and the scope and delivery of health services as well as mentored new members.

Dr. Deol served as Chair of the Coalition of Correctional Healthcare from 2019 to 2021, and he currently is the Chair of the CME and COVID Therapeutics.

He was selected for a 2021 CCHA Leadership award by his peers. This award is granted to an outstanding leader who has contributed to the correctional field. He has given numerous presentations to clinicians updating them on the medical advances in correctional medicine.



Deborah G. Schult, Ph.D

President of Behavioral Health

Dr. Schult joined the VitalCore team in May 2019 to serve as President of Clinical Affairs - Behavioral Health. Prior to that, she served as the Assistant Director of the Health Services Division for the Federal Bureau of Prisons in Washington D.C. where she oversaw the billion dollar nationwide correctional healthcare system for a population of 155,000 housed in 122 institutions, to include seven Joint Commission-accredited prison hospitals. Dr. Schult is a seasoned senior executive with over 25 years of experience in correctional and healthcare leadership and is highly regarded as an accomplished correctional executive. She is experienced in managing a workforce of civil servants and United States Public Health Care personnel and overseeing a National Correctional Healthcare Governing Board. Dr. Schult has been responsible for policy development and delivery of clinical guidance to the field of federal corrections and has overseen the growth of national healthcare data governance and analytics. At the federal level, Dr. Schult provided oversight of the national menu, nutritional analyses, and special medical and religious diets for the offender population. She was designated as the Agency Safety Officer and managed the safety and environmental compliance and occupational health programs for both staff and incarcerated persons.

Dr. Schult was Chief Executive at two federal facilities and has substantial experience in prison management. She is a licensed psychologist who has treated the offender population and has overseen all clinical treatment programs at the national level. Dr. Schult has expertise in the provision of services to special populations to include those with serious mental illness, substance use disorders, the aging, and transgender populations. Dr. Schult is also an accomplished public speaker on correctional healthcare issues.



Enid A. Trotman, M.D.

Regional Medical Director

Dr. Enid Trotman joined the VitalCore Team in 2024 after serving most recently as a physician of internal medicine with Milwaukee Health Services and as the Medical Director at the Waukesha and Milwaukee County Jails since 2017. She began her career as a physician in Internal Medicine at the Northpoint Clinic and has also worked at the Milwaukee Medical Clinic, the Isaac Coggs Medical Clinic, Columbia St. Mary's Urgent Care, and the Outreach Community Health Centers in Wisconsin. Dr. Trotman received her medical degree at the Medical College of Wisconsin in 1985. Her internship was at the Illinois Masonic Hospital in Chicago, Illinois. Dr. Trotman's residency was completed at the Chicago Medical School.

Dr. Trotman has received numerous academic honors and community awards during her schooling and career. She is very community minded and serves as a volunteer for many community organizations. Dr. Trotman brings her unique experience in correctional health care to VitalCore and is serving as a supervisor and mentor to VitalCore's contract site physicians and mid-level providers in Wisconsin and Michigan. She is married and has two daughters.



Nikki Gilliland

President of Administration

Nikki Gilliland serves as VitalCore's President of Administration overseeing the administrative teams and the corporation's daily functions. Her role includes development of policies and procedures, logistics, data analysis, collaboration of teams, employee relations, and communications.

Prior to joining VitalCore, Nikki served as Chief of Staff to the Secretary for the Kansas Department on Aging and Disability Services. In this role, she assisted with the oversight of State Hospital operations, including personnel and state and federal compliance. She has a bachelor's degree in Human Services from Washburn University.

In 2019, Nikki was accepted as one of the first participants in the George Washington University (GW) School of Medicine and Health Sciences "One-of-a-Kind" Correctional Health Administration Master's Degree Program (CHA). After completing the CHA program in August 2021, she was interviewed for the GW University Health Science News article (Issue 111) which stated "Nikki Gilliland, a 2021 cohort member who transitioned to correctional health care in 2019, noted that the critical thinking and analysis skills the program instills are essential for the field. "Students entering this program ... ultimately walk away with a practical set of tools and experiences," she said. "Students will exit this program understanding the importance of health care excellence in correctional settings and how it directly impacts public health."

Nikki has paved the way for other VitalCore employees by being part of the first class of graduates from this outstanding program at George Washington University by obtaining her Master of Science in Health Services in Correctional Health Administration.



Shelly Viets

**Senior Vice President of Operations –
Northern Region**

Shelly Viets is a registered nurse with more than twenty-five years of correctional healthcare experience. She has served in positions from line staff nurse to Director of Nursing for the Ohio Department of Rehabilitation and Correction. She transitioned to the Bureau of Adult Detention as the Clinical Health Care Specialist to provide oversight to approximately three hundred jails in Ohio. She then transferred to the Department of Youth Services as the Chief of Health Care Services. Currently, she is serving as the Senior Vice President of Operations for VitalCore Health Strategies where she aspires to bring her diverse experience to the team.

Shelly has a passion for serving the underserved. She believes we can impact and improve lives with every interaction and opportunity afforded.



*Current
Contracts*



Correctional Facility Information	Description/Key Accomplishments
<p>Colorado Jefferson County Adult Detention Center 200 Jefferson County Parkway Golden, CO 80419</p> <p>Time Period of Project: January 1, 2022 – Current Size: Capacity = 1500; ADP = 950 Services Provided: Comprehensive Health and Mental Health Services Contract: 1 year plus 1-year renewals</p> <p>Contact: Polly Abernathy - Detention Services Manager Phone: 303-271-5422 Email: plabernathy@co.jefferson.co.us</p> <p>Bradley Ingerman - Detention Services Supervisor Phone: 913-715-4524 Email: bdingerman@co.jefferson.co.us</p>	<ul style="list-style-type: none"> • Adult Detention Center – County plus ICE & US Marshal • Reduced the need for off-site trips through wise decisions and Telehealth • Implemented Quality Improvement Activities • Implemented new CorEMR system • Filled most vacant positions in difficult market within 8 weeks • NCCHC and ACA Accredited
<p>Colorado El Paso County Jail 2739 E. Las Vegas Colorado Springs, CO 80906</p> <p>Time Period of Project: January 1, 2024 – Current Size: Capacity = 1,500; ADP = 1,332 Services Provided: Comprehensive Health and Mental Health Services Contract: 1 year plus four 1-year renewals</p> <p>Contact: Scott Deno - Bureau Chief – Sheriff’s Office Phone: 712-390-2103 Email: ScottDeno@elpasoco.com</p>	<ul style="list-style-type: none"> • Adult Detention Center • Switched EMR to CorEMR on Day One of contract • Implemented Quality Assurance Performance Improvement Program • Implemented Daily Care Management Calls • Improved Staffing Levels and Staff Morale • NCCHC and ACA Accredited
<p>Delaware Delaware Department of Correction 245 McKee Road Dover, DE 19904</p> <p>Time Period of Project: July 1, 2023 – Current Size: ADP = 5,000 in 8 facilities Services Provided: Comprehensive health and behavioral health care services including substance abuse services Contract: 3-year contract plus two 2-year extensions</p> <p>Contact: Michael Records, MS, CCM, Bureau Chief Bureau of Healthcare, Substance Abuse & Mental Health Phone: 302-857-5389 Email: Michael.Records@delaware.gov</p> <p>Terra Taylor - Commissioner Phone: 302-739-5601 Email: Terra.Taylor@delaware.gov</p>	<ul style="list-style-type: none"> • Sentenced State Prisoners & Jail Detainees • Hired and trained a high % of staff in 8 facilities – 345.3 Medical FTE, 257.05 Behavioral FTE • Reducing the need for off-site trips and specialty services through wise decisions and telehealth • Increased staffing from previous provider • Providing transparent reporting • Emphasis on behavioral health programming with RNR principles, re-entry services, trauma-informed care, psychosocial supports, screening, relapse prevention, multi-disciplinary teams • New programs include Cognitive Behavioral Treatment Group in SHU and JTVCC, additional SUD programs at BWCI, HYRCI, JTVCC, and SCI, Behavioral Management unit at JTVCC, Transition Units in all Level V facilities, Detainee Mental Health Unit at HRYCI within Year One, Incarcerated Veterans Group at HRYCI and SCI, and Peer Support Specialists – MAT Program • 8 ACA and 7 NCCHC accredited facilities

<p>Florida Florida Department of Juvenile Justice 2737 Centerview Drive Tallahassee, FL 32399</p> <p>Time Period of Project: March 17, 2022 – Current Size: Capacity = 1,243; ADP = 585 Services Provided: Comprehensive Health and Mental Health Services Contract: 3-year contract</p> <p>Contact: Rita Smith - Chief Medical Officer Office of Health Services Phone: 850-717-2415 Email: Rita.Smith@fldjj.gov</p>	<ul style="list-style-type: none"> • 21 Regional Juvenile Detention Centers • Implemented new Telehealth system in first five months • Significantly reduced offsite emergency room visits • Developed Medical Emergency Response Plans for each region • Special Hurricane Plans utilized frequently • Increased mental health staffing significantly – assisted employees with licensure requirements
<p>Florida Volusia County Branch Jail & Correctional Facility 1300 Red John Drive, Daytona Beach, FL 32124</p> <p>Time Period of Project: April 26, 2023 – Current Size: Capacity = 1494; ADP = 1,350 Services Provided: Comprehensive health and mental health services Contract: 5-years plus five 1-year renewals</p> <p>Contact: Michael Jones - Corrections Operations Manager Phone: 386-258-4021 Email: MMJones@Volusia.org</p>	<ul style="list-style-type: none"> • County adult detainees • Stabilized services and staffing • Providing staff support and training • Implemented Quality Assurance Performance Improvement Program • Implemented Daily Care Management Calls • NCCHC Accredited
<p>Georgia Augusta-Richmond County Jail, Richmond Correctional Institution 1941 Phinizy Rd. Augusta, GA 30906</p> <p>Time Period of Project: December 1, 2023 – Current Size: Capacity = 1,400; ADP – 1,330 Services Provided: Comprehensive Health and Mental Health Services Contract: 3 years plus two 1-year renewals</p> <p>Contact: Major Kimberly Lee - Charles B. Webster Detention Center Phone: 706-821-2487 Email: klee@augustaga.gov</p>	<ul style="list-style-type: none"> • Adult Detention Center and Correctional Institution for State Inmates • Switched to CorEMR on Day One of contract • Eliminated service wait lists • Implemented On-Site Home Dialysis • Implemented Daily Care Management Calls • NCCHC and ACA Accredited
<p>Idaho Canyon County Adult & Juvenile Detention Centers 222 N. 12th Ave. Caldwell, Idaho 83605</p> <p>Time Period of Project: October 1, 2019 - Current Size: ADP = 419+ Services Provided: Comprehensive Health and Mental Health Care Contract: 1 year plus 3 possible 1-year extensions</p>	<ul style="list-style-type: none"> • County jail detainees (ADP = 389) • County juvenile detainees (ADP = 30+) • Hired and trained a full complement of healthcare/mental health staff • Fine-tuned correctional healthcare standards of practice and processes • Initiated annual Suicide Prevention training • Revamped medical and behavioral health intake screening

<p>Contact: Lt. Harold Patchett - Assistant Commander Dale Haile Detention Facility Phone: 208-453-4849 Email: HPatchett@canyonco.org</p> <p>Shawn Anderson – Deputy Director/Training Coord. SW Idaho Juvenile Detention Center Phone: 208-454-6653 Email: sanderson@canyonco.org</p>	<ul style="list-style-type: none"> • Implemented more efficiency in processes • Follow all NCCHC and ACA standards
<p>Kansas Douglas County Juvenile Detention Center 330 Industrial Lane Lawrence, KS 66044</p> <p>Time Period of Project: March 1, 2023 – Current Size: Capacity = 18; ADP = 10 Services Provided: Registered Nurse services Contract: 1 year with indefinite renewals</p> <p>Contact: Pam D. Weigand - Director Douglas County Criminal Justice Services Phone: 785-331-1311 Email: PWeigand@douglascountyks.org</p>	<ul style="list-style-type: none"> • Juvenile detainees • Conduct mandated screenings, tests, examinations, and treatment • Awarded contract upon County’s request after local health department could no longer provide services
<p>Kansas Johnson County Adult Detention, Corrections Residential & Juvenile Services 27745 West 159th Street New Century, KS 66031</p> <p>Time Period of Project: January 1, 2020 – Current Size: Total ADP = 1145 Services Provided: Comprehensive Health and Mental Health Care Services Contract: 3-year contract plus two 2-year extensions</p> <p>Contact: Captain Michael Levin - Administrative Commander New Century Detention Center Phone: 913-715-5528 Fax: 913-715-5272 Email: Michael.Levin@jocogov.org</p> <p>Major Douglas Wade Phone: Office - 913-715-5863 Mobile – 913-648-0544 Email: Douglas.Wade@jocogov.org</p> <p>Robert Sullivan - Director of Corrections 588 Santa Fe, Suite 3000 Olathe, KS 66061 Phone: 913-715-4524 Fax: 913-715-4552 Email: Robert.sullivan@jocogov.org</p>	<ul style="list-style-type: none"> • Sheriff’s Adult Detention Centers (ADP 856) – Adult Detainees • Dept. of Corrections Adult Residential Center (ADP 248) – Adult Work Release • Dept. of Corrections Juvenile Services Center (ADP 41) – Juvenile Detainees • Hired and trained a full complement of staff in four facilities • Implemented CorEMR on Day One of contract • Implemented telehealth in first 90 days • Reduced the need for off-site trips through wise decisions and Telehealth • Implemented Quality Improvement Activities • Increased nursing coverage • Provide transparent reporting • Implemented On-Site Home Dialysis at Adult Detention • Adult Detention Center achieved NCCHC Re-accreditation in October 2020
<p>Kansas</p>	<ul style="list-style-type: none"> • County jail detainees • Eliminated all temporary agency staff used by previous

<p>Sedgwick County Sheriff – Adult Detention Facility and Annex 141 W. Elm Wichita, KS 67203</p> <p>Time Period of Project: July 17, 2022 – Current Size: Capacity = 1450) (1,350 in Main Jail & 100 in Annex) Services Provided: Comprehensive Health and Mental Health Care Contract: 3 years plus 2 possible 1-year extensions</p> <p>Contact: Colonel Jared Schechter - Jail Administrator Phone: 316-250-7806 Email: Jared.Schechter@sedgwick.gov</p>	<p>provider</p> <ul style="list-style-type: none"> 87% staffed on Day One – a significant increase from previous provider Implemented CorEMR on Day One of contract Reduced need for off-site trips through on-site services and telehealth Held first Medical Administrative Committee (MAC) within first month Significantly improved mental health services Implemented Quality Improvement practices immediately
<p>Kansas Sedgwick County Department of Corrections 700 S. Hydraulic Wichita, Kansas 67211</p> <p>Time Period of Project: August 25, 2022 – Current Size: ADP – 77 Services Provided: Comprehensive Health and Mental Health Services Contract: 3 years plus two possible 1-year extensions</p> <p>Amended Contract to add Sedgwick County DOC’s Adult Residential/Work Release Center – December 1, 2024 ADP = 150 Services Provided: Medication Management and Telehealth</p> <p>Contact: Steven Stonehouse - Deputy Director Phone: 316-660-9753 Email: Steven.Stonehouse@sedgwick.gov</p> <p>Eric English - Administrative Coordinator Phone: 316-660-1719 Email: Eric.English@sedgwick.gov</p>	<ul style="list-style-type: none"> Juvenile Detention, Juvenile Residential (108 beds 53 ADP Detention) (24 beds ADP 14 Residential) –Juvenile Detainees and Teens - Children in Need of Care Took over Medical and Mental Health Intake Processing Took over medication passes from correctional officers Added mental health crisis intervention services for the Juvenile Intake and Assessment Center on the evening shift, 7 days per week through State grant Staffed the ARC with LPNs and CMAs for Medication Management Implemented telehealth program from 10 p.m. to 6 a.m. to screen for need for residents to be taken to the emergency room.
<p>Massachusetts Massachusetts Department of Correction 50 Maple Street Milford, MA 01757</p> <p>Time Period of Project: July 1, 2024 - Current Size: Capacity: 8,250 ADP: 6,000 Services Provided: Comprehensive Health and Mental Health Services Contract: 5 years</p> <p>Contact: Jeffrey Fisher, Assistant Deputy Commissioner Phone: 508-422-3479 Email: Jeff.Fisher@doc.state.ma.us</p>	<ul style="list-style-type: none"> State Department of Correction Facilities - 10 facilities Have hired and trained existing and new staff and trained them to do business in the VitalCore Way Have achieved high % of authorized staffing; significant improvement from previous contractor Established a Regional Office Implemented new electronic medical records system (Sapphire) on Day One Provide many mental health programs Provide Sex Offender Treatment program for criminally sentenced sex offenders and for civilly committed sex offenders Implemented Utilization Management program with tracking in our <i>CoreCare</i> software All facilities are ACA accredited

<p>Michigan Michigan Department of Corrections 206 E Michigan Ave, Lansing, MI 48933</p> <p>Time Period of Project: May 1, 2024 - Current Size: Capacity: 34,175 ADP = 33,000 Services Provided: Health Care Contract: 3 years and 5 months through 9/20/26</p> <p>Contact: Marti Kay Sherry - Health Services Administrator Bureau of Health Care Services Phone: 517-241-9902 Email: sherrym@michigan.gov</p>	<ul style="list-style-type: none"> • 27 State Department of Corrections Facilities • Provide health care by providers (physicians, mid-level providers and other personnel), pharmacy services, and outpatient and inpatient services • Contract is for 3 years and 5 months through 9/20/26 • Specifically addressing need to reduce the need for and cost of outpatient and inpatient services • Implemented provider Grand Rounds process to determine necessity of outpatient and inpatient services • Implemented our Utilization Management processes through <i>CoreCare</i> tracking
<p>Michigan Berrien County Jail 919 Port Street, St. Joseph, MI 49085</p> <p>Time Period of Project: January 17, 2024 - Current Size: Capacity = 352; ADP = 250 Services Provided: Comprehensive Health and Mental Health Services Contract: 3 years plus two 1-year renewals</p> <p>Contact: Captain Celena Herbert Phone: 269-313-2103 Email: cherbert@berriencounty.org</p>	<ul style="list-style-type: none"> • Adult Detention Center • Switched to CorEMR on Day One of contract • Hire and trained staff in VitalCore Way • Implemented Qualify Assurance Performance Improvement Program • Implemented Daily Care Management Calls
<p>Michigan Calhoun County Correctional Facility 161 E. Michigan Ave., Battle Creek, MI 49014</p> <p>Time Period of Project: January 1, 2025 – Current Size: Capacity: 600 ADP = 550 Services Provided: Comprehensive health and mental health services Contract: 3 years plus 2 1-year renewals</p> <p>Contact: Captain Matthew Gault Phone: 269-420-6926 Email: mgault@calhouncountymi.gov</p>	<ul style="list-style-type: none"> • Adult Detention Facility • Converted from eOMIS to Sapphire EMR on Day One • NCCHC accredited • Implemented provider Grand Rounds process to determine necessity of outpatient and inpatient services • Implemented our Utilization Management processes through <i>CoreCare</i> tracking
<p>Michigan Ingham County Jail & Ingham County Youth Center 640 North Cedar Street Mason, MI 48854</p> <p>Time Period of Project: January 17, 2023 - Current Size: Capacity: 468 ADP = 402 Services Provided: Comprehensive health and mental health services Contract: 3 years</p>	<ul style="list-style-type: none"> • County adult detainees (Capacity = 444; ADP = 380) • County juvenile detainees (Capacity = 24; ADP = 22) • Smooth transition from previous provider to VitalCore on 1/17/23 • Implemented Quality Assurance Performance Improvement • Implemented Daily Care Management Calls

<p>Contact: Chief Darin Southworth - Jail Administrator Phone: 517-676-8203 Email: dsouthworth@ingham.org</p> <p>Annette Ellison - Director – Youth Center 700 East Jolly Road Lansing, MI 48910 Phone: 517-887-4340 Email: aellison@ingham.org</p>	
<p>Michigan Kent County Correctional Facility & Juvenile Detention Center 703 Ball Avenue NE Grand Rapids, MI 49503</p> <p>Time Period of Project: January 1, 2021 - Current Size: Capacity = 2,321; ADP = 898 Services Provided: Comprehensive health and mental health care services Contract: 3 years plus 1-year renewals</p> <p>Contact: Chief Deputy Lyndsie Cole Phone: 616-458-9660 Email: Lyndsie.cole@kentcountymi.gov</p> <p>Michelle Young - Sheriff Phone: 616-632-6107 Email: Michelle.young@kentcountymi.gov</p>	<ul style="list-style-type: none"> • County jail detainees (Capacity = 1,478; ADP = 843) • County juvenile detainees (Capacity = 98; ADP = 55) • Fine-tuned correctional healthcare standards of practice and processes • Dedicated Regional Director of Operations to the site to assist in recruitment of site staff during difficult period of recruitment during COVID-19 Pandemic • Switched from paper records to CorEMR in first 3 months • Implemented Daily Care Management Call System • Implemented Quality Assurance Performance Improvement Program • Amended contract to add physician/APRN services for Juvenile Detention to begin August 29, 2021 • Amended contract to add Behavioral Health Services for adult inmates on January 1, 2024 • NCCHC Accredited
<p>Michigan Lenawee County Jail 549 N. Winter Street Adrian, MI 49221</p> <p>Time Period of Project: October 1, 2023 - Current Size: Capacity = 287; ADP = 140 Services Provided: Comprehensive health and mental health services Contract: 3 years</p> <p>Contact: Captain Randy Casey Phone: 517-264-5269 Email: randy.casey@lenawee.mi.us</p>	<ul style="list-style-type: none"> • Adult Detention Center • Switched from paper records to CorEMR on Day One of contract • Hired and trained staff in the VitalCore Way • Implemented Quality Assurance Performance Improvement Program • Implemented Daily Care Management Calls
<p>Michigan Monroe County Jail 100 E. Second Street Monroe, MI 48161</p> <p>Time Period of Project: July 1, 2024 - Current Size: Capacity = 363; ADP = 250 Services Provided: Comp. Health & Mental Health Services Contract: 3 years plus 2 1-year renewals</p> <p>Contact: Captain Julie Massengill Phone: 734-240-7432</p>	<ul style="list-style-type: none"> • Adult Detainees • Responded to Captain’s request for a quick quote for services when County was dissatisfied with previous contractor • Hired staff quickly; previous contractor used mostly temporary agency staff • Implemented Quality Assurance Performance Improvement Program • Implemented Daily Care Management Calls

<p>Email: Julie_massengill@monroemi.org</p>	
<p>Michigan Monroe County Youth Center 3600 S. Custer Road Monroe, MI 48161</p> <p>Time Period of Project: July 1, 2024 - Current Size: Capacity = 36; ADP = 30 Services Provided: 20 hours per week nursing services plus 2 hours medical director per week Contract: 3 years plus 2 1-year renewals</p> <p>Contact: Director James Risinger Phone: 734-240-3237 Email: James_risinger@monroemi.org</p>	<ul style="list-style-type: none"> Youth detainees Implemented CorEMR on Day One Hired and trained RN and Medical Director Nurse will conduct health assessments and sick call
<p>Michigan Muskegon County Jail & Juvenile Transition Center 990 Terrace St. Muskegon, MI 49442</p> <p>Time Period of Project: January 16, 2022 - Current Size: Capacity = 574; ADP = 346 Services Provided: Comprehensive health and mental health care services Contract: 3 years plus 2, 2-yr renewals</p> <p>Contact: Lt. Matthew G. Smith - Jail Administrator Phone: 231-724-7177 Email: Matthew.smith@muskegonsheriff.com</p> <p>Michael J Poulin - Sheriff Phone: 231-724-6351 Email: Michael.poulin@muskegonsheriff.com</p>	<ul style="list-style-type: none"> County jail detainees (ADP 320; Capacity 542) County juvenile detainees (ADP 26; Capacity 32) Hired and trained a full complement of healthcare staff (RNs, Qualified Behavioral Health Professionals) Fine-tuned correctional healthcare standards of practice and processes Conducted start-up within 1 week of final contract execution Revamped medical and behavioral health intake screening Implemented Quality Assurance Performance Improvement Program Implemented Daily Care Management Calls
<p>Michigan Ottawa County Jail & Juvenile Detention Center 12220 Fillmore St. West Olive, MI 49460</p> <p>Time Period of Project: June 1, 2019 – Current New Contract began 10/1/24 as a result of RFP process Size: Capacity = 502; ADP = 354 Services Provided: Comprehensive health and mental health care services Contract: 4 years plus 2, 1-year renewals</p> <p>Contact: Undersheriff Eric Deboer Phone: 616-738-4002 Email: edeboer@miottawa.org</p> <p>Sheriff Steve Kempker Phone: 616-738-4000 Email: skempker@miottawa.org</p>	<ul style="list-style-type: none"> County jail detainees (Capacity = 462; ADP = 327) County juvenile detainees (Capacity = 40; ADP = 27) Hired and trained a full complement of healthcare staff (RNs, Qualified Behavioral Health Professionals) Fine-tuned correctional healthcare standards of practice and processes Transitioned medication administration from correctional staff to medical staff within first 3 days of contract Increased nursing coverage from 4 hours on weekends to 16 hours within first week Within 10 weeks, transitioned from 16 hours/7 days week coverage to 24 hours/7 days per week Within 6 weeks of start-up, installed a 12 lead EKG Initiated annual Suicide Prevention Training Revamped medical and behavioral health intake screening

<p>Michigan Saginaw County Jail 311 S. Harrison Street Saginaw, MI 48602</p> <p>Time Period of Project: March 1, 2022 - Current Size: Capacity = 511; ADP = 403 plus US Marshal inmates Services Provided: Comprehensive health and mental health care services Contract: 3 years plus 2, 1 yr. renewals</p> <p>Contact: Lt. Ebony Rasco Phone: 989-790-5446 Email: erasco@saginawcounty.com</p> <p>Miguel Gomez - Undersheriff Phone: 989-790-5450 Email: mgomez@saginawcounty.com</p>	<ul style="list-style-type: none"> • County jail detainees, plus US Marshal inmates • Comprehensive health and mental health care services • Hired and trained a full complement of healthcare staff • Conducted move to new jail and medical unit on March 6, 2020 • Incorporated VitalCore’s Nursing Guidelines and Forms • Initiated Quality Assurance Performance Improvement • Began Health Services Report for April 2020 in May 2020 • Established MAC meeting schedule • Improved processes and communication with jail staff • Implemented CorEMR electronic medical records system
<p>Mississippi Mississippi Department of Corrections 301 N. Lamar Street Jackson, MS 39201</p> <p>Time Period of Project: October 6, 2020 - Current New Contract began 10/6/24 following RFP process Size: ADP = 17,300 Services Provided: Health Care Services Contract: 1 year plus extensions/amendments</p> <p>Contact: Burl Cain - Commissioner Mississippi Department of Corrections Phone: 225-719-2020 Email: bcain@mdoc.state.ms.us</p>	<ul style="list-style-type: none"> • State Department of Corrections Facilities (ADP = 17,300 adult male and female inmates in 6 state facilities and 15 regional facilities (Sentenced State Inmates)) • Took over operations from previous provider at request of MDOC – 1 year plus extensions/amendments - 3rd Amendment completed in April 2022 to begin additional services to RDU and 4th Amendment July 2022 to increase services and price • Implemented NCCHC correctional healthcare standards of practice and processes • Immediately addressed improvements needed in quality of care provided • Implemented Quality Assurance Performance Improvement program • Ensured that all facility medical areas are organized, clean, and sanitary • Collaborated with MDOC Officials to ensure that VitalCore staff are as safe as possible on duty • Revamped previous staffing plans to ensure adequate staffing in all facilities • Implemented Daily Care Management Calls • Inspected and ensured good working status for all facility medical equipment • Took over operations of Reception and Diagnostic Unit in 2022 • Four state facilities are accredited by ACA: Three state facilities are accredited by NCCHC • In process of adding new staff and services approved with new contract
<p>Mississippi Harrison County Adult & Juvenile Detention Centers 10451 Larkin Smith Drive Gulfport, MS 39503</p>	<ul style="list-style-type: none"> • County adult jail detainees (Capacity = 760 Beds) plus ICE & US Marshal inmates • County juvenile detainees (Capacity = 20) • Hired and trained a full complement of healthcare

<p>Time Period of Project: January 1, 2020 – Current Contract renewed January 1, 2024 following RFP process Size: Capacity = 780 Services Provided: Comprehensive health and mental health care services Contract: Contract is 4 years plus 2, 1 yr. renewals</p> <p>Contact: Warden Evan Hubbard Phone: 228-216-3499 Email: Evan.hubbard@harrisoncountysheriff.com</p>	<p>staff (Healthcare Administrator, RNs, Qualified Behavioral Health Professional, Physician, Psychiatrist)</p> <ul style="list-style-type: none"> • Implemented correctional healthcare standards of practice and processes • Provided ACA Behavioral Health Certification Training • Revamped medical and behavioral health intake screening • Utilize EMR system and reduced cost of hosting • Implemented Daily Care Management Calls • Successfully managed COVID-19 Pandemic • Contract renewed January 1, 2024, following RFP process
<p>Mississippi Jackson County Adult & Juvenile Detention Centers 65 Bruce Evans Drive Pascagoula, MS 39567</p> <p>Time Period of Project: June 15, 2019 - Current Contract renewed on July 1, 2023 following RFP process Size: Capacity = 700; ADP = 415 Services Provided: Comprehensive health and mental health care Contract: 3 years plus two 1-year renewals</p> <p>Contact: Major Jeremy Skipper - Director of Corrections Phone: 228-238-0975 Fax: 228-769-3238 Email: Jeremey_skipper@co.jackson.mu.us</p>	<ul style="list-style-type: none"> • County jail detainees (ADP 400; Capacity 700) • County juvenile detainees (ADP 15) • Hired and trained a full complement of healthcare staff • Fine-tuned correctional healthcare standards of practice and processes • Initiated annual Suicide Prevention training • Revamped medical and behavioral health intake screening • Improved processes and communication with jail staff • Switched to new EMR system in July 2020
<p>Mississippi Madison County Detention Center 2935 US 51 Canton, MS 39046</p> <p>Time Period of Project: October 1, 2019 - Current Size: ADP = 435 Services Provided: Comprehensive health and mental health care services Contract: 1 year</p> <p>Contact: Major Jeff Husted - Jail Administrator Phone: 601-855-0732 Email: Jeff.husted@madison-co.com</p> <p>Randy Tucker - Sheriff Phone: 601-492-8858 Email: Randy.tucker@madison-co.com</p>	<ul style="list-style-type: none"> • County jail • Hired and trained a full complement of healthcare staff • Initiated annual Suicide Prevention training • Revamped medical and behavioral health intake screening • Collaborate with Jail Administration regarding all historical and current healthcare matters • Took over operations according to Novation Agreement • Implemented HSR and Quality Improvement System • Installed EMR system in July 2020
<p>Mississippi Rankin County Detention Center 221 N. Timber St. Brandon, MS 39042</p> <p>Time Period of Project: October 1, 2019 - Current</p>	<ul style="list-style-type: none"> • County jail detainees • Hired and trained a full complement of healthcare staff • Initiated annual Suicide Prevention training • Revamped medical and behavioral health intake screening

<p>Size: ADP = 490 Services Provided: Health Care Services Contract: 6 years</p> <p>Contact: Captain Barry Vaughn - Jail Administrator Phone: 601-824-2408 Email: Bvaughn@rankincounty.org</p> <p>Brian Bailey - Sheriff Phone: 601-906-9923 Email: bbailey@rankincountynty.org</p>	<ul style="list-style-type: none"> • Collaborate with Jail Administration regarding all historical and current healthcare matters • Took over operations according to Novation Agreement • Implemented HSR and Quality Improvement System • Installed EMR system in July 2020
<p>Missouri Jefferson County Jail 510 1st Street Hillsboro, MO 63050</p> <p>Time Period of Project: January 1, 2019 - Current Contract renewed November 2020 Size: ADP = 335 plus US Marshal inmates Services Provided: Comprehensive health and mental health care services Contract: 4 years plus 2, 1-year renewals</p> <p>Contact: Brenda Short, Jail Administrator Phone: 636-797-5318 Fax: 636-797-5025 Email: Bshort@JeffCoMo.org</p>	<ul style="list-style-type: none"> • County adult detainees, plus US Marshal inmates • Hired and trained a full complement of healthcare staff (Healthcare administrator, RN's, Qualified Behavioral Health Professional, Physician, Psychiatrist) • Implemented correctional healthcare standards of practice and processes • Provide ACA Behavioral Health Certification Training • Revamped medical and behavioral health intake screening • Collaborate with Jail Administration regarding all historical and current healthcare matters • Implemented mental health program • Contract renewed in November 2020
<p>Missouri St. Charles County Department of Corrections 301 N. Second Street St. Charles, Missouri 63301</p> <p>Time Period of Project: August 1, 2022 - Current Size: Capacity = 505 Beds; ADP = 330 – plus ICE & US Marshal inmates Services Provided: Comprehensive health and mental health care services Contract: 5 years plus 2, 1-yr renewals</p> <p>Contact: Daniel Keen - Director of Corrections Phone: 636-949-3003, ext. 4407 Email: Dkeen@sccmo.org</p>	<ul style="list-style-type: none"> • County Adult Corrections Facility, plus ICE & US Marshal inmates • Transitioned from County run services to VitalCore • Filled nursing positions that County was unable to fill • Adapted County's EMR system with VitalCore policies and forms • Streamlined health processes • Implemented Quality Assurance Performance Improvement Program • Implemented Daily Care Management Calls
<p>New Mexico Otero County Detention Center 1958 Dr. M.L.K. Drive Alamogordo, NM 88310</p> <p>Time Period of Project: October 1, 2019 - Current New Contract September 1, 2021 Size: ADP 195; Capacity 208 Services Provided: Comprehensive health and mental health care services Contract: 2 years plus 6 1-yr renewals</p>	<ul style="list-style-type: none"> • County adult detainees • Implemented a full complement of healthcare & staffing in area where finding qualified staff is difficult • Assisting with facility's expansion plans • Improved clinic conditions and processes; ensure accountability of staff • Implemented Quality Assurance Performance Improvement • Implemented Daily Care Management Calls

<p>Contact: Carolyn Barela - Director, Correctional Services Phone: 575-437-6420 Email: cbarela@co.otero.nm.us</p>	
<p>North Carolina Mecklenburg County Detention Center Central 801 East Fourth Street Charlotte, NC 28202</p> <p>Time Period of Project: May 19, 2024- Current Size: Capacity = 1,788; ADP = 1,250 Services Provided: Comprehensive Health and Mental Health Services Contract: 3 years plus two 2-yr renewals</p> <p>Contact: Major Sharay Deleon Phone: 980-314-5200 Email: Sharay.Deleon@mecklenburgcountync.gov</p> <p>Sheriff Garry L. McFadden 700 East Fourth Street, Charlotte, NC 28202 Phone: 704-336-8100 Email: Garry.McFadden@mecklenburgcountync.gov</p>	<ul style="list-style-type: none"> • Adult Detainees • Transitioned from previous contractor in less than 4 weeks • Implemented new CorEMR electronic medical records system on Day One • Hire and trained existing and new health and mental health staff in VitalCore Way • Implemented Daily Care Management Calls • Established goal to reduce the need for and cost of outpatient and inpatient services • Completed specific site policy addenda two days prior to start • Work closely with County’s Health Department
<p>Ohio Corrections Center of Northwest Ohio 03151 County Road Stryker, Ohio 43557</p> <p>Time Period of Project: November 1, 2023 - Current Size: Capacity = 638; ADP = 550 Services Provided: Comprehensive Health and Mental Health Services Contract: 3 years plus two 1-year renewals</p> <p>Contact: Dennis Sullivan - Jail Administrator Phone: 419-553-9974 Email: Dennis.Sullivan@ccnojail.org</p>	<ul style="list-style-type: none"> • Adult Regional Detention Center • Comprehensive Health and Mental Health Services • CorEMR already in use but staff were not trained; VitalCore trained for Day One use • Implemented Quality Assurance Performance Improvement Program • Implemented Daily Care Management Calls • ACA Accredited
<p>Ohio Mahoning County Justice Center 110 Fifth Avenue, Youngstown, OH 44503</p> <p>Time Period of Project: January 1, 2025 – Current Size: Capacity: 562 ADP = 400 Services Provided: Comprehensive Health and Mental Health and Addiction Services Contract: 2 years plus 2 1-year renewals</p> <p>Contact: Captain Kenneth Kountz Jail Commander Phone: 330-480-4938 Email: kkountz@sheriff.mahoning.oh.us</p>	<ul style="list-style-type: none"> • Adult Detention Center • Paper medical records to begin; will implement Sapphire EMR in one month • Implemented provider Grand Rounds process to determine necessity of outpatient and inpatient services • Implemented our Utilization Management processes through CoreCare tracking

<p>Ohio Stark County Jail 4500 Atlantic Blvd., N.E. Canton, OH 44705</p> <p>Time Period of Project: February 1, 2019 – Current New contract began February 1, 2024 as result of RFP process</p> <p>Size: Capacity = 526; ADP = 489</p> <p>Services Provided: Comprehensive health and mental health care services</p> <p>Contract: Contract is 3 years plus three 1-yr. extensions</p> <p>Contact: Sheriff George T. Maier Phone: 330-430-3887 Fax: 330-430-4679 Email: maier@starksheriff.org</p>	<ul style="list-style-type: none"> • County adult detainees • Hired and trained a full complement of healthcare staff (RN's, Qualified Behavioral Health Professionals) • Fine-tuned correctional healthcare standards of practice and processes • Initiated annual Suicide Prevention Training • Revamped medical and behavioral health intake screening • Improved processes and mental health programming • Implemented CorEMR • Implemented new STAR Recovery Program (MAT) with Sheriff and County Courts in 2022 • ACA accredited
<p>Ohio Stark Regional Community Corrections Center 4433 Lesh Street NE Louisville, Ohio 44641</p> <p>Time Period of Project: December 1, 2023 - Current</p> <p>Size: Capacity = 154; ADP = 107</p> <p>Services Provided: Health Services and Pharmacy</p> <p>Contract: 1 year, 7 months plus one 2-year renewal</p> <p>Contact: Mike Beebe - Executive Director Phone: 330-575-5355 Email: mbeebe@srccc.net</p>	<ul style="list-style-type: none"> • Adult Community Corrections • Providing services as a courtesy since facility is adjacent to Stark County Jail; previous provider stopped services • ACA Accredited; successful re-accreditation audit in first month of emergency service
<p>Ohio Summit County Jail 205 East Crosier Street Akron, Ohio 44308</p> <p>Time Period of Project: December 1, 2023 - Current</p> <p>Size: Capacity = 671; ADP = 625</p> <p>Services Provided: Comprehensive Health Services</p> <p>Contract: 3 years plus two 3-year renewals</p> <p>Contact: Major Matamba Kaalima - Jail Commander Phone: 330-643-2820 Email: Mkaalima@sheriff.summitoh.net</p>	<ul style="list-style-type: none"> • Adult Detention Center • Switched to CorEMR on Day One of contract • Work cooperatively with mental health provider • Implemented Quality Assurance Performance Improvement Program • Implemented Daily Care Management Calls • NCCHC Accredited
<p>Ohio Warren County Jail 822 Memorial Drive Lebanon, Ohio 45036</p> <p>Time Period of Project: October 11, 2021 - Current</p> <p>Size: Capacity = 499; ADP = 350</p> <p>Services Provided: Comprehensive Health and Mental Health Services</p> <p>Contract: 1 year plus 1-year renewals</p> <p>Contact:</p>	<ul style="list-style-type: none"> • County adult detention • Implemented CorEMR on Day One of contract • Moved into new jail on 10/23/21 • Provided on-site medical and mental health staff training • Implemented Quality Assurance Performance Improvement Program • Implemented Daily Care Management Calls

<p>Sheriff Larry Sims Phone: 513-695-1126 Email: Larry.Sims@wcsooh.org</p> <p>Major Brett Richardson Phone: 513-695-1126 Email: Brett.Richardson@wcsooh.org</p>	
<p>Ohio Warren County Juvenile Detention & Mary Haven Youth Center 900 Memorial Drive Lebanon, Ohio 45036</p> <p>Time Period of Project: January 3, 2023 - Current Size: Capacity = 50; ADP = 24 Services Provided: Comprehensive health care Contract: Contract is 1 year plus 1-year renewals</p> <p>Contact: Laura Schneckner - Court Administrator Phone: 513-695-1615 Email: Laura.Scnecker@co.warren.oh.us</p>	<ul style="list-style-type: none"> • Juvenile Detainees and Youth Center Placements • Smooth transition conducted on January 3, 2023 • Hired and trained staff in VitalCore Way • Established positive communication with the Juvenile Court Administrator
<p>Ohio Lucas County Corrections Center 1622 Spielbusch Avenue, Toledo, Ohio 43604</p> <p>Time Period of Project: September 1, 2024 – Current Size: Capacity = 403; ADP = 348 Services Provided: Comprehensive Health and Mental Health Services Contract: 15 months with 2-year renewal</p> <p>Contact: Lyndsay B. Szymczak, Health Services Administrator – Sheriff’s Office Phone: 419-213-4377 Email: lbszymczak@co.lucas.oh.us</p>	<ul style="list-style-type: none"> • Took over operations from County run health care • Hired many new staff and trained in VitalCore Way • Cleaned/sanitized clinic areas • Implemented Quality Assurance Performance Improvement Program • Implemented Daily Care Management Calls
<p>South Carolina Charleston County – Sheriff Al Cannon Detention Center 3841 Leeds Avenue North Charleston, SC 29405</p> <p>Time Period of Project: July 1, 2023 - Current Size: Capacity = 1753; ADP = 1,150 Services Provided: Comprehensive health services Contract: 1 year contract plus four 1-year renewals</p> <p>Contact: Patrick Morris - Chief Deputy Phone: 843-529-7314 Email: pmorris@charlestoncounty.org</p>	<ul style="list-style-type: none"> • County adult jail and juvenile detention facility Adult Capacity – 1693; ADP 1,100 Juvenile Capacity: 60; ADP = 50 • Stabilized services and staffing • Enhanced MAT Program • Implemented Quality Assurance Performance Improvement Program • Established positive communication with the Sheriff and County Board • Implemented new EMR at go live • Provide staff support and training
<p>Texas Galveston County Jail & Juvenile Services Center</p>	<ul style="list-style-type: none"> • County adult detainees (Capacity = 1,181; ADP = 1103) • Juvenile Justice Department/Detention (Capacity = 59;

<p>5700 Avenue H Galveston, TX 77551</p> <p>Time Period of Project: October 1, 2020 - Current Size: Capacity = 1,240; ADP = 1148 Services Provided: Comprehensive health and mental health care services Contract: 3 years plus 3 1-yr extensions</p> <p>Contact: Major Kevin Walker - Jail Administrator Phone: 409-763-7584 Email: Kevin.Walker@co.galveston.tx.us</p>	<p>ADP = 45)</p> <ul style="list-style-type: none"> Reduced the need for off-site trips through clinical acumen and telehealth Initiated Quality Assurance Performance Improvement Program Established MAC meetings and schedule Implemented telehealth with local providers Implemented Daily Care Management Calls Implemented Jail-Based Competency Restoration Program with Community Mental Health NCCHC Accredited – most recent audit in October 2021
<p>Utah Weber County Jail 712 West 12th Street Ogden, UT 84404</p> <p>Time Period of Project: April 2, 2020 - Current Size: Capacity = 1,100; ADP = 800; plus, US Marshal inmates Services Provided: Comprehensive health care services and mental health services Contract: 1 year plus 4, 1 yr. renewals</p> <p>Contact: Chief Deputy Phillip Reese Phone: 801-225-0317 Email: preese@co.weber.ut.us</p>	<ul style="list-style-type: none"> County adult detainees, plus US Marshal inmates Hired existing county nursing staff and new staff to bring facility to full staffing Initiated Quality Assurance Performance Improvement Program Established MAC meetings and schedule Through amendment, now provide mental health services Implemented Daily Care Management Calls ACA Accredited – First time – August 2023 Implemented MAT program on August 1, 2024
<p>Virginia Chesapeake Correctional Center 400 Albemarle Drive Chesapeake, Virginia 23322</p> <p>Time Period of Project: July 1, 2024 - Current Size: Capacity = 747; ADP = 668 Services Provided: Comprehensive Health and Mental Health Services Contract: 1 year with 4 possible 1-year renewals</p> <p>Contact: Captain Michael Flint - Corrections Commander Phone: 757-382-2874 Email: MFlint@cityofchesapeake.net</p>	<ul style="list-style-type: none"> Adult detainees Switched the CorEMR electronic medical records system to VitalCore’s forms Hired existing and new staff and trained them to do business the VitalCore Way Conducted the transition from the previous contractor in less than 4 weeks Facility is ACA Accredited
<p>Virginia Chesapeake Juvenile Facility, City of Chesapeake, VA 420 Albemarle Drive Chesapeake, Virginia 23322</p> <p>Time Period of Project: July 1, 2019 - Current New contract approved 10/8/24 as result of RFP process Size: ADP = 65 Services Provided: Comprehensive health care services Contract: 5 years</p> <p>Contact: Jameka Jackson - Superintendent Phone: 757-382-6780 Fax: 757-382-8427</p>	<ul style="list-style-type: none"> Regional juvenile detainees Hired and trained a full complement of healthcare staff Fine-tuned correctional healthcare standards of practice and processes Initiated annual Suicide Prevention training Revamped medical and behavioral health intake screening Implemented Quality Assurance Performance Improvement

<p>Email: jjackson@cityofchesapeake.net</p>	
<p>Virginia City of Virginia Beach Detention Building 7 2501 James Madison Blvd. Virginia Beach, Virginia 23456</p> <p>Time Period of Project: September 28, 2023 - Current Size: Capacity = 1,400; ADP = 1,100 Services Provided: Comprehensive Health and Mental Health Services Contract: 3 years plus two 1-year renewals</p> <p>Contact: Lt. William Midgette - Correctional Administrator Phone: 757-385-4221 Email: wmidgette@vbso.net</p>	<ul style="list-style-type: none"> • Adult Detention Center • Switched to CorEMR on Day One of contract; hosted on-site • Hired and trained staff in VitalCore Way • Implemented Quality Assurance Performance Improvement Program • Initiated Daily Care Management Calls
<p>Virginia City of Alexandria, William G. Truesdale Detention Center 2001 Mill Road Alexandria, VA 22314</p> <p>Time Period of Project: February 1, 2025 – Current Size: Capacity 340; ADP 295 Services Provided: Health and Dental Care, MAT Contract: 3 years with three 1-year extensions</p> <p>Contact: Captain Robert Gilmore Phone: 202-369-3659 Email: Robert.Gilmore@alexandriava.gov</p>	<ul style="list-style-type: none"> • Adult Detainees, including 150 US Marshal detainees • NCCHC, ACA, and CALEA accredited • Continued use of CorEMR from previous contractor with use of VitalCore forms • Completed transition in less than one month • Filled most authorized positions by start up • Trained staff in conducting business the VitalCore Way • Initiated Daily Care Management Calls • Established excellent rapport and communication with facility officials
<p>Wisconsin Brown County Jail 3030 Curry Lane Green Bay, WI 54311</p> <p>Time Period of Project: December 23, 2022 - Current Size: Capacity = 750; ADP = 634 Services Provided: Comprehensive Health and Mental Health Services Contract: 1 year with 1-year renewals</p> <p>Contact: Captain Heidi Michel - Jail Administrator Phone: 920-613-6240 Email: Heidi.Michel@browncountywi.gov</p>	<ul style="list-style-type: none"> • Adult detainees • Completed transition from current provider with only 20 days-notice • Increased nurse staffing • Stabilized operations quickly, even when starting only two days prior to the Christmas holiday • Implemented Quality Assurance Performance Improvement Program • Initiated Daily Care Management Calls
<p>Wisconsin Dodge County Detention Facility 210 West Center Street Juneau, WI 53039</p> <p>Time Period of Project: December 1, 2023 - Current Size: Capacity = 358; ADP = 335</p>	<ul style="list-style-type: none"> • Adult Detention Center • Switched to CorEMR on Day One of contract • Hired and trained staff in VitalCore Way • Implemented Quality Assurance Performance Improvement Program

<p>Services Provided: Comprehensive Health and Mental Health Services Contract: 3 years plus two 1-year renewals</p> <p>Contact: Captain Scott Smith Phone: 920-210-1760 Email: ssmith@co.dodge.wi.us</p>	<ul style="list-style-type: none"> Initiated Daily Care Management Calls
<p>Wisconsin Outagamie County Jail 320 S. Walnut Street Appleton, Wisconsin 54911</p> <p>Time Period of Project: October 1, 2020 - Current Size: Capacity 556; ADP = 347 Services Provided: Comprehensive health and mental health care services Contract: 5 years plus one 3-year extension</p> <p>Contact: Commander David Kiesner Phone: 920-832-5617 Email: Dave.Kiesner@outagamie.org</p>	<ul style="list-style-type: none"> County adult detention Hired and trained a full complement of healthcare staff Fine-tuned correctional healthcare standards of practice and processes Initiated annual Suicide Prevention training Revamped medical and behavioral health intake screening Implemented Quality Assurance Performance Improvement Program Implemented Daily Care Management Calls Passed first NCCHC audit in December 2021; Accredited officially in March 2022
<p>Wisconsin Racine County Jail 717 Wisconsin Avenue Racine, WI 53403</p> <p>Time Period of Project: January 2, 2023 - Current Size: Capacity = 876; ADP = 591 Services Provided: Comprehensive Health and Mental Health Services Contract: 3 years plus 2 1-yr. renewals</p> <p>Contact: Captain Bradley Friend - Jail Administrator Phone: 262-758-1044 Email: Bradley.Friend@racinecounty.com</p>	<ul style="list-style-type: none"> Adult Detainees VitalCore responded to County's expedited RFP process following the County's need to quickly change provider Smooth transition conducted on January 2, 2023 Hired and trained staff in VitalCore Way Implemented Quality Assurance Performance Improvement Program Initiated Daily Care Management Calls
<p>Wisconsin Rock County Jail 200 E. US Highway 14, Janesville, WI 53545</p> <p>Time Period of Project: June 1, 2024 - Current Size: Capacity = 514; ADP = 327 Services Provided: Comprehensive Health and Mental Health Services Contract: 5 years plus three 1-yr. renewals</p> <p>Contact: Captain Nicholas Brown - Jail Administrator Phone: 920-728-9814 Email: Nicholas.Brown@co.rock.wi.us</p>	<ul style="list-style-type: none"> Adult Detention Center Increased staffing to meet NCCHC and ACA standards Hired and trained staff in the VitalCore Way Cooperate with the County's Mental Health Division for re-entry – warm hand-off to community upon release Implemented Quality Assurance Performance Improvement Program Implemented Daily Care Management Calls Providing the Integrated Model of Care



***Financial
Statements***



Update your information with D-U-N-S® Manager

Report as of: 02-04-2025

VITALCORE HEALTH STRATEGIES, LLC

ACTIVE HEADQUARTERS

Address: 719 Sw Van Buren St Ste 100, Topeka, KS, 66603, UNITED STATES
Alerts:

Risk Assessment

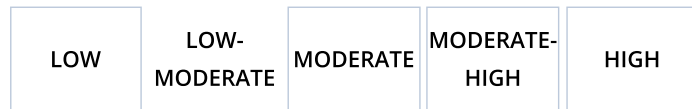
QUESTIONS?

SCORES AND RATINGS

Max. Credit Recommendation ⓘ US\$ 450,000	PAYDEX® Score ⓘ 79 LOW RISK	Delinquency Predictor Percentile ⓘ 79 LOW-MODERATE RISK	Financial Stress Percentile ⓘ 93 LOW-MODERATE RISK	Supplier Evaluation Risk Rating ⓘ 3 LOW RISK
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D&B GUIDANCE

Overall Business Risk



Dun & Bradstreet Thinks...

- Overall assessment of this company: **STABLE CONDITION**
- Based on the perceived sustainability of this company: **HIGH LIKELIHOOD OF CONTINUED OPERATIONS**
- Based on the payment behavior of this company: **LOW-POTENTIAL-FOR-SEVERELY-DELINQUENT-PAYMENTS**

Maximum Credit Recommendation

US\$ 450,000

The recommended limit is based on a moderately low probability of severe delinquency.

PAYDEX® SCORE

Based on 24 months of data

79

Low Risk (100)

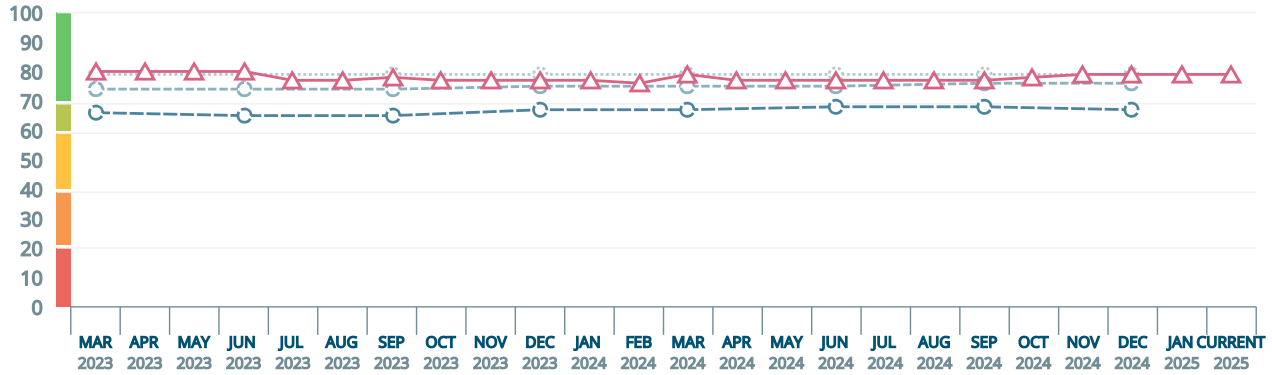
High Risk (1)

Based on a D&B PAYDEX® Score of 79

Risk of Slow Pay
Low

Payment Behavior
2 Days Beyond Terms

Business and Industry Trends



PAYDEX® Score
Industry Medi...
Industry Uppe...
Industry Lowe...

Understand My Score

Payment History

Total Last 24 Months: 34

[View All](#)

Date of Experience	Payment Status	Selling Terms	High Credit (US\$)	Now Owes (US\$)	Past Due (US\$)	Months Since Last Sale
01/25	Pays Promptly	-	100,000	0	0	Between 6 and 12 Months
01/25	Pays Promptly	-	200,000	0	0	Between 4 and 5 Months
01/25	Pays Promptly	-	200,000	0	0	Between 2 and 3 Months
01/25	Pays Promptly	-	200,000	0	0	1
12/24	-	Cash account	0	0	0	Between 2 and 3 Months

KEYS

PAYDEX®

100

90

80

70

60

50

Payment Practices

Anticipate

Discount

Prompt

15 Days Beyond Terms

22 Days Beyond Terms

30 Days Beyond Terms

40	60 Days Beyond Terms
30	90 Days Beyond Terms
20	120 Days Beyond Terms
1-19	Over 120 Days Beyond Terms
UN	Unavailable

DELINQUENCY PREDICTOR SCORE

79

Low Risk (100) High Risk (1)
Based on a D&B Delinquency Predictor Percentile of 79

Score **547** ↓

Class **2**

Factors Affecting Your Score:

- Proportion of slow payments in recent months
- Proportion of past due balances to total amount owing
- Limited time under present management control
- Higher risk industry based on delinquency rates for this industry

Level of risk

Low-Moderate

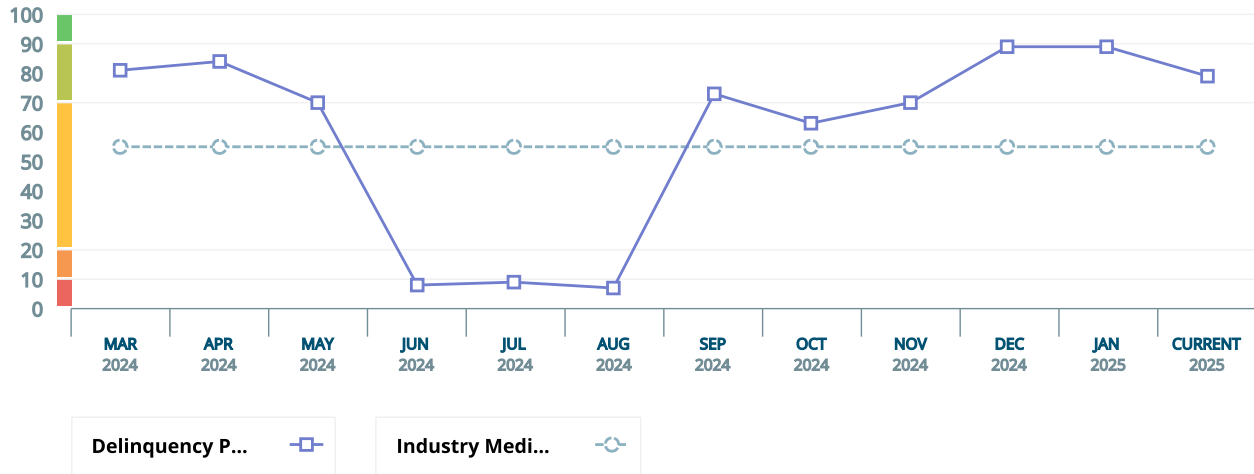
Probability of Delinquency

2.69%

Compared to Businesses in D&B Database

10.2%

Business and Industry Trends



FINANCIAL STRESS SCORE

93

Low Risk (100) High Risk (1)
Based on a D&B Financial Stress Percentile of 93

Score **1560** ↑

Class **2**

Factors Affecting Your Score:

- UCC Filings reported
- Low proportion of satisfactory payment experiences to total payment experiences

Level of risk

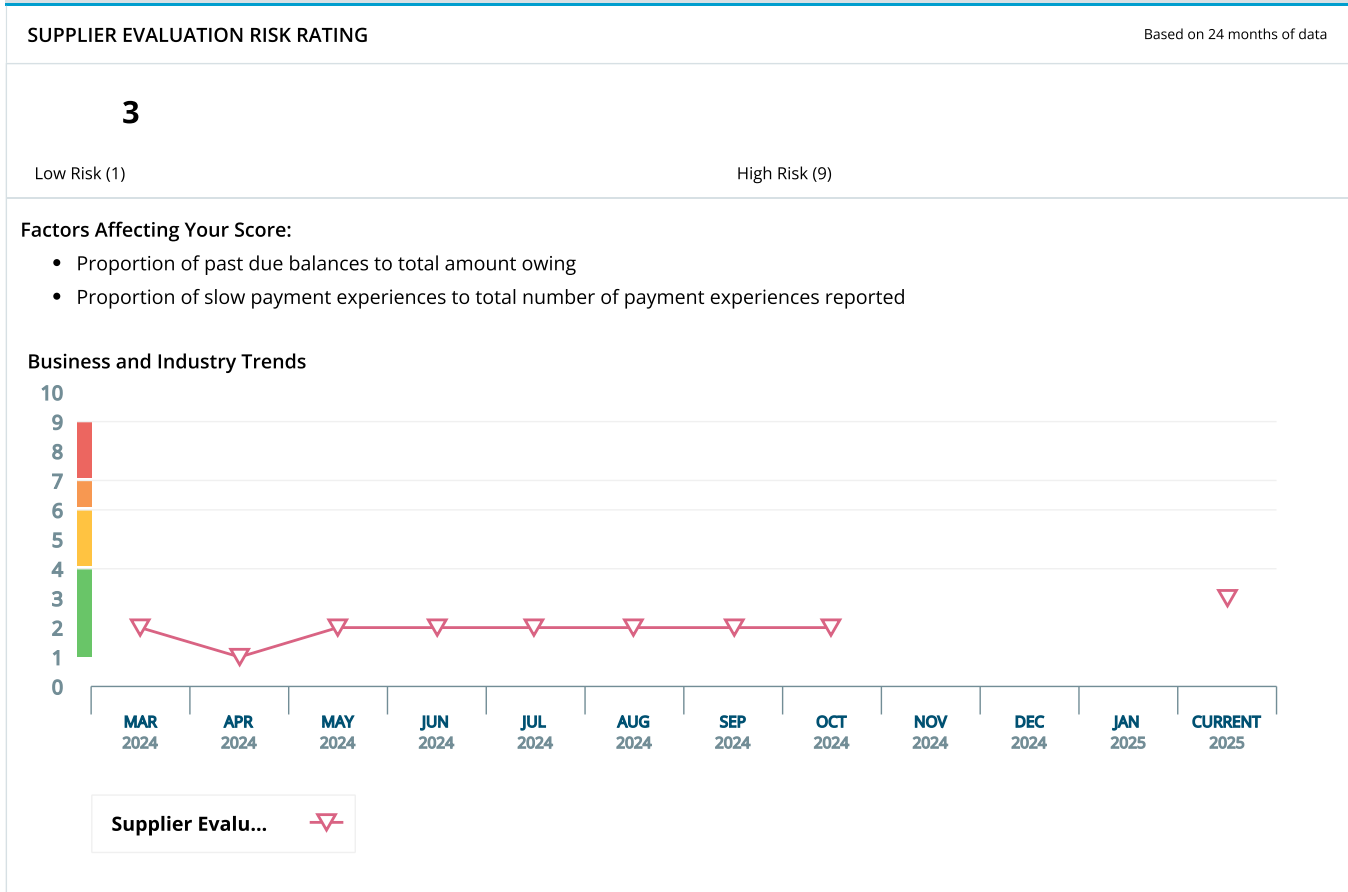
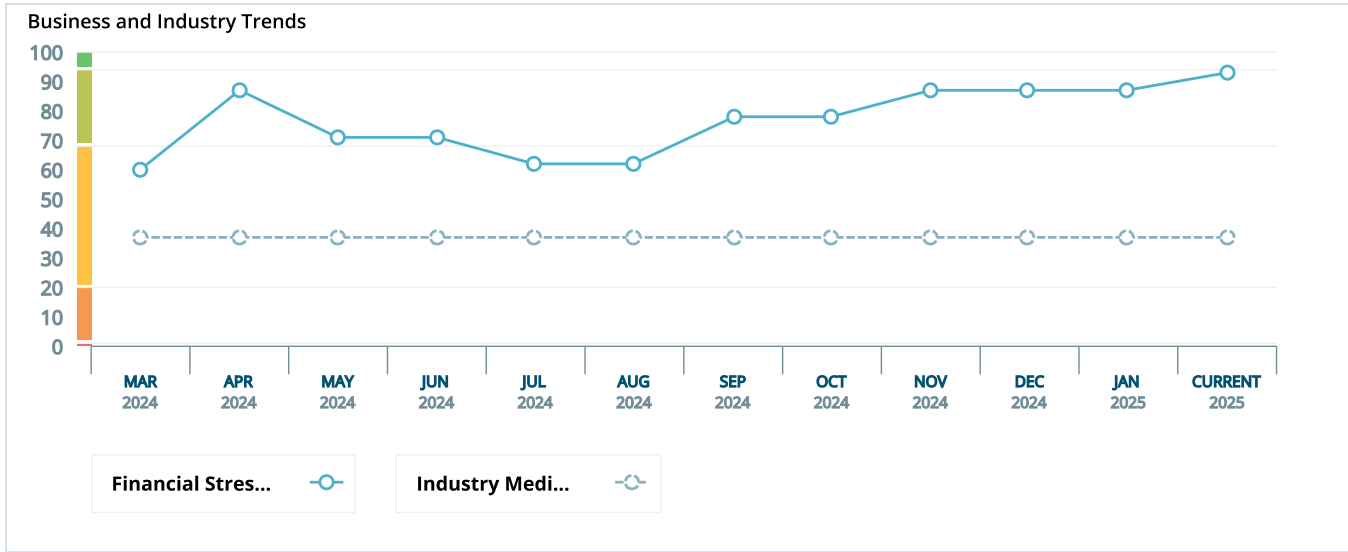
Low-Moderate

Probability of Failure

0.06%

Average Probability of Failure for Businesses in D&B Database

0.48%



D&B RATING

Current Rating as of 07-14-2020

Special Rating

-- : Undetermined

D&B VIABILITY RATING

Portfolio Comparison Score

3

Low Risk (1)

High Risk (9)

Level of risk
Low

Rating Confidence Level
Robust Predictions

Probability of becoming no longer viable
3%

Percentage of businesses ranked with this score
11%

Average probability of becoming no longer viable
5%

Viability Score

3

Low Risk(1)

High Risk (9)

Level of risk
Low

Probability of becoming no longer viable
3%

Percentage of businesses ranked with this score
14%

Average probability of becoming no longer viable
15%

Data Depth Indicator

B

Predictive (A)

Descriptive (G)

• Rich

Firmographics

- Extensive Commercial Trading Activity
- Basic Financial Attributes

Company Profile

G	Financial Data	Trade Payments	Company Size	Years in Business
	Not Available	Available	Large	Established

Compared to ALL US Businesses within the D&B Database:

- Financial Data : Not Available
- Trade Payments : Available: 3+Trade
- Company Size : Large: Employees:50+ or Sales: \$500K+
- Years in Business : Established: 5+

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Independent Auditor's Report and Financial Statements
VitalCore Health Strategies, LLC
December 31, 2022

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Statement of Changes in Members' Equity (Deficit)	5
Statement of Cash Flows	6
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Ashley R. Davis, CPA
Heather R. Eichem, CPA
Brian J. Florea, CPA
Eric L. Otting, CPA
Cameron L. Werth, CPA

Adam C. Crouch, CPA · Tyler R. Crow, CPA
Stephanie D. Kennedy, CPA

Independent Auditor's Report

Members
VitalCore Health Strategies, LLC

Opinion

We have audited the accompanying financial statements of VitalCore Health Strategies, LLC (the Company), which comprise the balance sheet as of December 31, 2022, and the related statements of income, changes in members' equity (deficit), and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the balance sheet of the Company as of December 31, 2022, and the results of its operations, changes in its members' equity (deficit), and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Wendling Noe Nelson & Johnson LLC

Topeka, Kansas
July 17, 2023

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VitalCore Health Strategies, LLC Balance Sheet December 31, 2022

Assets

Current assets	
Cash and cash equivalents	\$ 13,218,006
Contract receivables	31,793,167
Other receivables	7,448
Inventory	1,919,715
Prepaid expenses	1,106,334
Other current assets	478,165
Total current assets	<u>48,522,835</u>
Property and equipment, net	<u>1,428,073</u>
Right of use operating lease - assets	<u>2,234,742</u>
Total assets	<u><u>\$ 52,185,650</u></u>

Liabilities and Members' Equity (Deficit)

Current liabilities	
Accounts payable	\$ 36,566,671
Accrued payroll and related tax liabilities	3,216,255
Accrued paid time off	2,966,025
Other accrued liabilities	1,700,000
Deferred revenues	126,392
Line of credit payable with a bank	5,513,102
Current portion of right-of-use operating lease obligation	387,888
Total current liabilities	<u>50,476,333</u>
Long-term debt	
Right of use operating lease obligation, net of current portion	<u>1,867,859</u>
Total liabilities	<u>52,344,192</u>
Members' equity (deficit)	<u>(158,542)</u>
Total liabilities and members' equity (deficit)	<u><u>\$ 52,185,650</u></u>

The accompanying notes are an integral part of this statement.

Confidential & Proprietary

VitalCore Health Strategies, LLC Statement of Income Year ended December 31, 2022

Operating revenues	
Correctional health care revenue	\$ 251,870,703
Other operating revenue	<u>18,213</u>
Total operating revenues	<u>251,888,916</u>
Operating expenses	
Salary expense	119,188,662
Employee benefits expense	18,899,946
Other direct correctional service expense	108,148,238
Contracted professional services	3,172,809
Insurance	3,338,365
Travel	2,455,831
Office expenses	2,306,127
Office rent	439,518
Memberships and dues	1,186,163
Other	2,365,007
Bad debt expense	94,372
Interest expense	171,186
Depreciation expense	<u>367,988</u>
Total operating expenses	<u>262,134,212</u>
Loss from operations	<u>(10,245,296)</u>
Other income (expense)	
Investment income	36,728
Board stipend expense	(135,000)
Employee retention tax credits	<u>22,535,157</u>
Total other income (expense)	<u>22,436,885</u>
Net income	<u>\$ 12,191,589</u>

The accompanying notes are an integral part of this statement.

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VitalCore Health Strategies, LLC Statement of Changes in Members' Equity (Deficit) Year ended December 31, 2022

Members' equity (deficit) at beginning of year	\$ (4,120,359)
Net income	12,191,589
Member distributions	<u>(8,229,772)</u>
Members' equity (deficit) at end of year	<u>\$ (158,542)</u>

The accompanying notes are an integral part of this statement.

Confidential & Proprietary

VitalCore Health Strategies, LLC Statement of Cash Flows Year ended December 31, 2022

Cash flows from operating activities	
Net income	\$ 12,191,589
Adjustments to reconcile net income to cash provided by operating activities	
Depreciation expense	367,988
Changes in assets and liabilities	
Contract receivables	(23,713,739)
Other receivables	229
Other current assets	(916,115)
Right-of-use lease assets and obligations	21,005
Accounts payable	22,044,380
Accrued payroll and related tax liabilities	1,603,690
Accrued paid time off	1,253,245
Deferred revenue	(583,254)
Other accrued liabilities	864,218
	<u>13,133,236</u>
Net cash provided by operating activities	<u>13,133,236</u>
Cash flows from investing activities	
Purchase of property and equipment	<u>(1,221,403)</u>
Net cash used by investing activities	<u>(1,221,403)</u>
Cash flows from financing activities	
Proceeds from bank line of credit	78,954,576
Repayment of bank lines of credit	(73,441,474)
Proceeds from member loans	3,000,000
Repayment of member loans	(3,000,000)
Member distributions	<u>(8,229,772)</u>
Net cash used by financing activities	<u>(2,716,670)</u>
Net change in cash and cash equivalents	9,195,163
Cash and cash equivalents, beginning of year	<u>4,022,843</u>
Cash and cash equivalents, end of year	<u>\$ 13,218,006</u>
Interest paid	<u>\$ 171,662</u>

The accompanying notes are an integral part of this statement.

VitalCore Health Strategies, LLC Notes to Financial Statements December 31, 2022

Note A - Description of Organization and Summary of Significant Accounting Policies

VitalCore Health Strategies, LLC (Health Strategies), is a Kansas Limited Liability Company whose members are Viola Riggan and VitalCore Associates, LLC (Associates). The entity is organized to provide a comprehensive set of services, including health care system oversight, as well as correctional and behavioral health services. Associates, formerly known as VitalCore Investors, LLC, is a Kansas Limited Liability Company that was formed on January 28, 2018, to provide capital and to invest in Health Strategies. Associates members are Craig Hanson, Robert Hanson, Larry D. Anderson Revocable Trust, Warner Harrison, and Lorelei Ammons. See note M for membership changes occurring after the end of the calendar year.

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

1. Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

2. Basis of accounting

Transactions are recorded using the accrual basis of accounting wherein revenue is recorded as earned and expenses are recorded when incurred in accordance with accounting principles generally accepted in the United States of America.

3. Cash and cash equivalents

Cash and cash equivalents include all cash and highly-liquid financial instruments with original maturities of three months or less.

4. Accounts receivable

Accounts receivable are carried at the amount originally invoiced. Accounts deemed to be uncollectible are charged to expense when deemed uncollectible. Interest is not charged on past due balances.

5. Inventory

Inventory is stated at the lower of cost or net realizable value with cost determined on a first-in, first-out basis.

6. Property and equipment

Property and equipment are stated at cost. Depreciation is provided on the straight-line method over the following estimated useful lives:

Leasehold improvements and right-to-use leased assets	Term of lease or 3 - 10 years
Furniture and equipment	3 - 7 years

The cost of maintenance and repairs is charged to expense as incurred. The costs of significant additions, renewals, and betterments to depreciable properties are capitalized and depreciated over the remaining or extended estimated useful lives of the item or the leased property.

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VitalCore Health Strategies, LLC Notes to Financial Statements - Continued December 31, 2022

Note A - Description of Organization and Summary of Significant Accounting Policies - Continued

7. Right-of-use lease assets and obligations

Right-of-use lease assets and obligations with terms greater than twelve months are recorded at the present value of the lease payments over the lease term using the incremental borrowing rate at the time of the lease. Rental escalation clauses and renewal options are factored into the determination of lease payments when appropriate. Lease and nonlease components of contracts are separated when identifiable. Right-of-use financing lease assets are included with property and equipment on the balance sheet and amortized on the straight-line method over the lease term.

8. Deferred revenues

Deferred revenue consists of payment of services in advance of when the service has been provided.

9. Correctional health care revenue

Health Strategies has agreements with governmental entities to provide various health care services to their inmate population. These contracts generally are fixed rate agreements to provide agreed-upon services over the period of time designated by the agreement. Health Strategies recognizes revenues from these contracts over the period of time covered by the contract as services are rendered.

10. Income (loss) from operations

The Statement of Income includes income (loss) from operations, which includes activity related to providing services to the correctional institutions for which Health Strategies is contracted. Investment income and other revenues and expenses which are incidental to providing these services are excluded from income (loss) from operations.

11. Income taxes

Health Strategies is a Kansas Limited Liability Company taxed as a partnership pursuant to subchapter K of chapter 1, subtitle A of the Internal Revenue Code and, accordingly, all taxes are the responsibility of the members. Health Strategies is exempt from federal income taxes on related income pursuant to Section 701 of the Internal Revenue Code. Health Strategies' income tax returns are subject to possible federal and state examination, generally, for three years after the returns are filed.

12. Member distributions

The Company customarily makes periodic distributions to the members based on their ownership interest. The distributions are determined based on current operating results as well as available cash.

13. Adoption of accounting pronouncements

Effective January 1, 2022, the Company adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2016-02, *Leases* (Topic 842) which requires leases with durations greater than twelve months to be recognized as assets and liabilities on the balance sheet. The ASU changes disclosures to help financial statement users better understand the amount, timing, and uncertainty of cash flows arising from leases. This ASU has been implemented using the modified retrospective approach. The adoption of this ASU did not result in changes to previously reported amounts, other than presentation. The Company has elected the package of transition provisions, available, which allows carry forward of historical assessments of whether contracts are or contain leases, lease classification, and initial direct costs.

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VitalCore Health Strategies, LLC Notes to Financial Statements - Continued December 31, 2022

Note A - Description of Organization and Summary of Significant Accounting Policies - Continued

14. Subsequent events

The Company has evaluated subsequent events through the date of the independent auditor's report, which is the date the financial statements were available to be issued. See Note M for subsequent events reported.

Note B - Correctional Health Care Revenue and Concentration of Revenue

The Company contracts with government agencies to provide quality comprehensive health, dental, and prescription services to inmate populations. The contracts generally are structured in which the Company receives a fixed monthly fee for providing the services as defined in each individual contract. Pharmacy and off-site medical care are defined with annual caps that often contain provisions for the governmental agency to be responsible for costs incurred in excess of caps and for the Company to share in savings below the caps. Revenues are recognized over a period of time as the services are performed, which is generally on a monthly basis. Adjustments for provisions that contain cost sharing or savings provisions are recognized when the amounts have been determined and billable by the Company or determined to be owed by the Company.

The Company obtained 73.1 percent of its revenue from the following contracts:

Mississippi	32.4%
Virginia	32.3
Vermont	<u>8.4</u>
	<u>73.1%</u>

There were no other individual contracts that represented more than 6 percent of total revenue.

Note C - Concentration of Credit Risk

At December 31, 2022, the carrying amount of bank deposits was \$13,218,006 and the bank balances were \$14,407,760, of which \$647,156 was covered by federal depository insurance and \$13,760,604 was unsecured.

Note D - Property and Equipment

Property and equipment are summarized as follows at December 31, 2022:

Furniture and equipment	\$ 1,817,705
Leasehold improvements	<u>193,607</u>
	2,011,312
Less accumulated depreciation and amortization	<u>(583,239)</u>
Property and equipment, net	<u>\$ 1,428,073</u>

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VitalCore Health Strategies, LLC Notes to Financial Statements - Continued December 31, 2022

Note E - Leases

In 2022, the Company adopted ASU No. 2016-02 *Leases (Topic 842)*, which requires leases with durations greater than 12 months to be recognized on the balance sheet using the modified retrospective approach. The Company leases office space under operating leases. For leases greater than 12 months, the Company records the related assets and obligations at the present value of the lease payments over the term. Many of the leases include rental escalation clauses and renewal options that are factored into the determination of lease payments when appropriate. When identifiable, the Company separates lease and nonlease components of contracts. The Company uses its incremental borrowing rate at the time of the lease to discount the lease payments, as most of the leases do not provide a readily determinable implicit interest rate.

The following table presents lease-related assets and liabilities at December 31, 2022:

<u>Balance sheet classification</u>		
Assets		
Operating leases	Right-of-use operating lease assets	<u>\$ 2,234,742</u>
Liabilities		
Current		
Operating leases	Right-of-use operating lease obligations	\$ 387,888
Noncurrent:		
Operating leases	Right-of-use operating lease obligations	<u>1,867,859</u>
		<u>\$ 2,255,747</u>
Weighted-average remaining term		7.2 years
Weighted-average discount rate		<u>5.5%</u>

The following table presents certain information related to lease expense for the year ended December 31, 2022:

Operating leases (included in office rent)	\$418,513
Short-term leases (included in other direct correctional service expense)	395,599

Cash paid for amounts included in the measurement of lease liabilities were included in operating cash flows for operating leases was \$418,513 for the year ended December 31, 2022.

Scheduled future minimum lease payments for financing leases are as follows:

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2023	\$ 387,888	\$ 113,104	\$ 500,992
2024	282,198	95,719	377,917
2025	194,290	82,392	276,682
2026	210,464	71,302	281,766
2027	181,108	60,352	241,460
Thereafter	<u>999,799</u>	<u>135,184</u>	<u>1,134,983</u>
	<u>\$ 2,255,747</u>	<u>\$ 558,053</u>	<u>\$ 2,813,800</u>

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VitalCore Health Strategies, LLC Notes to Financial Statements - Continued December 31, 2022

Note F - Retirement Plan

The Company sponsors a 401(k) defined contribution, contributory employee pension plan under which all employer contributions are discretionary. Total retirement expense for the year ended December 31, 2022, was \$239,100.

Note G - Related Party Transactions

Robert Hanson and Craig Hanson, members of VitalCore Investors, LLC, are also part owners of Weigand Omega Management (WOM). VitalCore contracts with WOM for management and office services. During 2022, Health Strategies transitioned a majority of the services acquired from WOM to employed personnel. At December 31, 2022, Health Strategies has recorded a payable of \$2,366 for these services.

The following is a summary of related party expenses incurred by Health Strategies:

Management fees	\$ 296,684
Office and support expenses	<u>26,629</u>
Total expenses	<u>\$ 323,313</u>

Health Strategies borrowed and repaid members of VitalCore Associates, LLC \$3,000,000 during the year ended December 31, 2022. Total interest expense related to these loans was \$40,000. There were no remaining amounts due at year-end related to these borrowings.

Health Strategies also paid a total amount of \$135,000 in board stipends to Craig Hanson a member of Associates. These amounts were reported in other revenues and expenses.

Note H - Risk Management

The Company is exposed to various risks of loss related to torts, errors and omissions, and malpractice claims. The Company purchases commercial insurance for these risks. The Company is involved in litigation arising in the normal course of business. After consultation with legal counsel, it is management's opinion that any matters asserted will be resolved without material adverse effect to the financial position of the Company.

Note I - Risks and Uncertainties

The Company has experienced significant growth since inception as it adds contracts to provide health care services to correctional facilities located in the United States of America. The Company's operations are subject to varied risks under these contracts due to the complexity in estimating the future cost of providing the health care services required under the agreements. The risks also include the competitive landscape related to obtaining additional profitable contracts that will generate sufficient incremental revenues over the expenses associated with provision of those services to support the operations while also building out the Company's organizational structure. The Company generated operating losses in 2022 and 2021. The Company has relied upon other nonoperating funding as well as a line of credit to fund operations. At December 31, 2022, the Company had a \$7,000,000 line of credit of which \$1,486,898 is available to draw upon if needed.

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VitalCore Health Strategies, LLC Notes to Financial Statements - Continued December 31, 2022

Note J - Self-Funded Health Insurance Plan

The Company has entered into a partially self-insured health insurance plan. The Company has reinsured a portion of its risk for the health insurance claims of its participants. The reinsurance agreement covers claims totaling over \$125,000 for each covered individual on an annual basis. The reinsurance arrangement also provides annual aggregate claims coverage for the Company. Health Strategies has appointed an independent third party to provide administrative services to the plan, which includes review and payment of claims.

The following is a summary of the activity under this arrangement for 2022:

Estimated liability for self-funded health insurance claims at the beginning of the year	\$ 800,000
Provision for the Company's share of incurred claims expenses for the year, net of any reinsurance proceeds	9,033,962
Participant contributions	2,736,974
Payments made for claims and related expenses	<u>(10,870,936)</u>
Estimated liability for self-funded health insurance claims at the end of the year	<u>\$ 1,700,000</u>

Note K - Line of Credit

The Company has a \$7,000,000 line of credit which is available at an interest rate of 7.75 percent with a local financial institution. The line of credit is secured by all assets of the Company and a personal guarantee from Viola Riggan for \$3,625,000. At December 31, 2022, the Company had \$5,513,102 due on the line of credit and \$1,486,898 in available credit.

Note L - Employee Retention Credits

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) provided an employee retention credit (the credit or ERC) which is a refundable tax credit against certain employment taxes of up to \$5,000 per employee for eligible employers. The credit is equal to 50 percent of qualified wages paid to employees, capped at \$10,000 of qualified wages through December 31, 2020. The Consolidated Appropriations Act of 2021 and the American Rescue Plan Act of 2021 expanded the availability of the credit, extended the credit through September 30, 2021, and increased the credit to 70 percent of qualified wages, capped at \$7,000 per quarter. As a result of the changes to the credit, the maximum credit per employee increased from \$10,000 in 2020 to \$21,000 in 2021. During the year ended December 31, 2022, the Company recorded \$21,437,838 in credits and \$1,097,319 in interest related to the credits, for a total benefit of \$22,535,157 which is presented in the statement of income as other revenue.

The Company has elected to account for the credits by applying FASB ASC 958-605, *Not-for-Profit Entities: Revenue Recognition*. Under this method, the Company records contribution revenue when the contribution is deemed to be unconditional, that is when there is no longer a measurable performance or other barrier and the right of return or release from obligation to pay the contribution. Management has determined that the contribution is unconditional. Laws and regulations governing the ERC program are extremely complex and subject to interpretation. The ERC program is subject to audit by the Internal Revenue Service at a later date and there is a risk that recorded amounts could change by a material amount in future periods due to an adverse audit.



*Medical Emergency
Response Plan*



Emergency Response Plan for Medical Staff

Name of Facility: _____

Categories	Items & Activities
Facility Information	<p>Name of Facility: Street: City, State, Zip: Main Telephone Number: Fax Number:</p> <p>Facility Administrator: Work Telephone #: Home/Cell Telephone #:</p> <p>Name of Deputy Facility Administrator: Work Telephone #: Home/Cell Telephone #:</p> <p>Shift Commander Work Telephone #:</p>
Key Medical Contacts	<p>Name of Health Services Administrator: Work Telephone #: Home/Cell Phone #:</p> <p>Name of Director of Nursing: Work Telephone #: Home/Cell Telephone #:</p> <p>Name of Medical Director Work Telephone #: Home/Cell Phone #:</p> <p>Name of Psychiatrist: Work Telephone #: Home/Cell Phone #:</p> <p>Name of Mental Health Coordinator: Work Telephone #: Home/Cell Phone #:</p> <p>Name of Regional Director of Operations Work Telephone #: Home/Cell Phone #:</p>

Categories	Items & Activities
Potential Hazards	<ul style="list-style-type: none"> • Medical Emergency • Fire • Flood • Pandemic • Severe Weather/Natural Disaster <ul style="list-style-type: none"> - Hurricane - Tornado - Extreme Heat or Cold - Earthquake • Hazardous Materials Spill/Leak • Extended Power Outage • Bomb Threat • Hostage Incident • Terrorist Attack
Evacuation	<ul style="list-style-type: none"> • Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps: <ul style="list-style-type: none"> - Emergency exits - Primary and secondary evacuation routes - Locations of fire extinguishers, pull stations, and AEDs - Assembly points • Follow Site Commander’s directions for evacuation, including assisting with movement of inmates and staff that need assistance. • Take emergency medical bag with you to assembly point or designated triage area
Triage Areas and Materials	<p>Possible Facility Triage Areas in Order of Priority:</p> <ul style="list-style-type: none"> • (i.e. Gymnasium) • (i.e. Empty Living Unit) • (i.e. Designated area outside of facility) <p>Work with Facility Administrator to determine best possible locations and be prepared to utilize any other location based upon the specific emergency situation.</p> <ul style="list-style-type: none"> • Bring large medical bag(s) to triage area • Request facility staff to bring extra blankets, sheets, pillows, towels, wash cloths, as needed • May need extra water bottles • Bring AED • Stretchers/gurneys as needed

Categories	Items & Activities
Hospitals and Other Ambulatory Care Centers	<p>List the hospital(s) including name, address, and telephone number in the community with which VitalCore has an agreement to provide services on emergency basis:</p> <ul style="list-style-type: none"> • • <p>List urgent care centers that can provide minor emergency treatment with which VitalCore has an agreement:</p> <ul style="list-style-type: none"> • •
Medical Emergency	<ul style="list-style-type: none"> • Respond to location of medical emergency as directed by shift commander; bring emergency medical bag • Do not move victim unless absolutely necessary • Conduct initial medical assessment: <ul style="list-style-type: none"> - Determine level of consciousness - Check ABCs (Airway/Breathing/Circulation) - Perform a body check (severe bleeding/obvious injuries) - Provide treatment to your level of training (First Aid, CPR, and activate EMS if appropriate). - If potential neck injury, stabilize neck; do not move victim (C-spine stabilization). - Call for additional medical staff if needed. - In case of rendering assistance to individual exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. - Continue to monitor the subject (stay close; watch closely). • Call for emergency crash cart if needed. • Arrange for transport to medical unit for further evaluation and treatment, if appropriate; if there is possible neck injury, wait for EMS responders – do not move.

Categories	Items & Activities
Fire Emergency	<ul style="list-style-type: none"> • Follow Site Commander’s directions for evacuation. • Bring emergency medical bag to assembly area. • Account for all on duty medical staff. • Assist with movement of inmates and staff that need assistance as directed by Site Commander. • At Site Commander’s direction, move to designated triage area for evaluation and treatment of affected victims. • Continue triage and treatment until relieved by emergency medical responders. • All medical staff remain in assembly and/or triage area until directed to leave.
Flood Emergency	<ul style="list-style-type: none"> • Follow Site Commander’s directions for evacuation, if necessary. • Bring emergency bag to assembly area. • Account for all on duty medical staff. • Assist with movement of inmates and staff that need assistance as directed by Site Commander. • At Site Commander’s direction, move to designated triage area for evaluation and treatment of affected victims. • Continue triage and treatment until relieved by emergency medical responders. • All medical staff remain in assembly and/or triage area until directed to leave.
Pandemic Emergency	<ul style="list-style-type: none"> • Educate medical staff and correctional staff regarding the contagion and CDC and local health department recommendations. • Collaborate with the Facility’s Administration on plan for mitigating spread of contagion within the facility. • Screen incoming inmates according to CDC recommendations. • Wear personal protective equipment suitable for the contagion. • Quarantine inmates that have been potentially exposed to contagion. • Isolate inmates that have active symptoms of the contagion. • Treat inmates for symptoms and test for contagion as possible. • Report all positive cases to Director of Operations and other Corporate Level VitalCore staff. • Report all positive cases to local health department, as required. • Inventory PPE and order more as needed. • Follow VitalCore’s corporate plan for management of the contagion. • Educate affected inmates as well as inmates in general to prevent hysteria.

Categories	Items & Activities
	<ul style="list-style-type: none"> • Do not release inmates from quarantine or isolation status until the inmate meets all release criterion as determined by VitalCore’s pandemic plan. • If inmate is released from custody and is currently in quarantine or isolation status, work with local health department to ensure proper placement of inmate in community. • Assess health status of medical staff and ensure that each shift has an appropriate number of staff on duty. • Require staff that have active symptoms and/or have tested positive for the contagion to stay home until the risk of spread has passed.
Severe Weather/ Natural Disaster Emergency	<ul style="list-style-type: none"> • Follow directions of Site Commander to shelter or evacuate. • Account for all on duty medical staff. • Bring emergency medical bag to shelter location or evacuation assembly area. • Assist with movement of inmates and staff that need assistance, as directed by Site Commander. • At direction of Site Commander, move to designated triage area to evaluate and treat victims. • Continue emergency triage/treatment until relieved by emergency responders and/or as directed by Site Commander. • In the case of extreme heat, ensure that staff and inmates remain hydrated. • In the case of extreme cold, ensure that staff and inmates are kept as warm as possible. • In case of injuries with earthquake, tornado, hurricane, stabilize bones and stop bleeding as quickly as possible and stabilize victims with potential neck injuries (C-spine stabilization). • Remain in assembly or triage area until instructed to leave by Site Commander.
Hazardous Materials Spill/Leak	<ul style="list-style-type: none"> • Do not attempt to clean the spill unless you are trained to do so. • Follow the Site Commander’s instructions for evacuation and/or necessary medical response. • Account for on duty medical staff. • Bring emergency bag with you. • Wear personal protective equipment as appropriate for the type of spill/leak. • Assist with the movement of staff and inmates that need assistance away from the spill area. • Triage and treat victims.

Categories	Items & Activities
	<ul style="list-style-type: none"> • Consult the MSDS sheet for the type of chemical spilled/leaked and follow recommendations for mitigation and treatment. • Call for additional equipment, if necessary. • Continue to monitor and watch victims closely. • Remain at assembly or triage area until directed to leave by Site Commander.
Extended Power Outage Emergency	<ul style="list-style-type: none"> • Follow Site Commander’s instructions to remain in place or evacuate. • If evacuating, take emergency bag with you. • Locate all medical unit flashlights for use in darkest areas not covered by emergency lighting. • Comply with lockdown of facility, if ordered. • Develop plan for storage of medicine within refrigerator (if not on emergency power circuit; prepare to move meds to ice chest with ice if possible). • Develop plan for storage of specimens in refrigerator (if not on emergency power circuit; call for immediate pick up by lab or conduct onsite testing if possible). • If hot summertime and there is no air conditioning, provide counsel to correctional staff and inmates about applying cool compresses to foreheads and other methods of staying as cool as possible. • If very cold wintertime, discuss plan to keep staff and inmates as warm as possible, including providing additional blankets. • Develop plan for delivery of medications to inmates and for follow up checks on inmates that are ill or recovering from injuries.
Bomb Threat Emergency	<ul style="list-style-type: none"> • Follow instructions of Site Commander, including evacuation if necessary. • Do not attempt to locate or assess any unknown containers yourself. • If you have any information about the potential threat, report to Site Commander immediately. • Prepare for the potential of a bomb explosion and potential injuries • If you answer a phone call that is a telephone bomb threat: <ul style="list-style-type: none"> - Remain calm. - Be courteous. - Listen. - Do not interrupt the caller. - Take notes for any potentially identifying information of the caller (male, female, juvenile, approximate age, accent, speech, voice characteristics, background noise). - If you have caller ID, take down caller’s phone number. - Keep caller talking.

Categories	Items & Activities
	<ul style="list-style-type: none"> - Attempt to alert other medical staff with motions/signals. - Let other staff know to contact the Shift Commander. - If caller threatens a bomb, try to determine when it will go off, where it is located, type of bomb, in what type of packaging. - Attempt to determine caller's name. - Report if caller appeared to be familiar with the facility. - Write down all of the information from the call that you can remember immediately following the call. <ul style="list-style-type: none"> • If there is an explosion, follow Site Commander's instructions for evacuation and/or respond to triage area for evaluation and treatment of victims.
Hostage Incident	<ul style="list-style-type: none"> • Follow instructions of Site Commander, likely to include lockdown and stoppage of all normal operations. • Prepare to treat anyone injured during the incident. • If you are taken hostage, realize that facility security staff will be responding appropriately. • Comply with all of the requests of the hostage taker. • Do not panic or appear frightened. • Give up your possessions if asked. • Do not refer to your captor(s) by name. • Think about an escape route. • Attempt to remember the leaders, agitators, and other inmates actively involved. • Do not irritate/agitate the hostage taker(s). • Do not attempt to utilize your cell phone unless the hostage taker does not know that you are hiding in the area and can do so safely.
Riot/Facility Disruption	<ul style="list-style-type: none"> • Follow Site Commander's instructions for lockdown and movement. • Respond to triage area if requested with emergency medical bag. • Conduct triage/treatment as needed. • If you are already in the area of the riot, attempt to hide or move to safe place away from inmates. <ul style="list-style-type: none"> - Do not attempt to restrain the inmates or fight them unless you are being directly attacked. - - Be prepared for Emergency Response Team to enter the area and follow their instructions (i.e. lay on ground with hands behind you). - If a hostage taker wants you to assess/treat another hostage taker or other inmate or staff, do so.

Categories	Items & Activities
Terrorist Attack	<ul style="list-style-type: none"> • Follow instructions from Site Commander • A terrorist attack can come in many forms such as bombing, terrorists entering the facility with weapons, chemical attacks, etc. • As with any other incident in which staff, visitors, and/or inmates may be injured, respond to triage area with emergency medical bag as directed by Site Commander. • Do not enter any area of the facility which may be under attack without explicit directions from the Site Commander. • Wear personal protective equipment as needed. If there is a need for victims to cover their faces/bodies then assist with the process of providing additional towels, sheets, etc.

Minimum Contents for Medical Bag for Use in All Emergencies:

- Pairs of Non-Latex Exam Gloves (Uni-Size)
- Pair safety goggles
- Surgical Masks
- CPR Micro shield /facemask
- Oral Airways – variety of sizes
- Ambu bag with adult and child masks
- Disposable Diagnostic Lights/penlights
- Blood Pressure Cuff - Adult and Child
- Stethoscope
- Emergency Albuterol inhaler with 10 disposable mouth pieces (Dr. order only for those with inhaler order)
- Small bottle of 81 mg aspirin
- Bottles of Water
- Glucometer, test strips
- Glucose Tabs, frosting tube, or juice
- Epi-Pen Adult
- Epi-Pen Child
- Alcohol preps
- Bandage Scissors
- 3-1/2" Fine Point Forceps
- SAM Splints
- Triangle Bandages
- 4" stretch gauze wrap

- 6 - Kwik Kold® Instant Ice Packs
- Multi-Trauma Dressing Pads
- Adhesive Tape – variety of widths
- Sterile Gauze – Variety of sizes - 2x3, 4x4 etc.
- Oval Eye Pads
- Cotton Tip Applicators
- Butterfly Closures, Large 2-3/4" x 1/2"
- 2" x 3" Sterile Adhesive Pads Adhesive Plastic Bandages
- Sting Relief Swabs
- Assorted Pins
- Pen and Paper
- Hand Sanitizer
- Cleaning Towelettes
- 2 - Qwik-Chlor® Clean-up Kits
- Trash Bags

Commercially packaged emergency response bags can be purchased. Some items will vary.

Ensure that the bags are secured in a locked cabinet when not in use and/or the bag is locked.

Medical staff need to conduct monthly checks of the bag with a checklist of items required and staff signature for each check. Checklist must be stored with the bag. The Medical Director must sign off on these checks at least quarterly.

After use, replace items used. Also, note expiration dates of any medicines or supplies so that they can be replaced prior to expiration.

Contents for Larger Emergency Medical Bag for Large-Scale Emergencies

All of the contents of the emergency bag above but enough to support a 10-person disaster.

Larger professional Emergency Responder/EMT bags can be purchased for purpose of a large-scale disaster. This bag must be stored outside of the medical clinic area in a security-controlled area of the facility. If medical staff cannot access the bag during emergency, detention staff must bring the bag when needed.

This bag must also be checked monthly by medical staff and checks logged. The Medical Director must sign off on these monthly checks at least quarterly. Maintain the log with the bag.

Items used must be replaced and any medicine or supplies that expire must be replaced prior to expiration date.

Locations of Facility Automatic External Defibrillators (AEDs) in Facility:

AEDs must be checked for readiness after each use and at least every 30 days. Determine if AEDs are county-owned and which staff will be responsible for maintaining them and checking that they are in working order. A card similar to cards attached to fire extinguishers may be used for document checks of the AED, including date checked and person conducting the check.

Location(s) of stretchers and gurneys for transport of ill/injured patients:

General Instructions for Medical Staff in Emergencies

- Assist the Facility's Administration in the development of facility emergency plans.
- Provide roles of medical staff during emergencies; the Medical Director must sign off on the health aspects of the plan.
- Always follow the instructions of the Site Commander. Most facilities follow the Incident Command System.
- Be prepared to follow instructions of outside emergency commander for larger scale emergency (Fire Department, Police).
- Ensure that when responding to an emergency that the medical clinic is secured.
- Be prepared to be called to the facility to provide additional assistance during an emergency; this is not an option but is required.
- Assist with the planning and implementation of tabletop exercises, drills, and large-scale disaster drills.
- Be prepared to assist with critique of exercises and drills and take criticism positively.
- Medical staff response time in emergencies should be 4 minutes or less; work with the facility's administration on acceptable response times.
- Whenever responding to a larger-scale emergency, be sure to take notes. A pad and pen/pencil should be available in the emergency response bags. Assign a scribe if necessary.

Medical Staff Training

- Ensure all medical staff are trained in the use of AEDs, medical equipment within the medical clinic, and in triage and treatment of medical emergencies.
- Training on all emergency procedures must be completed annually and documented.



*Sample Health
Services Report*



(HSR) HEALTH SERVICES REPORT

Form #153	Revision	Facility: <u>Enter the facility name here</u>	Employee & Title: Name of the individual who completed the form	Date Submitted: <u>Actual Date</u>
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ALL HEALTH SERVICES REPORTS ARE DUE BY THE 5th OF EACH MONTH

Formulas/Totals: The "Total" is the year end Total and the Formulas are already built into the document; the "Formula" column is reference only to know which formula was used.
"Cumulative" = Sum of all the Months **"Average"** = Sum of all the months / Divided by the number of months in the report.

FISCAL YEAR 2024	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL	FORMULA (REFERENCE ONLY)
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FACILITY INFORMATION

Average Daily Population														#####	AVERAGE
Individuals Sent for Medical Clearance Prior to Admission														0	CUMULATIVE
Individuals Not Admitted Due to the Pre-Booking Screening Process <small>(Form #104 or Corrections Approved Alternative.)</small>														0	CUMULATIVE
Individuals Booked In <small>(Every Individual booked in should have a Medical & Behavioral Health Admission Screening Form #105.)</small>														0	CUMULATIVE
Individuals Released from facility during month														0	CUMULATIVE
Individuals Over 50 Years of Age														#####	AVERAGE
Individuals under age 18 <small>(Content for Youth facilities and Adult facilities are tracked separately. See tabs at the bottom. On the "Adult Tab" only record a headcount for Youth if there are Juveniles housed in an adult facility.)</small>														#####	AVERAGE

MEDICAL PLACEMENT INFORMATION

Infirmary Admissions <small>(Infirmaries are typically in Prison Settings. Indicate N/A if non applicable.)</small>														0	CUMULATIVE
Inpatient Hospitalization offsite <small>(Refer to "Offsite Visits below, these numbers are recorded in separate categories for reporting purposes, but should match if tracked correctly in the facility.)</small>														0	CUMULATIVE
Placement in Isolating Cell <small>(This should reflect any Isolation to include all TB Protocols throughout the month.)</small>														0	CUMULATIVE
Immigration & Custom Enforcement (ICE) Individuals on Medical Observation <small>(Tracking is Required by ICE Officials)</small>														0	CUMULATIVE
Individuals on Medical Observation														0	CUMULATIVE

MEDICAL ACCESS TO CARE

Health Screening Intakes <small>(Form #105 Medical & Behavioral Health Admission Screening completed as soon as possible, target is within 2-hrs following admit but no later than 4-hrs.)</small>														0	CUMULATIVE
Initial Health Assessments <small>(Form #117 completed on or before the 10th day of admission. Juveniles and US Marshal Individuals on or before the 7th day. ICE Individuals on or before the 3rd day of admission. [Please indicate below in the comments section if your County/Facility has a different requirement for US Marshal or ICE Individuals; include who/what set the standard for your facility and what the timeframe is for completion.]</small>														0	CUMULATIVE
Periodic Health Assessment <small>(Form #117.1 Individuals incarcerated over one (1) year from the time of admission and annually thereafter.)</small>														0	CUMULATIVE
Health Care Requests received <small>(If the number of Health Care Requests is different then the number seen for Sick Call, please indicate below any known reasons for the difference.)</small>														0	CUMULATIVE
Individuals Seen for Sick Call														0	CUMULATIVE
Medical Health Care Practitioner (HCP) Onsite Appointments: Clinic Appointments, Evaluations, or any f/u (HCP) Visit <small>(This reflects the total number of individuals who met with the onsite practitioner this month.)</small>														0	CUMULATIVE
Individuals Seen by (HCP) Through Telehealth														0	CUMULATIVE
Non-HCP Follow-Up Care <small>(Treatment or Evaluation from RN, LPN, EMT etc. outside of the HCP visits. This does not include sick call; however, any follow-up as a result of sick call would be included.)</small>														0	CUMULATIVE
Medical Refusals <small>(Medical and Mental Health Refusals are recorded separately on the HSR see Psych Mental Health below.)</small>														0	CUMULATIVE

MEDICAL: CHRONIC CARE

Individuals With Chronic Care Diagnosis (This is the total # of Patients with a CC Dx. The type of Chronic Care should recorded below; some Individuals may have multiple CC Dx.)																				#####	AVERAGE	
Individuals with Asthma																					#####	AVERAGE
Individuals with CV/Hypertension																					#####	AVERAGE
Individuals with COPD																					#####	AVERAGE
Individuals with Diabetes																					#####	AVERAGE
Individuals with Seizures																					#####	AVERAGE
Individuals with Special Needs/Disabilities																					#####	AVERAGE
Individuals with Dialysis																					#####	AVERAGE
Individuals with Cancer																					#####	AVERAGE
Immigration & Custom Enforcement (ICE) Individuals with Chronic Renal Failure (Tracking is required by ICE Officials)																					#####	AVERAGE
Individuals seen in Chronic Care Clinic by Physician (This number will reflect the total number of CC Patients seen/treated by the practitioner throughout the month regarding their Chronic Care condition.)																					0	CUMULATIVE
Individuals seen in Chronic Care Clinic by PA/NP/RN/Other (This number will reflect the total number of CC Patients seen/treated by the other care staff throughout the month regarding their Chronic Care condition.)																					0	CUMULATIVE

MEDICATIONS

Individuals on Medications (Total # of Individuals on Meds in the facility this month; the breakdown by type is below this is the total headcount.)																					#####	AVERAGE
Number of Medical Prescriptions ordered in month (The reason for the Med is not being tracked on the HSR. We need Medical and Psych med totals for the month but reported separately enter Medical here, Psych below.)																					#####	AVERAGE
Psych Medications Ordered in month																					#####	AVERAGE
Home Medications Supplied by the Individuals (Not all facilities allow individuals to bring their own meds. If this does not apply, please enter N/A)																					#####	AVERAGE
Home Psych Medications Supplied by the Individuals																					#####	AVERAGE
OTC Medications ordered by Physician during the month																					#####	AVERAGE

DENTAL

Dental Requests for Services (If there is a difference between the number of Dental Requests and number seen, please indicate any known reasons below.)																					0	CUMULATIVE
Dental Tech Visits Onsite (Enter N/A if there is not a Dental Tech onsite.)																					0	CUMULATIVE
Dentist Visits Onsite (Enter N/A if there is not a Dentist onsite.)																					0	CUMULATIVE
Dentist Visits Offsite																					0	CUMULATIVE
Oral Surgeries (Total # onsite and offsite.)																					0	CUMULATIVE

PSYCH/MENTAL HEALTH (All fields must be completed and content collected even if the Mental Health Services are Outsourced; If Outsourced please indicate below.)

Mental Health request forms received this month (If Outsourced, enter the # of Individuals who initiated meeting with the Mental Health team or requested services.)																					0	CUMULATIVE
Number of Individuals seen due to the MH Request Form (If Outsourced, enter the # of Individuals who met with a member of the Mental Health team as a result of their request.)																					0	CUMULATIVE
Mental Health Assessments (Form #140 Behavioral Health Intake Assessment to be completed by a QBHP as soon as possible, but no later than 24 hours following a referral, excluding weekends. If the facility has Outsourced Mental Health Services then the number to report is the # of referrals sent to the Outsourced Provider then please indicate as such below in the comments section.)																					0	CUMULATIVE
Number of Individuals who reported (SI) or (HI) Suicidal/ Homicidal Ideations in the month (This should be tracked regardless if Mental Health is Outsourced; obtain a count from the Outsourced Provider if necessary.)																					0	CUMULATIVE
Self-Injury Cases Reported and/or Requiring Medical Tx (This should be tracked regardless if Mental Health is Outsourced; obtain a count from the Outsourced Provider if necessary.)																					0	CUMULATIVE
Number of Individuals on "Safety Watch" (SAFETY WATCH = Place the Patient in a Safety Smock on the Highest Level of Supervision possible in the facility.)																					0	CUMULATIVE
Number of Individuals on "Other Monitored Status" (OTHER MONITORED STATUS = Place on increased monitoring, but a lower level than Safety Watch, as determined by the facility; or call the VitalCore's QBHP/Outsourced Mental Health Provider to receive a disposition decision. Place Pt on the next BH clinic schedule/make referral if BH is Outsourced.)																					0	CUMULATIVE
Individuals seen by Site Psych-(HCP) Onsite (Reflects the total number of individuals who met onsite with Psych-HCP, PA, APRN throughout the month.)																					0	CUMULATIVE
Individuals Seen by the Site Psych-(HCP) for Telehealth (If the facility does not offer telehealth services please record N/A.)																					171	CUMULATIVE

TB Skin Tests (Record the # Administered, not the number of Individuals who remained in the facility long enough to have the test read.)																					0	CUMULATIVE	
Positive TB Skin Tests																						0	CUMULATIVE
HIV Tests Given																						0	CUMULATIVE
HIV Positive Test- New Diagnosis																						0	CUMULATIVE
Total Number of HIV Individuals in the Facility this month																						#####	AVERAGE
Positive Hepatitis C Tests- New Diagnosis this month																						0	CUMULATIVE
Individuals Reported Hepatitis Cases (Self-Reported, not confirmed.)																						#####	AVERAGE
Total Hepatitis A in the Facility this month																						#####	AVERAGE
Total Hepatitis B in the Facility this month																						#####	AVERAGE
Total Hepatitis C in the Facility this month																						#####	AVERAGE
Meningitis- Newly Diagnosed																						0	CUMULATIVE
MRSA- Newly Diagnosed during the month (If the Facility does not test for MRSA, record the # of Individuals treated for MRSA.)																						0	CUMULATIVE
Total MRSA cases on site this month (Confirmed or Treated)																						#####	AVERAGE
STD tests given during month																						0	CUMULATIVE
STD tests positive during month																						0	CUMULATIVE
Ectoparasites diagnosed and treated during month																						0	CUMULATIVE
Other Infectious Diseases such as Influenza Like Illness (ILI)																						0	CUMULATIVE

OFFSITE VISITS

Emergency Department																							0	CUMULATIVE
Outpatient Clinic																							0	CUMULATIVE
Medical Inpatient Hospitalization Admissions (Refer to medical placement information above. These numbers are recorded in separate categories for reporting purposes, but should match if tracked correctly in the facility.)																							0	CUMULATIVE
Medical Outpatient Surgery One-Day																							0	CUMULATIVE
Mental Health Transfers: Including Transfers to Receive Evaluations, Higher Level of Care/Admission and Facility Transfers (If MH is outsourced and they are tracking this number, please obtain the information if necessary as it must be recorded.)																							0	CUMULATIVE

INCIDENTS

Codes, First Aid, Automated External Defibrillator (AED)																							0	CUMULATIVE
Serious Suicide Attempts (Does not refer to level of severity or outcome; this # is based on intent. If the Individual intended/acted on a desire to die or had a behavior that would suggest they planned on taking their life.)																							0	CUMULATIVE
Deaths																							0	CUMULATIVE
Grievances																							0	CUMULATIVE
Use of Force: Pepper Spray, Hands on Contact, Restraint Chair Etc.																							0	CUMULATIVE
Falls/Accidents/Injuries																							0	CUMULATIVE
Staff Workman's Comp Claims																							0	CUMULATIVE
Staff Assaults																							0	CUMULATIVE
Medication Errors																							0	CUMULATIVE
Staff Needle Sticks																							0	CUMULATIVE
Other Major Events this month such as: Severe Weather/Disaster/Faculty Disturbance (Any event that disrupts or changes the normal clinical flow in the facility.)																							0	CUMULATIVE

PLEASE INDICATE ANY REASONS FOR MISSING CONTENT, CHALLENGES OR COMMENTS BELOW

DESCRIPTION: Adjust budget for Vitalcore

GL #	Description	Increase/(Decrease)
2230-255.01-872.037	INDIGENT CARE AGREEMENT	439,755.00

APPROVED BY: _____