

**22-70538 BUSINESS PROPOSAL
ATTACHMENT E**

Instructions: Please provide answers in the shaded areas to all questions. Reference all attachments in the shaded area.

Business Proposal

2.3.1 General - Please introduce or summarize any information the Respondent deems relevant or important to the State's successful acquisition of the products and/or services requested in this RFP.

Rehabilitation of Impaired Pharmacy Professional's Program (IPRP)

Indiana, an Opportunity to Lead

For many years, the pharmacists of the State of Indiana have been fortunate to have an Alternative to Discipline Program to assist them in mitigating the effects and consequences associated with substance use disorder. Throughout the years we have also experienced other State's attempts to protect the public while assisting the pharmacists back to healthy living. As a result, we now have before us multiple State programs across the country (alternative to discipline and discipline) with multiple focuses (punitive, preventative, or treatment) and subsequently varying success, failure, and participation rates. These experiential variances will prove invaluable as we move to **CONTINUE** to provide a program to the State of Indiana that will continue to improve on what is currently working well with the goal of continual process improvement. As the National awareness of substance use disorder continues to be at an all-time high, here in Indiana we now have an opportunity to continue to lead the industry and to showcase a program that is not only comprehensive and highly effective but also emulated by other Boards of Nursing throughout the Country.

Four Points of the Current IPRP Program

During our personal and professional experiences over the past fifteen years, we have identified characteristics that are present in successful addiction recovery programs, professional reentry programs, and successful alternative to discipline programs. Without addressing the following four areas effectively, the program will consistently and invariably fall short of its overall objectives (an effective and comprehensive monitoring program for impaired health care providers). The areas of focus in the current IPRP program include the components of **consistency, transparency, accountability, and advocacy.**

Regarding the impaired pharmacist, a **consistent** approach from the onset of the initial assessment and diagnosis is imperative. The specifics of the recovery monitoring agreement (RMA) is often determined by the initial evaluation and therefore stands to be influenced by the experience of the provider(s). The more random providers performing the initial evaluation the more disparity can be seen amongst similar cases and situations. However, holding experienced and vetted initial evaluators to the same best practice standards across the State has proven to be an integral component of the success of the program the past four years. It is because of this that all current IPRP case managers are trained in mental health, substance use disorder, and are experienced in evaluating the impaired health care provider. By hiring, supporting, and expecting our case managers to perform at the highest levels, the program continues to experience a consistent, effective, and structured intake process. (Case managers are specifically trained to evaluate and diagnose the addicted pharmacist and consistently follow the recommendations of the American Society of Addiction Medicine). By setting the standard of consistency upon intake, the subsequent steps in the monitoring program have all improved significantly, including the initial diagnosis, the treatment plan, RMA changes, file closures, disciplinary parameters, discharge requirements, and removal from the program.

Maintaining **transparency** in communication between all vested entities at all times has played an integral role in the program's process improvement. Without this effective communication and transparency, the treatment provider, alternative to discipline program, legislative body (BOP,) and investigative body (OAG) may often struggle to share time-sensitive and case crucial information with each other. In fact, the lack of transparency may be misconstrued as a deliberate attempt to withhold information from each other thus created a divide between each entity. However, it is often the impaired pharmacist that wishes not to share the details of their indiscretions for fear of harsher repercussions. It is for these reason that we will continue to place the highest priority on maintaining an effective communication strategy with all vested parties, including the BOP and OAG.

Clearly understanding that **accountability** is not only important but crucial in the overall success of pharmacist, clear and concise expectations have been implemented and conveyed to all participants. By working closely with the BOP, OAG, and treatment provider, the IPRP program will continue to support and strongly **advocate** for the pharmacists who remain compliant with monitoring. Conversely, non-compliance will be reported to the appropriate parties in a timely manner so as to safeguard the end consumer, the patient. This has historically incentivized the participant to strive to successfully complete the program. By adhering to and completing the program, the pharmacist may once again experience the privilege of working as a pharmacist. As a result, the program will advocate for their successful and safe return to practice when appropriate. Although holding participants accountable is not always easy, it is nonetheless incredibly important in maintaining the integrity of the program.

A Privilege to Collaborate

When the impaired pharmacist loses his/her way, it is often beyond their ability to regain control on sheer will power alone. Despite repetitive and best-intentioned efforts, the substance use disorder or mental health issues are often the prevailing force. To succeed, it often requires the collaborative effort of those that are tasked with protecting the public, ensuring regulatory compliance, treating the pharmacist, and advocating for their safe reentry into practice. It is our desire and highest priority to continue to be part of this collaborative team which has helped forge a very successful and effective monitoring program for pharmacists. We look forward to the opportunity to work closely and collaboratively with each of you to provide the pharmacists with the resources and support they will require to regain the life and the career they deserve.

2.3.2 Respondent's Company Structure - Please include in this section the legal form of the Respondent's business organization, the state in which formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization. If the organization includes more than one (1) product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization. Please enter your response below and indicate if any attachments are included.

The organizational outline of the business entity submitting this RFP, Parkdale Aftercare, LLC, is one division of several which fall under the management and control of Parkdale Management LLC. Parkdale Aftercare was formed in the State of Indiana in 2015.

Parkdale Management LLC is owned equally by three partners, Mr. Rodrigo Garcia, Dr. David Cummins, and Mrs. Claudia Garcia and is registered in the State of Indiana (See attached file ***Certification-Parkdale Management.pdf***). Parkdale Management LLC is responsible for contractual compliance, business management, networking, strategic opportunities, growth, and general oversight and direct management of all other related divisions.

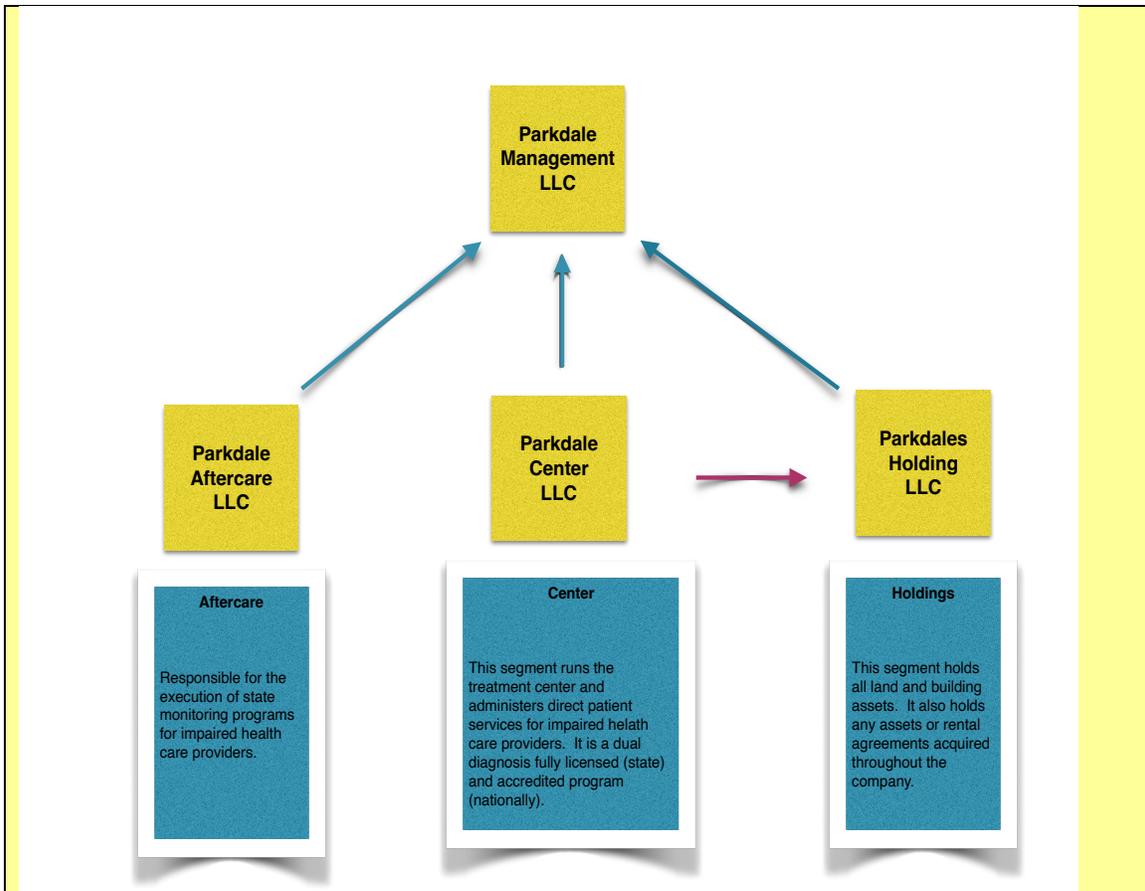
Parkdale Holdings LLC is owned equally by three partners, Mr. Rodrigo Garcia, Dr. David Cummins, and Mrs. Claudia Garcia and is registered in the State of Indiana (See attached file ***Certification-Parkdale Holdings.pdf***). Parkdale Holdings LLC is responsible for asset acquisition including properties, rental units, land, and leasing agreements. Parkdale Holdings LLC is solely managed by Parkdale Management LLC.

Parkdale Center LLC is owned equally by three partners, Mr. Rodrigo Garcia, Dr. David Cummins, and Mrs. Claudia Garcia and is registered in the State of Indiana (See attached file ***Certification-Parkdale Center.pdf***). Parkdale Center LLC is a dual diagnosis drug and alcohol rehabilitative center for professionals with a focus on health care professionals. Parkdale Center LLC is located in Chesterton Indiana and is designated as a partial Hospitalization Program by the State of Indiana. Parkdale Center LLC is fully licensed and fully accredited to provide addiction rehabilitative services by the Commission on Accreditation of Rehabilitation Facilities (C.A.R.F.). Parkdale Center LLC has extensive experience in working with health care professionals diagnosed with substance use disorder. In addition, Parkdale Center has developed good working relationships with dozens of Boards of Pharmacy and alternative to Discipline programs throughout the Country. Parkdale Center LLC is solely managed by Parkdale Management LLC. In addition, future plans may include working with Parkdale Aftercare LLC to ensure maximum resources are made available to the State and the pharmacists of Indiana.

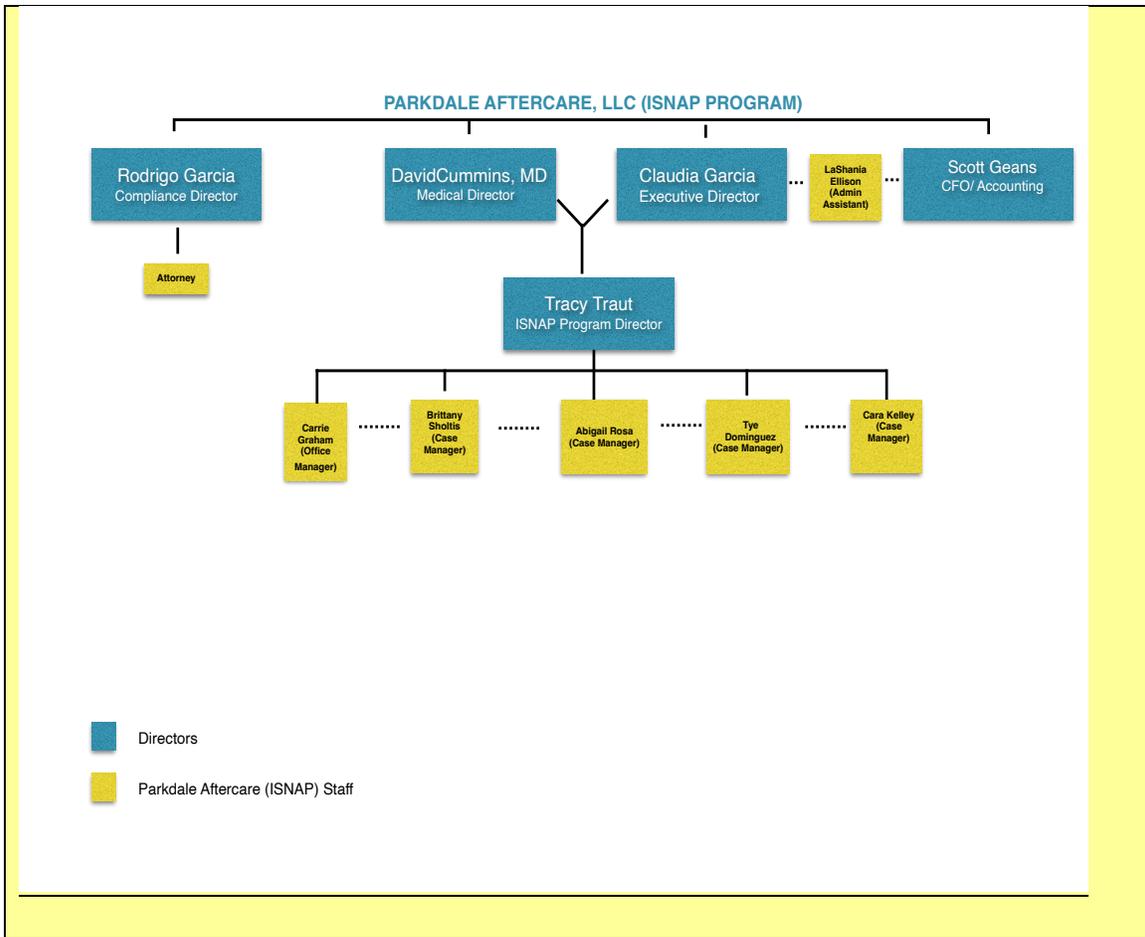
Parkdale Aftercare LLC is owned equally by three partners, Mr. Rodrigo Garcia, Dr. David Cummins, and Mrs. Claudia Garcia and is registered in the State of Indiana (See attached file ***Certification-Parkdale Aftercare.pdf***). Parkdale Aftercare was originally formed in 2015 with the sole objective of providing state wide aftercare and/or monitoring services to the pharmacists of Indiana that participate in the alternative to discipline program. **Parkdale Aftercare LLC is the submitting entity for this RFP.** Parkdale Aftercare will continue to employ the IPRP staff, maintain the IPRP program, and ensure the IPRP contractual obligations are continually maintained. Parkdale Aftercare LLC is solely managed by Parkdale Management LLC. Parkdale Aftercare enjoys the benefits, resources, and support of the full weight of the Parkdale Company. As a result, process improvements, enhancements, and deliverables are often “absorbed” by the company allowing the pharmacist to directly benefit (without additional costs to the state or the pharmacist).

Parkdale Aftercare is also contractually engaged with the Indiana Board of Pharmacy to administer a monitoring program for Indiana pharmacists and the West Virginia Board of Nursing and their ***Restore Program for Impaired Pharmacists***. In addition, Parkdale Aftercare is approved to provide monitoring services for the Indiana Board of Podiatry. Each program is supervised and managed by the Parkdale Management team which include licensed practitioners in the field of medicine, addictions, nursing, anesthesia, and counseling. In regard to the IPRP program, all current case managers are vastly experienced in working with the pharmacists of Indiana as well as the board of pharmacy and office of the attorney general.

The Parkdale Companies, Business Structure



Parkdale Aftercare, Organizational Chart



2.3.3 Respondent’s Diversity, Equity and Inclusion Information - With the Cabinet appointment of a Chief Equity, Inclusion and Opportunity Officer, on February 1, 2021, the State of Indiana sought to highlight the importance of this issue to the state. Please share leadership plans or efforts to measure and prioritize diversity, equity, and inclusion. Also, what is the demographic compositions of Respondents’ Executive Staff and Board Members, if applicable.

Since our inception in 2014, diversity, equity, and inclusion have been and will continue to be a priority within the company. Leadership has been actively involved in promoting a culture of inclusion and equity within the staffed or contracted positions throughout the company. Parkdale Aftercare and all its employees and staff, have led the way in our mission. As a forward-facing segment of Parkdale, our team regularly interacts with the general public and all of its diverse representation. It is crucial that we continue to provide a non-biased, inclusive, and equitable program regardless of race, culture, nationally, religious beliefs or affiliations.

The leadership team felt it was essential to be represented diversly as much as possible. As a result, we have been able to relate to our persons served on a very personal level. Here are some specific examples of our diversity plan:

- Parkdale requires all leadership, staff, and owners to undergo annual training and competencies in the areas of leadership, culture, special groups, diversity, and inclusion. We continue to utilize the nationally recognized training program **Netsmart, MyLearningPointe**. Examples include annual training on *Culture Counts; Caring for African Americans , Culture Counts; Caring for Hispanics, Culture Counts; Caring for the LGBTQ community, Caring for Women with SUD or Mental Health*. Our plans including continuing annual required training and competencies for these topics and more as they become needed. In addition, we have developed and maintained a safe and confidential means of reporting or voicing concerns so the appropriate actions can be taken.
- **Parkdale Aftercare is registered by the state of Indiana as a Minority Owned Business. 66% of the ownership team is Latino with 33% being Caucasian.**
- The Executive Leadership Team of Parkdale Aftercare is also multicultural and represented with 40% being Latino, 40% Caucasian, and 20% American American.
- The Parkdale Aftercare IPRP staff (including leadership) is comprised of 44% Caucasian, 37% Latino, 10% African American, and 10% Other.

Please note that we are committed to not only meet minimum requirements of diversity and inclusion, but also lead the way. Worthy of mentioning and indicative of the Parkdale Culture, in April 2022, we successfully completed a very extensive evaluations process to obtained national accreditation of programming and services. We received the highest marks, with NO RECOMMENDATIONS, in the areas of leadership/ diversity/ inclusion.

2.3.4 Company Financial Information - This section must include documents to demonstrate the Respondent’s financial stability. Examples of acceptable documents include most recent Dunn & Bradstreet Business Report (preferred) or audited financial statements for the two (2) most recently completed fiscal years. If neither of these can be provided, explain why, and include an income statement and balance sheet, for each of the two most recently completed fiscal years.

If the documents being provided by the Respondent are those of a parent or holding company, additional information should be provided for the entity/organization directly responding to this RFP. That additional information **should explain the business relationship between the entities and demonstrate**

the financial stability of the entity/organization which is directly responding to this RFP.

Confidential financial documents have been provided to the State of Indiana and have been designated as confidential on Attachment J, section 4.0 of this submission.

See ATTACHMENT K located in file 22-70538_Att K_CONFIDENTIAL.PDF

Parent Company

Parkdale Management LLC
Income Statement (P&L) 2020, 2021
Balance Sheet 2020, 2021

Supporting Company

Parkdale Center LLC
Income Statement (P&L) 2020, 2021
Balance Sheet 2020, 2021

Bidding Company

Parkdale Aftercare LLC
Income Statement (P&L) 2020, 2021
Balance Sheet 2020, 2021

Attached are the 2019 and 2020 Financial Reviews of Parkdale. (The 2021 Financial Review is currently underway). The highest level of independent financial oversight required by CARF is this financial review which can be viewed in more detail at:

ATTACHMENT L located in file 22-70538_Att L_CONFIDENTIAL.PDF

ATTACHMENT M located in file 22-70538_Att M_CONFIDENTIAL.PDF

Parkdale has enjoyed a strong financial position for many years. This includes strong cash flows and consistent growth rates, leading to a financial stability, debt reduction and strategic growth. Parkdale has not received venture funding and has no immediate plans for mergers, sale, or changes in ownership.

2.3.5 Integrity of Company Structure and Financial Reporting - This section must include a statement indicating that the CEO and/or CFO, of the responding entity/organization, has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The areas of interest to the State in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services. The State will

consider the information offered in this section to determine the responsibility of the Respondent under IC 5-22-16-1(d).

Parkdale CFO, Scott Geans accepts full responsibility for the accuracy of all financial information provided herein. Parkdale CEO, Rodrigo Garcia, accepts full responsibility for the accuracy of the business structure of the parent company and all Parkdale Divisions.

Adhering to corporate responsibility Parkdale has maintained the following items: separation of audit functions from corporate boards and board members, if any, and the separation of audit functions and consulting services. Please also note that all previous, ongoing, and future audits for all holding and subsidiary companies will continue to be conducted by an independent third-party auditing company. Those will be made available to the State upon request.

2.3.6 Contract Terms/Clauses - Please provide the requested information in RFP Section 2.3.6. Additional rows may be added if necessary.

Contract Term Identifier and Header	Suggested Language Change	Rationale for suggested change
n/a	n/a	n/a

2.3.7 References - Reference information is captured on **Attachment H** Respondent should complete the reference information portion of the **Attachment H** which includes the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information if the State elects to do so. The rest of **Attachment H** should be completed by the reference and **emailed DIRECTLY** to the State. The State should receive three (3) **Attachment Hs** from clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP. **Attachment H** should be submitted to idoareferences@idoa.in.gov. Please provide the customer information for each reference.

Customer 1	
Legal Name of Company or Governmental Entity	West Virginia Pharmacy Recovery Network
Company Mailing Address	PO Box 4944
Company City, State, Zip	Charleston, WV 25364
Company Website Address	www.wvprn.com

Contact Person	Mr. Michael Brown, RPH
Contact Title	Program Director
Company Telephone Number	304.533.6844
Company Fax Number	606-832-0077
Contact E-mail	mbrown@wvprn.com
Industry of Company	Rehabilitation Services for Pharmacists
Customer 2	
Legal Name of Company or Governmental Entity	Indiana University Methodist Hospital in Indianapolis.
Company Mailing Address	626 Beech Drive W
Company City, State, Zip	Plainfield IN46168
Company Website Address	
Contact Person	Jim Ryser
Contact Title	Outpatient Counselor, Nurse Aftercare Facilitator, and former Director of the Pain Services and Chemical Dependence programs at IU Methodist Hospital in Indianapolis.
Company Telephone Number	1-317-445-7114
Company Fax Number	
Contact E-mail	jryser@msn.com
Industry of Company	Addiction and Chronic Pain
Customer 3	
Legal Name of Company or Governmental Entity	American Association of Nurse Anesthetists
Company Mailing Address	222 South Prospect Avenue
Company City, State, Zip	Park Ridge, IL 60068
Company Website Address	https://www.aana.com
Contact Person	Sara Nelli
Contact Title	Program Manager
Company Telephone Number	847-892-7907
Company Fax Number	847-692-6968
Contact E-mail	snelli@aana.com
Industry of Company	Peer Assistance/ Wellness and Substance Use Support for Nurse Anesthetists

2.3.8 Registration to do Business – Per RFP 2.3.8, Respondents providing the products and/or services required by this RFP must be registered to do business by the Indiana Secretary of State. The Secretary of State contact information may be found in Section 1.18 of the RFP. This process must be concluded prior to contract negotiations with the State. It is the successful Respondent’s responsibility to complete the required registration with the Secretary of State.

Please indicate the status of registration, if applicable. Please clearly state if you are registered and if not provide an explanation.

Parkdale Aftercare is registered with the Indiana Secretary of State to conduct business in Indiana. Please see below and also refer to attached files named ***Certification-Parkdale Aftercare.pdf*** ***Business Information.jpeg***
Parkdale Aftercare Bidder ID# 0000046715

BUSINESS INFORMATION HOLLI SULLIVAN INDIANA SECRETARY OF STATE 04/22/2022 10:28 PM	
Business Details	
Business Name: PARKDALE AFTERCARE LLC	Business ID: 2014101000362
Entity Type: Domestic Limited Liability Company	Business Status: Active
Creation Date: 10/10/2014	Inactive Date:
Principal Office Address: 350 Indian Boundary Road, Chesterton, IN, 46304, USA	Expiration Date: Perpetual
Jurisdiction of Formation: Indiana	Business Entity Report Due Date: 10/31/2022
	Years Due:
Registered Agent Information	
Type: Business Commercial Registered Agent	
Name: STEFFEY WAHL, LLC	
Address: 320 N. Meridian Street, Suite 825, Indianapolis, IN, 46204, USA	

2.3.9 Authorizing Document - Respondent personnel signing the Executive Summary of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement. Please enter your response below and indicate if any attachments are included.

The executive summary and any future contracts will be signed, with full authority, by Mr. Rodrigo Garcia CEO. Please see the attached corporate resolution which indicates Rodrigo's authority to commit the organization contractually. (**See Attachment File: *AuthorizingDocument.pdf***)

Rodrigo Garcia, CEO
 Parkdale Aftercare, LLC
 350 Indian Boundary Rd. Chesterton, IN 46304-1511
 219-743-2477 rgarcia@inprp.org
 Parkdale Aftercare LLC Bidder ID# 0000046715
 FEIN# 47-2054087

2.3.10 Diversity Subcontractor Agreements -

- a. Per RFP Section 1.21, Minority & Women’s Business Enterprises (MBE/WBE), and 1.22 Indiana Veteran Owned Small Business Subcontractor (IVOSB), explain process followed to engage with potential MBE, WBE and IVOSB owned, Indiana certified businesses listed on Division of Supplier Diversity site. List the businesses invited to discuss the opportunity for potential partnership.

N/A

- b. If not proposing each MBE, WBE or IVOSB subcontractor partnership, explain the rationale for declining to do so. Complete this for each category not proposed.

Due to the low value of the contract, subcontracting with additional MBE, WBE, or IVOSP subcontractors would make it financially prohibitive to administer this contract. However, the Parkdale Company is a registered MBE and as indicated by our demographic profile, we are comprised of a vast and diverse multi-cultural team. We will continue to promote, support, and utilize minority groups, as we historically have. I would welcome a further discussion if you would find value in it.

2.3.11 – Removed at request of the agency.

2.3.12 General Information - Each Respondent must enter your company’s general information including contact information.

Business Information	
Legal Name of Company	Parkdale Aftercare, LLC
Contact Name	Rodrigo Garcia
Contact Title	CEO
Contact E-mail Address	Rgarcia@INPRP.org
Company Mailing Address	850 Marsh Street
Company City, State, Zip	Valparaiso IN 46385
Company Telephone Number	844-687-7399
Company Fax Number	219-286-6953

Company Website Address	www.inprp.org
Federal Tax Identification Number (FTIN)	47-2054087
Number of Employees (company)	8
Years of Experience	7
Number of U.S. Offices	3
Year Indiana Office Established (if applicable)	2014
Parent Company (if applicable)	Parkdale Management
Revenues (\$MM, previous year)	See ATTACHMENT K located in file 22-70538_Att K_CONFIDENTIAL
Revenues (\$MM, 2 years prior)	See ATTACHMENT K located in file 22-70538_Att K_CONFIDENTIAL
% Of Revenue from Indiana customers	~75%

- a. Does your Company have a formal disaster recovery plan? Please provide a yes/no response. If no, please provide an explanation of any alternative solution your company has to offer. If yes, please note and include as an attachment.

Disaster Recovery Plan

Our current recovery plan continues to evolve to safeguard the integrity of the program and the people we serve (Please see below). The onset of COVID, although unexpected, has served as a test to the effectiveness of our current plan. As we move towards formalizing a structured process, the following four areas have been considered areas of vulnerability and have required contingencies be put in place to maintain operations.

Key Personnel

- In the event of the unexpected loss of key team members, contingences have been put in place to ensure the continuation of the program.
- Weekly team staffing meetings allow all staff to have a procedural working familiarity with all open cases. All case managers are cross trained and familiar to manage any case at any time should a situation arise where the primary case manager or program director becomes unavailable.
- All cases are staffed individually with the clinical team. This also allows all staff to have a clinical working familiarity with all open cases.
- Staff is cross-trained with multiple job roles. This allows coverage for time off, both expected and unexpected. All staff work with each other and have a strong working knowledge of each other's roles.
- Parkdale Aftercare is managed by the parent company, Parkdale Management. This allows Parkdale Aftercare to receive the full weight of support, resources,

and planning of a much large company with vast experience in disaster recovery and preparedness.

Access to Services

As experienced with the unexpected occurrences of COVID, the need for a recovery plan is crucial. Leading up to 2020, our plan included a “back up” plan for access to care and continuation of services in a worst-case scenario. As a result, we developed the infrastructure to utilize current technology to administer parts of the program. Without ANY interruptions in providing services, we were prepared to convert the program to a virtual one. Our team provided intake, evaluation, and monitoring services virtually. In addition, all reporting and board appearances were conducted virtually while shelter in place was in force. We were able to connect providers with participants very quickly and also became a resource for other agencies and participants across the country. We continue to enhance and develop these technologies.

Information Storage

Our monitoring program has been designed to meet the specific needs and requests as outline in RFP 22-70538. In addition, the record keeping plan is in accordance with all confidentiality, patient rights, and HIPAA standards. All records will be maintained and managed in accordance with all state and federal confidentiality laws. All records and information, including phone calls and emails , will be maintained in the HIPAA secured ***Affinity Online SolutionsPparticipant Software and the Spectrum 360 Case Management Software***. Information is encrypted, password protected, and back up on Affinity servers. All emails are encrypted and file sharing occurs via secure means. In preparedness and in case there is a breakdown in the current storage of information, we are prepared to immediately convert to paper charting and record-keeping. In that event, all records will be securely maintained and the IPLA will be notified immediately.

Communication

By utilizing multiple modes of secure and expedited communication, we have cultivated a program that is prepared for any unexpected occurrences. Our recovery plan takes into consideration those who do not have phones, limited internet connectivity, financial hardships, technological barriers, and user preferences. We have also implemented a mechanism for transmitting information in near real time with verification of receipt provided immediately. While we devote a considerable amount of efforts to improving communication between the board, participants, and the program, we continue to develop disaster recovery plans for communication.

- b. What is your company's technology and process for securing any State information that is maintained within your company?

Securing State Information

Our monitoring program has been designed to meet the specific needs and requests as outline in RFP 22-70538. In addition, the record keeping plan is in accordance with all confidentiality, patient rights, and HIPAA standards. All records will be maintained and managed in accordance with all state and federal confidentiality laws. All records and information, including phone calls and emails , will be maintained in the HIPAA secured ***Affinity Online Solutions Case Management Software***. Information is encrypted, password protected, and back up on Affinity servers.

Mandatory annual training and competencies are required for all staff. Areas of focus include HIPAA training, patient rights, protected patient health information, and safeguarding IT access and equipment. In addition, we regularly administer IT "phishing" exercises to assess the effectiveness and training of our staff. All emails are encrypted and file sharing occurs via secure means.

Records will be purged on an ongoing basis. Cases that have been closed for successful completion and subsequently discharge will be archived for seven years. After seven years, and if there is not a readmission into the program or a licensure event, the case file will be permanently purged. In the case where the program was not complete, the records will be kept indefinitely or until the program is complete and 7 non-eventful years are achieved. Worthy of note, Parkdale has securely and consistently maintained patient medical health records and patient health information with complete compliance with all Local, State, Federal, and HIPAA requirements since 2015.

- 2.3.13 Experience Serving State Governments** - Please provide a brief description of your company's experience in serving state governments and/or quasi-governmental accounts.

Since 2012, Parkdale's upper management team and founding members have been both personally and professionally involved with the recovery, treatment, management, and monitoring of the impaired pharmacist in the State of Indiana and across the country. By working with and understanding the concerns and considerations for all vested entities, Parkdale has a unique perspective on not only what components have proven to be successful with the current system but also understand the areas which have fallen short. The areas of our expertise focus on *appropriate treatment, accountability, and transparency* between all parties. These factors will be crucial in continuing to effectively monitoring the pharmacists in Indiana. ***Parkdale was worked closely with the current Indiana State Board of Pharmacy and nearly 60 other alternative to discipline programs and/ or boards of***

pharmacy, medicine, and pharmacy to provide appropriate treatment, accountability, and transparency between all parties. These States include, but are not limited to, Indiana, Illinois, North Carolina, Texas, California, Maryland, Ohio, Missouri, Kansas, Arizona, New Mexico, Florida, Wisconsin, West Virginia, Alabama, Rhode Island, Tennessee, Oklahoma, Washington, Michigan, California, Alabama, New Hampshire, North Dakota, South Dakota, Virginia, Maryland, Minnesota, Maine, and New York.

Appropriate Treatment

- Strictly follow *American Society of Addiction Medicine* evaluation standards
- Strictly adhere to best practice evidenced based treatment standards
- Licensed Clinicians all in good standing with the State of Indiana
- Medical Director Board Certified in Addiction Medicine
- Dual Diagnosis testing and treatment for all pharmacists
- Robust drug screen monitoring that is individualized per case
- Specialization in managing the highly accountable professional (health care professional). diagnosed with substance used disorder Treatment is tailored to the individual and the profession.
- When working with State boards of pharmacy or the alternative to discipline programs, it is this specialized expertise that sets the course for the monitoring program and subsequent return to practice.

Accountability

- Profound understanding the concerns of investigative and regulatory agencies involved in the case of the impaired or diverting pharmacist.
- 2013-2017 Leadership from Parkdale served as appointed members on the Indiana Office of the Attorney General Prescription Drug Task Force.
- 2014, 2015, 2016, 2017 Leadership from Parkdale served as expert presenters and educators at the Indiana Office of the Attorney General Bitter Pill Symposium.
- 2014-2019 Appointed Delegates and Contributing members on the National Safety Council Survivor Advocacy Campaign.
- 2016-Present Frequent contributing authors for expert content on addiction in nursing for the Indiana Board of Nursing and the Indiana State Nurse Association.
- When working with State boards of pharmacy or the alternative to discipline programs, it is this specialized expertise and involvement with regulatory agencies which allows us to develop a program that includes appropriate levels of accountability, thus increasing the success rates of the pharmacist while also increasing trust amongst vested parties.

Transparency

- Perhaps the most important aspect of our experience in working with boards of pharmacy or alternative to discipline programs is our priority to remain transparent with all parties. All pharmacists are required to sign appropriate releases of information that allow us to keep open lines of communication between all entities involved in the pharmacist's case. As a result, we have worked directly with regulatory agencies across the country. Our experienced case managers are responsible for ensuring the pharmacists remain compliant with their individual State's requirements while also providing weekly progress reports to a designated State or alternative to discipline program representative. When working with State boards of pharmacy or the alternative to discipline programs, it is this attention to transparency and experience which allows us to identify points of concern early on and intervene early and aggressively. It also allows us to advocate appropriately for a pharmacist in full compliance. This will be an important aspect to consider and implement in a monitoring program moving forward.

Specific Experience Serving State (Quasi) Governments Accounts

2015-2016

Parkdale partnered with IV Technical College to secure multiple locations throughout the **State of Indiana to provide aftercare services to the pharmacists in the IPRP program**. Site locations were determined based on geographic location of the IPRP participants. It was estimated that 95% of all participants could reach an aftercare site in less than 60 miles. Addiction counselors would facilitate all meetings and were focused on identifying early relapse signs, provide additional point of contact drug screenings, and verify pharmacist attendance at meetings. This program was designed to provide all IPRP pharmacists with a facilitated and cost-effective aftercare program. Cost of the program was set at \$25 and would be the sole responsibility of the pharmacist. Continued compliance in the program would ultimately reduce the number of IPRP screenings thus offsetting the costs of attending aftercare. The program was temporarily suspended due to low attendance as it was introduced and promoted as "voluntary" and left to the discretion of the pharmacists in monitoring.

2015-2018

Parkdale worked with the formerly run IPRP program to offer **free** initial evaluations to ALL the pharmacists of Indiana. This initial intake would promote consistency in diagnostics while considering the financial concerns of the pharmacist. All evaluations were performed by the highly trained addiction specialists with all final diagnosis and recommendations conducted by a board-certified physician addictionologist. This program proved invaluable as it often led to additional resources being offered to them throughout the State. The several hundred-dollar cost of the evaluation was covered exclusively by Parkdale and resulted in no increase costs to the pharmacist, IPRP, or the State of Indiana.

2014-Present

Pharmacy Support Groups. Parkdale promotes, supports and funds pharmacy support groups open to all pharmacists in the IPRP program. The onsite groups are well attended weekly by local pharmacists, some traveling more than an hour to attend. These facilitated groups promote wellness amongst pharmacy peers in recovery while allowing them to network with like-minded professionals in recovery. The online remote group is attended State Wide and continues to grow in popularity. This online group has been instrumental in connecting pharmacists across the State with similar situations. All costs associated with the management and implementation of pharmacy support groups is covered completely by Parkdale Aftercare with no additional costs or expenses incurred by the pharmacists, IPRP, or the State.

2018-Present

Current Vendor of the Indiana State Nurse Assistance Program

For the last four years, Parkdale Aftercare has successfully and effectively administered the IPRP program in Indiana. By working closely with the IPLA, IN BOP, and the Indiana OAG , the monitoring program has become one of the most comprehensive in the country. We look forward to continuing strengthening our relationship with those involved in the care and management of the impaired nurses of Indiana.

2018-Present

Current Vendor of the Indiana Pharmacy Recovery Network (PRN)

For the last four years, Parkdale Aftercare has successfully and effectively administered the PRN program in Indiana. By working closely with the IPLA, IN BOP, and the Indiana OAG , the monitoring program continues to be available for those who need it most. In 2022, our proposal will include increasing access to the program to the pharmacy technicians, thereby promoting wellness and safety within the pharmacy profession.

2019-Present

Current Vendor of the West Virginia Board of Nursing Restore Program

For the last three years, Parkdale Aftercare has successfully and effectively administered the nursing monitoring program for the West Virginia Board of Nursing. Speaking to our ability to work across state lines, the program continues to flourish and grow. By implementing the same structure and belief systems that are incorporated in the IPRP program, the Restore Program has experienced similar success. We currently enjoy a strong working relationship with the West Virginia Board of Nursing and their investigators.

2.3.14 Experience Serving Similar Clients - Please describe your company's experience in serving customers of a similar size to the State with similar scope. Please provide specific clients and detailed examples.

The scope of the work we are experienced in is the treatment, monitoring, and communication of the impaired nurse. The best example of our ability to work with a company similar to the size of State of Indiana is to review our past four years serving the State of Indiana itself (with our work on the IPRP program). We believe that over the past four years, our program, leadership, clinicians, and outcomes speak directly to our ability to administer **ALL ELEMENTS** outlined in this RFP as we have for the past four years. In addition, we have assumed the administration of the Indiana Board of Pharmacy PRN program and the West Virginia Board of Nursing Restore Programs.

Our experience can also be illustrated with our work with a much larger organization, the American Association of Nurse Anesthetist (AANA). The AANA is a 55,000-member national organization for the certified registered nurse anesthetist (CRNA). Their members are located in all 50 States and visible in nearly every health care facility that offers anesthesia services. In addition to their members being required to adhere to the requirements of the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), their members must also adhere to their individual boards of nursing. There are currently State Peer Advisors (SPA's) designated by the AANA and located in every State. In 2016, 2017, and 2019 Parkdale participated in the training and education for the SPA's. During these training session early management skills and intervention techniques were demonstrated and implemented into their workflow policies. A case management team was set up on the Parkdale side to be accessible 24 hours a day, seven days a week. These case managers would provide intervention support and treatment options for the impaired CRNA. Since the onset of the collaborative program in 2015, nearly 300 CRNA's from across the country were intervened on, provided with treatment, and mandated to report to their respective State's monitoring program.

As the relationship with the AANA has evolved, in 2018 Parkdale was designated their strategic alliance partner (the only such designation for SUD services). In 2019 Parkdale assumed the responsibility of managing and manning the AANA 27/7 crisis helpline. As a direct result of the success of that endeavor, in 2021 Parkdale was awarded an **Official Partner Status** with the AANA.

In addition, Parkdale has recently become the treatment, monitoring, and reentry provider for the National Anesthesia group, NorthStar Anesthesia. Covering many states and many facilities, the importance of the partnership continues to be recognized. Developing polices, training programs, education, reentry guidelines and access to care for impaired health care providers within the NorthStar company, Parkdale continues to effectively serve the 3000-member group across the country.

2.3.15 Payment – Removed at request of the agency.

2.3.16 Extending Pricing to Other Governmental Bodies – Removed at request of the agency.