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Section 1 – Introduction/Signed Proposals Cover Letter

John Kearney, Chief Revenue Officer
Uprise Health
2 Park Plaza, Suite 1200
Irvine, CA 92614
john.kearney@uprisehealth.com
508-735-6307

9/10/2025

Todd Dear, Associate Director
Mississippi Board of Pharmacy
6311 Ridgewood Road Suite E401
Jackson, Mississippi 39211
Email: TDear@mbp.ms.gov

Subject: Proposal for Pharmacy Professionals Recovery Program Services for the Mississippi Board of Pharmacy

Dear Todd,

Uprise Health is pleased to submit our proposal for MBP RFP RFX 3120003200 to provide comprehensive recovery services for the Mississippi Pharmacy Professionals Recovery Program (MPPRPS) as identified by the Mississippi Board of Pharmacy (MBP). We value the opportunity to collaborate with the Board to protect the public while supporting the well-being of licensed or registered pharmacists, pharmacy students, and pharmacy technicians whose ability to practice may be affected by substance use disorders, mental illness, or physical illness.

We are prepared to begin services on **December 1, 2025**, and to continue throughout the duration of the contract ending **June 30, 2029**, and beyond as deemed appropriate by the MBP. Uprise Health acknowledges and has signed Amendment 1 and confirms that all requested materials, including the General Questionnaire, have been completed. This proposal will remain valid for one year.

This transmittal letter identifies **John Kearney, Chief Revenue Officer**, as the individual authorized by Uprise Health to contractually obligate the organization and as our fiscal agent.

Our approach combines clinical expertise with strong program administration to ensure participants are safely returned to practice while protecting patients and the public. We bring more than 15 years of experience operating comparable Health Professional Services Programs, including one of the largest health systems in Delaware, as well as the Delaware Professionals' Health Monitoring Program (DPHMP), Oregon's Health Professionals' Services Program (HPSP), and the Oregon State Lawyers' Assistance Committee (SLAC). These programs demonstrate our proven ability to meet the complex needs of professionals in safety-sensitive roles.

(Continued on next page)

Key elements of our proposal include:

1. **Comprehensive Support Services** – Confidential, personalized assistance coordinated with Agreement Monitors and treatment providers to ensure end-to-end care.
2. **Expanded Outreach and Accessibility** – Strategic outreach efforts to raise program awareness and streamline access for those in need.
3. **Collaboration with Licensing Boards and Stakeholders** – Ongoing alignment with regulatory bodies and key partners through transparent communication and reporting.
4. **Program Effectiveness and Evaluation** – Use of data-driven tools to measure participant progress, program impact, and long-term outcomes, with continuous improvement built in.
5. **Ongoing Professional Development and Education** – Resources such as newsletters, workshops, and seminars addressing wellness, self-care, and work-life balance.

We believe this blend of support, accountability, and proven program management uniquely positions Uprise Health to deliver a strong, sustainable program to the Mississippi Board of Pharmacy. With this robust suite of services, we are confident that this program will improve access and quality of care for participants in the program. Due to the scale of the programs we run, we are confident we can beat the price of any equivalent program. We welcome the opportunity to discuss finding efficiencies in this program that further customize the program benefits and pricing to suit the needs of the Mississippi Board of Pharmacy. We look forward to the opportunity to partner with you in advancing both public protection and the health of Mississippi's Pharmacy Professionals.

Please note that Uprise Health will be registering under our tax ID, which is associated with our legal business name, Integrated Behavioral Health, Inc.

Thank you for your consideration.

Sincerely,
John Kearney
Chief Revenue Officer
Uprise Health

Signed by:

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Section 2 – Scope of Services Confirmation

2.1 Program Services

Uprise Health confirms that it is prepared to provide all the following services for the Mississippi Pharmacy Professionals Recovery Program. If the scope of these services is beyond the requirements for the program, we will review the requirements in more detail and provide an equivalent scope or services to those currently offered through the program. We are cognizant of budgetary restrictions on the program, and will work to provide the most competitive pricing for the Mississippi Board of Pharmacy.

A. The Contractor must be capable of receiving referrals from licensees and coordinating appropriate communication at any time.

Confirmed

B. The contractor must develop and maintain a referral list of treatment providers approved to provide assessments and treatment for inpatient and intensive outpatient care and aftercare. Assessments must be performed by qualified evaluators using recognized methodologies, including, but not limited to, screening instruments, psychosocial testing, results of mental health/drug and alcohol history, and personal interviews.

Confirmed

C. The contractor must administer an individualized treatment plan created by an approved treatment program. Case management must be administered by a qualified resource or resources. The resource(s) may be dedicated or shared.

Confirmed

D. The contractor must use the intake assessment and recommendations from treatment providers and determine the elements for continuous monitoring for each participant, including: 1) Required participation in treatment to include inpatient, intensive outpatient, outpatient, recommended aftercare, support groups, and one-on-one counseling. The ability to track recovery activities in real time through mobile technology applications and on paper forms.

Confirmed

2) Recovery-related activities, with validation reports from the participants' employers, work-site monitors, counselors, sponsors, and others.

Confirmed

3) Random drug testing incorporating alternative specimens, including hair test, Peth testing, nail, and oral fluid testing, performed by a laboratory that has the appropriate national certification for the performed testing. Testing fees are paid directly to the performing laboratory.

Confirmed

4) Contractor must have routine individual meetings with the participant and coordinate framework for peer-to-peer support (ie. Pharmacist to Pharmacist).

Confirmed

5) Execute and oversee a written substance use disorder agreement.

Confirmed

6) Contractor must have direct communication access with the participant, including but not limited to by phone and email.

Confirmed

E. The contractor must facilitate an assessment of each participant as part of the intake process to establish the necessary basis for appropriately managing each participant both initially and throughout their program participation. The contractor must also coordinate or help facilitate timely interventions and treatment.

Confirmed

F. Reporting and Data 1) Quarterly Reports

Confirmed

2) Immediate reporting to the regulatory agency is required for specific circumstances or on demand per Board or Board staff request.

Confirmed

G. Must employ an addiction-trained Medical Review Officer or Medical Director with expertise in recovery of healthcare professionals. Expertise shall be reflected in applicable certification(s) in personal recovery or addiction medicine (e.g. ASAM).

Confirmed

H. Must have an independent, confidential administrative and/or case management review committee that gives recommendations to program staff. Peer program participants of the committee should only serve in an advisory capacity.

Confirmed

I. Provide an independent internal review for participant disagreements/grievances against staff or case review committee recommendations

Confirmed

J. Contractor must provide, communicate, and advocate for or against licensure of participants during regular MS Board of Pharmacy meetings and as needed. This attendance shall be in person. Advocacy must be based on established and tracked metrics.

Confirmed

K. Referrals for mental health or fitness to practice including providing the Board guidance on the physical or mental capacity of a licensee to participate in the practice of pharmacy or assist in the practice of pharmacy with reasonable skills, confidence and safety to the public.

Confirmed

L. Must maintain competency in the best practices of substance use disorder and mental health management, including dual diagnosis, and serve as a resource to the Board and Board staff in these areas.

Confirmed

M. Collaborate with Board staff to provide educational programs concerning substance use disorder, benefits of self-reporting, and mental health wellness to identified stakeholders including but not limited to schools of pharmacy, targeted professional groups, and employers.

Confirmed

N. The Board reserves the right to audit all records maintained by the contractor or its subcontractor relative to the contractor's performance under this Contract. At least two (2) business days' notice by the Board will be given to the contractor of the intent to audit. The Board shall have the right to perform financial, performance, and other special audits on such records maintained by the contractor during regular business hours throughout the contract period. The contractor agrees that confidential information including, but not limited to, medical and other pertinent information relative to this contract, shall not be disclosed to any person or organization for any purpose without the expressed, written authority from the Board. The selected contractor will make available all records for review at no cost to the Board. Indicate your acceptance of this Proposal's requirement and willingness to cooperate. For the purposes of this section, the term "audits" refers to financial, performance, and other special audits on such records maintained by the contractor and/or its subcontractors relative to the contractor's performance under this Contract. Confirm you will comply with this requirement.

Confirmed

Section 3 – References

If two or more of the following reference requirements are met by the same client, list additional clients so there are at least three (3) clients listed for each section. If you are unable to provide three (3) clients for each reference, provide as many as you have and indicate in the response additional references meeting this requirement are not available.

A. List up to three clients for whom your company has provided services like those requested in this RFP. For each client, specify the type of recovery program services provided by your client, the average number of individuals participating in the program, and the period retained as a client. For each client, the list must specify:

A. Current Clients

Oregon Health Professionals' Services Program

Contact: Jennifer Jolley | 155 Cottage St NE, Salem, OR 97301-3966 | 971-900-7695

Type of Work: Health professionals' services monitoring program
Contract Dates: 2010 – Present | Avg. Participants: 70

Delaware Professional Health Monitoring Program (DPHMP)

Contact: Shauna Slaughter | 861 Silver Lake Blvd Ste 203, Dover, DE 19904 | 302-739-4522

Type of Work: Professionals services monitoring program

Contract Dates: 2013 – Present | Avg. Participants: ~70

Large Health System in Delaware

Type of Work: Health employees professionals monitoring program

Contract Dates: 2019 – Present | Avg. Participants: ~30

B. Governmental Clients

County of San Mateo

Contact: Kim Pearson | 650-363-4656

Type of Work: Employee Assistance Programs (EAP)

Contract Dates: 1/1/2020 – 12/31/2027 | Avg. Participants: 5,904

Napa County

Contact: Olivia Soria | 707-253-4945

Type of Work: Employee Assistance Programs (EAP)

Contract Dates: 1/1/2014 – 12/31/2026 | Avg. Participants: 3,494

Alameda County

Contact: Kimberly Marks | 510-272-6920

Type of Work: Employee Assistance Programs (EAP)

Contract Dates: 1/1/2003 – 3/31/2026 | Avg. Participants: 9,249

C. Clients Discontinued Since January 1, 2018

UCSF Benioff Children's Hospital

Contact: Paula Garcia | 510-610-9214

Type of Work: Employee Assistance Programs (EAP)

Contract Dates: 10/1/2004 – 7/5/2025 | Avg. Participants: 2,672

Term Reason: 7/5/2025, University of California is acquiring the hospital including all benefits, which will move to University of California benefits. Losing the broker as well.

Umpqua Bank

Contact: Bernice Gonzalez | 949-745-1608

Type of Work: Employee Assistance Programs (EAP)

Contract Dates: 1/1/2011 – 12/31/2025 | Avg. Participants: 4,750

Term Reason: 12/31/2025, Umpqua Bank merging with several other banks and moving EAP to known EAP of other banks.

Bashas, Inc.

Contact: Joseph Troche | 480-895-9350

Type of Work: Employee Assistance Programs (EAP)

Contract Dates: 7/1/2021 – 12/31/2025 | Avg. Participants: 3,400

Term Reason: 12/31/2025, Bashas went through an acquisition where benefits were merged with the parent company's offering.

Section 4 – Signed Statement of Compliance and Exception(s) Form

Uprise Health has taken no exceptions to MBP RFP Rfx 3120003200 and MBP RFP Rfx 3120003200's Amendment 1. Uprise Health agrees to adhere to all terms, conditions, and requirements as set forth in the Mississippi Board of Pharmacy Invitation for Proposals for Pharmacy Professionals Recovery Program Services, dated August 8, 2025, including all RFP amendments, and the conditions contained in the draft contract.

Section 5 – General Questionnaire

5.1 Provide the name, title, mailing address, e-mail address, and telephone number of the contact person for this Proposals.

John Kearney, Chief Revenue Officer
Uprise Health
2 Park Plaza, Suite 1200
Irvine, CA 92614
john.kearney@uprisehealth.com
508-735-6307

5.2 State the full name of your firm/company, and provide the address, and telephone number of your principal place of business.

Uprise Health
2 Park Plaza, Suite 1200
Irvine, CA 92614
800-395-1616
<https://uprisehealth.com/>

5.3 List the office that will service the Board. If it is located at a different address than the home office, provide the complete address, phone number, and facsimile number for this office.

Uprise Health
2 Park Plaza, Suite 1200
Irvine, CA 92614
800-395-1616

Our home office is in Irvine, CA, with operations staff out of Texas, Maryland, Alabama and other states. Uprise Health maintains full geographic availability and can be on-site to support the Board as needed.

5.4 Describe your organizational structure. Indicate whether your firm operates as a corporation, partnership, individual, etc. If it is incorporated, include the state in which it is incorporated, and list the names and occupations of those individuals serving on your firm's Board of Directors.

Founded in 1988, IBH Buyer Corp, dba Uprise Health ("Uprise Health") has 36 years of experience providing top-tier mental health care. Uprise Health has consistently evolved with the market, growing

organically and via the acquisition of several well-known, marquee organizations, including Reliant Behavioral Health (RBH), American Behavioral Health. In 2020, Uprise Health acquired Claremont EAP, an industry-leading behavioral health partner, and HMC HealthWorks, a world-class chronic condition management company. These acquisitions rounded out Uprise Health's holistic suite of services and enabled Uprise Health to cover the full care continuum. In 2021, Uprise Health acquired Uprise Services, a superior digital mental health platform, and Uprise Health rebranded as Uprise Health, which has solidified Uprise Health's position as a leader in population health and digital mental health solutions. Today, as one company with one vision, Uprise Health provides clinically driven and technology-enabled solutions that offer the unique ability to support members across the care spectrum, from the least engaged, online-only user to complex cases that require fully coordinated care. Uprise Health offers digitally enabled employee assistance programs bolstered with personalized coaching, chronic condition management, managed behavioral health, data analytics, and substance use assessment and treatment solutions. Uprise Health focuses on producing positive outcomes through clinically validated methods and tools that have been proven to reduce claims and costs for organizations while improving the lives of their employees.

IBH Buyer Corp, dba Uprise Health is owned by Periscope Equity. Integrated Behavioral Health Inc. and Claremont Behavioral Services Inc. are subsidiaries of IBH Buyer Corp., which has grown over the years by acquiring several industry-leading companies.

Uprise Health's principal lines of business are Employee Assistance Program (EAP), professional monitoring and recovery, and care management (maternity, wellness, etc.) We currently provide monitoring and toxicology services in Oregon, Delaware, to health systems, and individuals. We provide EAP services for about 8 million people nationally and are one of the five largest EAP companies in the United States.

Uprise Health draws from our experience delivering Employee Assistance Programs (EAP) and uses a similar credentialing process in the approval of group facilitators and other third-party contractors for recovery and health professional monitoring. The credentialing process assures Uprise Health monitoring and recovery group facilitators have the appropriate credentials, insurance, and commitment to work with health professionals. Like recovery and monitoring, EAP requires Uprise Health to continually improve its strategies for supporting organizations of all sizes in rural and urban areas while helping individuals to solve complicated issues that affect their personal and professional lives.

Doing business as Uprise Health, IBH Buyer is incorporated in the State of Delaware.

With respect to the names and occupations of our Board of Directors, we will need to obtain formal authorization from our Board before sharing this information. This process can take some time, but we are happy to provide the requested list once authorization has been secured.

5.5 Describe your organization's qualifications demonstrating work with healthcare professionals over the last five (5) years.

Uprise Health has a long history of operating recovery programs like physician health programs (PHP) and alternative to discipline (ATD) programs that Uprise Health operates in Delaware and Oregon. Uprise Health has operated the Delaware Professionals' Health Monitoring Program (DPHMP) since 2013. DPHMP is the PHP and ATD for all professions licensed by the Division of Professional Regulation

including pharmacy, medical, dental, nursing, psychology, social workers, and over 50 other licensed professions. Uprise Health has also operated Oregon's Health Professionals' Services Program (HPSP) since July 2010 the recovery PHP and ATD for Oregon's Board of Pharmacy, Board of Dentistry, Medical Board, and State Board of Nursing. Additionally, A large Health System, based in Delaware, is dedicated to supporting and rehabilitating their employees (referred to as "caregivers") who are dealing with substance use disorders or impairments related to mental health. To facilitate their safe return to work, the Health System partnered with Uprise Health in 2019 to administer the Monitoring Program. This program offers comprehensive recovery services, including enrollment management, compliance monitoring, and toxicology testing.

5.6 List the types and number of health care professionals and the numbers served in the last five (5) years.

Program	Licensee Type	Count (July 1, 2020 – June 30, 2025)
Oregon's Health Professionals' Services Program (HPSP)	Nursing	106
Oregon HPSP	Medical	159
Oregon HPSP	Pharmacy	25
Oregon HPSP	Dentist	19
Delaware Professionals' Monitoring Program (DPHMP)	Nursing	147
Delaware DPHMP	Pharmacy	3
Delaware DPHMP	Medical	23
Delaware DPHMP	Veterinary	6
Delaware DPHMP	Dental	7
Delaware DPHMP	Other Health Professions	9

5.7 Describe any ownership or name changes your firm has been through in the past three years. Are any ownership or name changes planned?

As outlined in section 5.4, Uprise Health has not had any name changes in the past three years, and there are no anticipated ownership or name changes planned. Uprise Health would immediately notify the Mississippi Board of Pharmacy in the event that this status was to change.

5.8 Please provide all information regarding the liability insurance that is held for the organization.

Uprise Health has professional liability insurance. Limits are \$3 million per claim and \$3 million aggregate. All our providers must also carry liability insurance and must possess current professional liability policies of \$1 million, individual / \$1 million, aggregate.

Uprise Health maintains a commercial general and professional liability policy with policy limits of \$1,000,000 per claim and \$2,000,000 in the aggregate. We also have a cyber-risk policy with a limit of \$3,000,000 aggregate.

5.9 Provide a brief description of any outside Contractors or subcontractors that will be involved in providing key services detailed within your Proposals. Please include the term of your current contract with each Contractor or subcontractor. Describe the nature of the relationship with the subcontractor, including any ownership interest.

Since 2022, Uprise Health has partnered with RecoveryTrek to provide Uprise Health recovery monitoring programs with an affordable and convenient toxicology program. This partnership provides Uprise Health recovery monitoring programs with competitively priced toxicology at a bundled cost for collection, screening and analysis, and medical review officer services. This allows Uprise Health to offer toxicology collection sites across Mississippi and nationwide. Without bundled costs, the combination of collection costs across the collection network would vary dramatically. As a result, the Licensee has no billing surprises and is not required to pay for the collection at the point of contact. Unemployed and under-employed Licensees who are not working in their chosen fields will benefit from the reduced cost of specialized toxicology panels developed for this population when not performing safety-sensitive roles.

Additionally, all non-negative test results are reviewed by RecoveryTrek's Medical Review Officer (MRO). Because of the large prevalence of legitimate medications with prescriptions, there is a frequent need for the use of MRO. The combined toxicology cost is inclusive of the MRO cost at an amount pursuant to the prevalence of non-negative toxicology.

5.10 Describe your policy and procedure for obtaining and handling records. Description should include but should not be limited to access, storage, and destruction.

Uprise Health is prepared for the responsibility of MPPRPS record keeping of recovery records related to monitoring compliance. Uprise Health has 15 years of confidentially maintaining health professional records. In July 2010, Uprise Health successfully transitioned the confidential records of 345 Licensees from Oregon's past board-run monitoring programs and continues to maintain them in addition to over 1,000 licensees who have since been referred to Uprise Health's recovery monitoring programs.

Uprise Health's case management system is powered by RecoveryTrek and is coded to provide the recovery monitoring team with reports specific to each recovery participant. Records access is limited to the members of the Uprise Health team that are working with the recovery participant.

RecoveryTrek upholds all industry security and confidentiality standards for records maintained in their system. Record access is limited to those who are working with the recovery participant. RecoveryTrek maintains custody of the records for the period of time required by the unique program requirements as regulated by the retention policy and law requirements of that program's state. Being electronic, the physical destruction of records is negated.

5.11 Describe the process utilized for informed consent of a participant in the Program.

Recovery program participant informed consent is obtained as part of the recovery program enrollment.

Licensees wishing to enroll are electronically sent:

- Consent to Release, Use, and Exchange Information #1
- Consent to Release, Use, and Exchange Information #2
- Addendum to Consent for Employers
- Initial Monitoring Agreement

- Consent to Services Enrollment Agreement
- Agreement to Refrain from Practice
- E-Mail Authorization Form

The recovery program applicant must complete the following as part of the enrollment in the recovery program. Depending on the unique circumstances of each recovery program participant, they may not be required to complete all forms, initially. For example, they may not be initially employed at the time of enrollment, to that end, they would fill in that electronic paperwork at the time they are employed and before they start working. The documents pertaining to informed consent (Consent to Release, Use, and Exchange Information #1 and #2) are always required at the time of program enrollment. The process is all accomplished safely and securely online using the leading industry standards in security and confidentiality.

5.12 Describe your Quality Assurance and Quality Improvement principles and related structure.

Since 2010, Uprise Health has operated recovery programs for health professionals. There are several quality management tools that have been implemented to ensure continued quality improvement of the recovery monitoring programs with a goal of improving services for the participant licensee, the participant licensee's workplace, the licensee's treatment provider, and the licensee's licensing board.

Uprise Health provides weekly utilization statistics to the participating licensing boards depicting the number of licensees enrolled, a count of licensees in the process of enrollment, and percent of licensees in compliance. These counts are disseminated weekly with an email overview. Specifics as to licensee, including licensee number and current program status, are uploaded to each individual board via the secure and confidential document exchange program.

Uprise Health also provides monthly performance metrics to the recovery participant's licensing board including:

- 100% of the time, Uprise Health shall enroll the board-referred Licensee in the program on the date Licensee signs the consents for disclosures and exchanges of information and the monitoring agreement.
- At least 90% of the time, Contractor shall conduct the self-referred Licensee safe-practice investigations to determine whether Licensee's practice while impaired has presented or presents a danger to the public.
- At least 90% of the Licensees with substance abuse disorders shall receive the minimum toxicology testing.
- At least 55% of all toxicology testing shall be conducted on Mondays, Fridays, or Saturdays. Includes tests actually taken by Licensees as well as scheduled tests that were missed and considered non-compliant events.
- At least 90% of the time, Contractor shall submit compliance reports to the monitoring entity at least once per week.
- Contractor shall submit substantial noncompliance reports to the monitoring entity within one (1) business day after Contractor learns of the noncompliance.
- At least 90% of the time, Contractor shall conduct exit interviews with Licensees.

Uprise Health would be happy to discuss putting similar performance metrics in place for the Mississippi Board of Pharmacy, customized to meet the Board's needs.

In addition to the weekly and monthly reported metrics, Uprise Health provides an annual report complete with performance and metric results for review by Recovery Monitoring Program Advisory Committee, the Recovery Monitoring Policy Action Committee, and the entire Recovery Monitoring Team. The Annual Report allows a reflection on recovery monitoring performance, including volume, types of noncompliance, enrollment and completion trends, employment, Workplace Monitor report yields, and multiple other metrics. These statistics are viewed in comparison to the previous year's performance as benchmarks. A copy of the program's annual report can be provided upon request.

Additionally, an exit interview is administered to all participant licensees at the time the participant licensee successfully completes their recovery monitoring program. The purpose of the exit interview is to gather information about the licensee's experience as a participant and to help Uprise Health evaluate the importance and effectiveness of each aspect of the recovery monitoring program. The licensees' feedback includes length of time in the program, their rating of the support systems that aided them in successful completion, their rating of their agreement monitors, customer service, the toxicology program, workplace, personal life, and interpersonal relationships. An overall evaluation of the impact of participation in the program is requested at the conclusion of the survey along with any comments.

5.13 Has your firm had any HIPAA breaches or incidents determined to be reportable to the U.S. Department of Health and Human Services (DHHS) within the last three years? If the answer is yes, please describe the circumstances and the corrective action in detail.

Uprise Health has not had any HIPAA breaches or incident determined to be reportable to the U.S. Department of Health and Human Services within the last three years.

5.14 Is your firm licensed or authorized to provide the proposed services in the State of Mississippi?

Uprise Health is authorized to provide recovery program services in the State of Mississippi. Uprise Health has been authorized since September 2025 through the Business Services & Regulation of the State of Mississippi Secretary of State.

5.15 Confirm the Proposal is valid for one (1) year after the date of submission.

This proposal for Mississippi Pharmacy Professionals Recovery Program (RFP-RFx 3120003200) offered by the Mississippi Board of Pharmacy is valid for one year, ending September 12, 2026.

Section 6 – Technical Questionnaire

6.1 Describe the team dedicated to providing the requested scope of services for the Board. Specifically,

A. Identify the dedicated individual who will serve as the primary contact for the Board along with a list of job duties and experience with other programs with services requested in this RFP. Include a resume(s) as an appendix to your Proposals in Section 9. Include any licenses and training if a health care professional.

Christa Lee, LMSW

Program Manager- Uprise Health Monitoring

Monitoring Experience: 16 years

Relevant Experience: 20 years

Education: MSW, University of Maryland

Licensure: LMSW, Maryland

(CV included in Section 9)



Christa Lee is the Monitoring Program Manager for Uprise Health Monitoring Programs. In this role Christa consults with state boards and employers, partnering with them to protect public safety and foster continued recovery for health professionals and other employees through supportive monitoring. She oversees the day-to-day operation of each program and manages the team of Agreement Monitors who serve as the case managers for the participants of each program. Christa was hired by Uprise Health in 2010 as the Team Lead for the Health Professionals' Services Program for the State of Oregon. She assisted in implementing and rolling out the statewide monitoring programs for healthcare professionals in both Oregon and Delaware and has also served in the capacity of an Agreement Monitor for both programs.

Christa graduated with her Master's in Social Work degree from the University of Maryland, School of Social Work in 2008, specializing in Mental Health & Substance Abuse with a sub-specialization in Employee Assistance Programs. After graduating, she was hired by First Advantage, Inc. as the Program Manager for their SAP Services program. As the Program Manager, she was responsible for managing the chemical dependency recovery programs for a host of companies & organizations whose employees tested positive in the workplace. The largest being a nationally recognized pharmacy chain where she managed recovering Pharmacists and Pharmacist techs amongst other staff with their return-to-work process and ongoing toxicology testing and monitoring. Christa is a strong advocate for overall health and wellness and is a certified spinning and fitness instructor. She enjoys her monthly book club, running half marathons, traveling, and spending time with her family.

Tina Mewhinney

Operations Account Manager

Monitoring Experience: 14 years

Relevant Experience: 20 years

(CV included in Section 9)



Tina Mewhinney is the Monitoring Operations and Account Manager at Uprise Health Monitoring. She manages vendor partnerships, finance coordination, client accounts, and leads the Operations Team to ensure efficient program delivery.

Since joining Uprise Health in 2011, Tina has advanced from Administrative Case Coordinator to Program Manager and ultimately Operations Manager. She has overseen key programs; including Combined Transport, Oregon State Lawyers Association, and Adolescent Intervention Management, and now provides both operational leadership and direct account management across multiple monitoring programs.

B. Provide the name(s) and resumes of all key personnel who will oversee and provide the services rendered to the Board, a brief statement of all duties each individual will be assigned, a brief statement as to why each person is qualified relative to this work and identify area(s) of expertise for each key person, detailed information on any special training or designation, and each person's respective total number of years of experience related to the services being requested in this RFP. Include all resumes as an appendix to your Proposals in Section 9. Include any licenses and training for all health care professionals.

BreAnne Uselton, MSW

Agreement Monitor

Monitoring Experience: 4 years

Relevant Experience: 7 years

Education: MSW, Cal Poly Humboldt

(CV included in Section 9)



In March 2021, BreAnne Uselton joined Uprise Health Monitoring as an Agreement Monitor. Prior to joining the monitoring team, BreAnne worked as a mental health case manager for youth in Northern California. During BreAnne's time as a mental health case manager, she gained invaluable experience learning about the struggles with co-occurring disorders and the long-term effects of trauma within family systems and youth. She has a bachelor's in social work as well as a master's in social work from Cal Poly Humboldt. BreAnne enjoys spending time with her family and going outside whenever possible.

Dr. Joseph H. Autry, III, MD

Medical Director

Monitoring Experience: 25 years

Relevant Experience: 50 years

(CV included in Section 9)



Dr. Autry is a Board Certified psychiatrist and a former member of the Federal Senior Executive Service. For more than 25 years, Dr. Autry held key leadership positions in mental health and substance use research, policy and administration and has maintained a private psychiatric practice. He retired from federal service in April 2009 and received commendations from the Secretary of Health and Human Services (HHS) and the Secretary of the Department of Veterans Affairs (VA).

While serving in the Federal Senior Executive Service, Dr. Autry was responsible for the implementation of Executive Order 12564, which requires federal agencies to establish comprehensive drug-free workplace plans. He also oversaw the management of the National Laboratory Certification Program, the implementation of the Mandatory Guidelines for Federal Workplace Drug Testing Programs and development of the system of training for laboratory inspectors and Medical Review Officers. He has also served as the Deputy Administrator for the Substance Abuse and Mental Health Services Administration, and from 2001-2002 he served as the acting Administrator of the agency.

A recipient of both the Presidential Rank Award for Meritorious service and the Presidential Rank Award for Distinguished Service, Dr. Autry is also a Distinguished Life Fellow of the American Psychiatric Association.

6.2 Describe the history, program philosophy, number of years in service, and accomplishments of your organization in managing healthcare professionals whose ability to safely practice is or may be impaired because of alcohol use, substance use/and or mental illness.

Uprise Health draws upon more than 30 years of experience in the mental health industry to design and deliver solutions that wrap members in a full system of support. We combine the standard clinical support of a traditional EAP (e.g., short-term counseling, work-life services, critical incident support, etc.) with a clinically validated digital platform that offers self-guided and coach-guided, CBT-based mental fitness courses, enabling members to manage their own mental health. Our solutions are designed to fill gaps in care, improve access, and address unrecognized or ignored mental health issues. We wrap members in a full system of digital and in-person care options, and we use evidence-based, Stepped Care protocols to move members along the care spectrum—from digital, self-guided support for low-risk members to live, in-person care for moderate- and high-risk individuals. This approach ensures that we deliver the most effective and least costly treatments at the right time to help employees heal more quickly.

Uprise Health is a proven PHP/ATD operator: Uprise has successfully managed Delaware’s Professionals’ Health Monitoring Program since 2013 (covering 50+ DPR-licensed professions) and Oregon’s Health Professionals’ Services Program since 2010. In 2019, a major Delaware health system engaged Uprise Health to administer its caregiver monitoring program, enabling safe return to work through enrollment, compliance, and toxicology testing. Uprise Health has accomplished these goals by maintaining credentialed and experienced staff with our longstanding commitment to the welfare of healthcare professionals.

6.3 Provide a list and description of all tools used to provide monitoring and compliance of program participants. The list should include examples such as individual and aggregate reports related to meeting participation, drug testing, relapse indicators, etc. Include whether these tools provide date and time stamping and how they have been validated. Please describe how program participants interact with these tools.

Uprise Health’s case management system is powered by RecoveryTrek and is coded to provide the recovery monitoring team with reports specific to each recovery participant. This includes individual and aggregate reports with recovery participant meeting participation, drug testing, and relapse indicators from various resources like workplace reports and randomized toxicology. These reports are time stamped and in real-time Records access is limited to the members of the Uprise Health team that are working with the recovery participant. If there is a missing report from any of the required monitoring documents, the case management system will report in real time on the recovery program participant’s agreement monitor’s dashboard interface. The dashboard reports in real time for team members like the recovery program medical director, program manager, and agreement monitor to review new toxicology results, treatment documentation, workplace monitor reports received, missed toxicology tests, and all other items the recovery participants are required to remain compliant with.

Real time data exchange with time stamping assures valid up-to-date data for the program and the recovery participant.

Recovery program participants have access to their own participation information through the RecoveryTrek mobile application, Mobile Trek. Test results and outstanding requirements are never a surprise to recovery program participants with this information at their fingertips.

6.4 The Board must have prompt and direct access to the Offeror throughout the contract period. Describe in detail how your company will provide this access.

Uprise Health recovery monitoring staff are available Monday through Friday 8:00 AM to 5:00 PM Central Time. Uprise Health also operates a 24-7 call center that can connect the Mississippi Board of Pharmacy with access to an on-call recovery monitoring staff member 24/7 afterhours and on the weekends.

6.5 Describe how the organization will facilitate the use of support groups (in person and online). Support groups shall have a foundation in the 12-step program.

Community recovery support groups are required for participants participating in Uprise Health's recovery monitoring programs. The frequency of meeting requirements is set by the licensee's treatment provider and included as part of the recovery participant's monitoring agreement. These requirements are always found in the evidence-based 12-step program methodology; any new programs or alternatives must be approved by the Uprise Health Monitoring Program's Medical Director. These meetings are tracked in MobileTrek and part of the ongoing monitoring compliance requirements.

Specialized groups specific to the recovery participant's license type are also provided. Uprise Health has fifteen years of experience providing statewide monitoring groups for the Oregon Medical Board (OMB) licensee participants that are specific to the needs of physicians and other health professions licensed by the OMB.

6.6 Describe your organization's confidentiality standards.

Uprise Health is a HIPAA-compliant entity. All services provided by and coordinated through Uprise Health are confidential. Additionally, Uprise Health upholds all Federal and State behavioral health confidential laws.

As stated earlier, Uprise Health has 15 years of confidentially maintaining health professional records and has had no breaches in confidentiality and prides itself on the safety of health professional participant information under their custody.

6.7 Describe any liaison work with public entities and other states and how your organization maintains awareness and competence in best practices.

Uprise Health engages in outreach to health professional public entities and organizations providing awareness and competence in best practice. For example, Uprise Health follows a Strategic Outreach Plan to address educational tactics for professional associations, employers including human resources, treatment providers, and schools in Oregon. Between 2020 and 2024, Uprise Health representatives have provided educational outreach in promotion of support and public safety at the following venues.

8/25/20 Serenity Lane
9/17/20 Federation of State Physician Health Programs Western Regional Conference
1/19/21 Walla Walla University School of Nursing
1/21/21 The Recovery Village Ridgefield
1/28/21 Hazelden Betty Ford

2/1/21 Mt. Hood Community College
2/18/21 Oregon State Board of Nursing- OSBN Board Meeting
3/25/21 Professional Recovery Network of Oregon
3/26/21 Oregon Dental Association
3/31/21 Federation of State Physician Health Programs Newsletter
4/5/21 Oregon State Hospital
4/23/21 Oregon Medical Association
5/21/21 St. Charles Health System (Bend)
5/26/21 Oregon Dental Association
6/2/21 Oregon Dept of Corrections
6/3/21 Legacy Health– Annual Residents’ Wellness Workshop
6/18/21 Board of Dentistry
7/19/21 Oregon Department of Corrections
8/31/21 Oregon Medical Association
10/2/21 Oregon Podiatric Medical Association
10/7/21 Oregon Health & Science University (OHSU)- Nurse Anesthesia Program
10/7/21 Oregon Medical Board
11/5/21 Oregon Assoc of Nurse Anesthetists
11/6/21 Oregon Assoc of Nurse Anesthetists
11/10/21 Oregon Medical Board
11/29/21 Oregon Health & Science University- Nurse Anesthesia Program
1/10/22 Oregon Medical Association
1/20/22 Oregon Pharmacy Recovery Network
1/20/22 Oregon Nurses Association
2/1/22 School of Nursing Walla Walla University
2/10/22 Oregon Board of Pharmacy
7/7/22 Oregon Medical Board
8/16/22 Oregon Medical Association
9/26/22 HMC Peer Support
10/27/22 Serenity Lane
11/30/22 Oregon Nurses Association
12/15/22 Oregon Medical Association
1/13/23 Oregon Health & Science University
2/9/23 Federation of State Physician Health Programs Newsletter
2/23/23 Hazelden Betty Ford
3/2/23 Oregon Medical Association
4/13/23 Serenity Lane
6/7/23 Legacy Graduate Medical Education
6/22/23 Oregon Medical Association
8/18/23 Rep. Ben Bowman

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Section 1 – Introduction/Signed Proposals Cover Letter

John Kearney, Chief Revenue Officer
Uprise Health
2 Park Plaza, Suite 1200
Irvine, CA 92614
john.kearney@uprisehealth.com
508-735-6307

9/10/2025

Todd Dear, Associate Director
Mississippi Board of Pharmacy
6311 Ridgewood Road Suite E401
Jackson, Mississippi 39211
Email: TDear@mbp.ms.gov

Subject: Proposal for Pharmacy Professionals Recovery Program Services for the Mississippi Board of Pharmacy

Dear Todd,

Uprise Health is pleased to submit our proposal for MBP RFP Rfx 3120003200 to provide comprehensive recovery services for the Mississippi Pharmacy Professionals Recovery Program (MPPRPS) as identified by the Mississippi Board of Pharmacy (MBP). We value the opportunity to collaborate with the Board to protect the public while supporting the well-being of licensed or registered pharmacists, pharmacy students, and pharmacy technicians whose ability to practice may be affected by substance use disorders, mental illness, or physical illness.

We are prepared to begin services on **December 1, 2025**, and to continue throughout the duration of the contract ending **June 30, 2029**, and beyond as deemed appropriate by the MBP. Uprise Health acknowledges and has signed Amendment 1 and confirms that all requested materials, including the General Questionnaire, have been completed. This proposal will remain valid for one year.

This transmittal letter identifies **John Kearney, Chief Revenue Officer**, as the individual authorized by Uprise Health to contractually obligate the organization and as our fiscal agent.

Our approach combines clinical expertise with strong program administration to ensure participants are safely returned to practice while protecting patients and the public. We bring more than 15 years of experience operating comparable Health Professional Services Programs, including one of the largest health systems in Delaware, as well as the Delaware Professionals' Health Monitoring Program (DPHMP), Oregon's Health Professionals' Services Program (HPSP), and the Oregon State Lawyers' Assistance Committee (SLAC). These programs demonstrate our proven ability to meet the complex needs of professionals in safety-sensitive roles.

(Continued on next page)

Key elements of our proposal include:

1. **Comprehensive Support Services** – Confidential, personalized assistance coordinated with Agreement Monitors and treatment providers to ensure end-to-end care.
2. **Expanded Outreach and Accessibility** – Strategic outreach efforts to raise program awareness and streamline access for those in need.
3. **Collaboration with Licensing Boards and Stakeholders** – Ongoing alignment with regulatory bodies and key partners through transparent communication and reporting.
4. **Program Effectiveness and Evaluation** – Use of data-driven tools to measure participant progress, program impact, and long-term outcomes, with continuous improvement built in.
5. **Ongoing Professional Development and Education** – Resources such as newsletters, workshops, and seminars addressing wellness, self-care, and work-life balance.

We believe this blend of support, accountability, and proven program management uniquely positions Uprise Health to deliver a strong, sustainable program to the Mississippi Board of Pharmacy. With this robust suite of services, we are confident that this program will improve access and quality of care for participants in the program. Due to the scale of the programs we run, we are confident we can beat the price of any equivalent program. We welcome the opportunity to discuss finding efficiencies in this program that further customize the program benefits and pricing to suit the needs of the Mississippi Board of Pharmacy. We look forward to the opportunity to partner with you in advancing both public protection and the health of Mississippi's Pharmacy Professionals.

Please note that Uprise Health will be registering under our tax ID, which is associated with our legal business name, Integrated Behavioral Health, Inc.

Thank you for your consideration.

Sincerely,
John Kearney
Chief Revenue Officer
Uprise Health

Signed by:

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Section 2 – Scope of Services Confirmation

2.1 Program Services

Uprise Health confirms that it is prepared to provide all the following services for the Mississippi Pharmacy Professionals Recovery Program. If the scope of these services is beyond the requirements for the program, we will review the requirements in more detail and provide an equivalent scope or services to those currently offered through the program. We are cognizant of budgetary restrictions on the program, and will work to provide the most competitive pricing for the Mississippi Board of Pharmacy.

A. The Contractor must be capable of receiving referrals from licensees and coordinating appropriate communication at any time.

Confirmed

B. The contractor must develop and maintain a referral list of treatment providers approved to provide assessments and treatment for inpatient and intensive outpatient care and aftercare. Assessments must be performed by qualified evaluators using recognized methodologies, including, but not limited to, screening instruments, psychosocial testing, results of mental health/drug and alcohol history, and personal interviews.

Confirmed

C. The contractor must administer an individualized treatment plan created by an approved treatment program. Case management must be administered by a qualified resource or resources. The resource(s) may be dedicated or shared.

Confirmed

D. The contractor must use the intake assessment and recommendations from treatment providers and determine the elements for continuous monitoring for each participant, including: 1) Required participation in treatment to include inpatient, intensive outpatient, outpatient, recommended aftercare, support groups, and one-on-one counseling. The ability to track recovery activities in real time through mobile technology applications and on paper forms.

Confirmed

2) Recovery-related activities, with validation reports from the participants' employers, work-site monitors, counselors, sponsors, and others.

Confirmed

3) Random drug testing incorporating alternative specimens, including hair test, Peth testing, nail, and oral fluid testing, performed by a laboratory that has the appropriate national certification for the performed testing. Testing fees are paid directly to the performing laboratory.

Confirmed

4) Contractor must have routine individual meetings with the participant and coordinate framework for peer-to-peer support (ie. Pharmacist to Pharmacist).

Confirmed

5) Execute and oversee a written substance use disorder agreement.

Confirmed

6) Contractor must have direct communication access with the participant, including but not limited to by phone and email.

Confirmed

E. The contractor must facilitate an assessment of each participant as part of the intake process to establish the necessary basis for appropriately managing each participant both initially and throughout their program participation. The contractor must also coordinate or help facilitate timely interventions and treatment.

Confirmed

F. Reporting and Data 1) Quarterly Reports

Confirmed

2) Immediate reporting to the regulatory agency is required for specific circumstances or on demand per Board or Board staff request.

Confirmed

G. Must employ an addiction-trained Medical Review Officer or Medical Director with expertise in recovery of healthcare professionals. Expertise shall be reflected in applicable certification(s) in personal recovery or addiction medicine (e.g. ASAM).

Confirmed

H. Must have an independent, confidential administrative and/or case management review committee that gives recommendations to program staff. Peer program participants of the committee should only serve in an advisory capacity.

Confirmed

I. Provide an independent internal review for participant disagreements/grievances against staff or case review committee recommendations

Confirmed

J. Contractor must provide, communicate, and advocate for or against licensure of participants during regular MS Board of Pharmacy meetings and as needed. This attendance shall be in person. Advocacy must be based on established and tracked metrics.

Confirmed

K. Referrals for mental health or fitness to practice including providing the Board guidance on the physical or mental capacity of a licensee to participate in the practice of pharmacy or assist in the practice of pharmacy with reasonable skills, confidence and safety to the public.

Confirmed

L. Must maintain competency in the best practices of substance use disorder and mental health management, including dual diagnosis, and serve as a resource to the Board and Board staff in these areas.

Confirmed

M. Collaborate with Board staff to provide educational programs concerning substance use disorder, benefits of self-reporting, and mental health wellness to identified stakeholders including but not limited to schools of pharmacy, targeted professional groups, and employers.

Confirmed

N. The Board reserves the right to audit all records maintained by the contractor or its subcontractor relative to the contractor's performance under this Contract. At least two (2) business days' notice by the Board will be given to the contractor of the intent to audit. The Board shall have the right to perform financial, performance, and other special audits on such records maintained by the contractor during regular business hours throughout the contract period. The contractor agrees that confidential information including, but not limited to, medical and other pertinent information relative to this contract, shall not be disclosed to any person or organization for any purpose without the expressed, written authority from the Board. The selected contractor will make available all records for review at no cost to the Board. Indicate your acceptance of this Proposal's requirement and willingness to cooperate. For the purposes of this section, the term "audits" refers to financial, performance, and other special audits on such records maintained by the contractor and/or its subcontractors relative to the contractor's performance under this Contract. Confirm you will comply with this requirement.

Confirmed

Section 3 – References

If two or more of the following reference requirements are met by the same client, list additional clients so there are at least three (3) clients listed for each section. If you are unable to provide three (3) clients for each reference, provide as many as you have and indicate in the response additional references meeting this requirement are not available.

A. List up to three clients for whom your company has provided services like those requested in this RFP. For each client, specify the type of recovery program services provided by your client, the average number of individuals participating in the program, and the period retained as a client. For each client, the list must specify:

A. Current Clients

Oregon Health Professionals' Services Program

Contact: Jennifer Jolley | 155 Cottage St NE, Salem, OR 97301-3966 | 971-900-7695

Type of Work: Health professionals' services monitoring program
Contract Dates: 2010 – Present | Avg. Participants: 70

Delaware Professional Health Monitoring Program (DPHMP)

Contact: Shauna Slaughter | 861 Silver Lake Blvd Ste 203, Dover, DE 19904 | 302-739-4522
Type of Work: Professionals services monitoring program
Contract Dates: 2013 – Present | Avg. Participants: ~70

Large Health System in Delaware

Type of Work: Health employees professionals monitoring program
Contract Dates: 2019 – Present | Avg. Participants: ~30

B. Governmental Clients

County of San Mateo

Contact: Kim Pearson | 650-363-4656
Type of Work: Employee Assistance Programs (EAP)
Contract Dates: 1/1/2020 – 12/31/2027 | Avg. Participants: 5,904

Napa County

Contact: Olivia Soria | 707-253-4945
Type of Work: Employee Assistance Programs (EAP)
Contract Dates: 1/1/2014 – 12/31/2026 | Avg. Participants: 3,494

Alameda County

Contact: Kimberly Marks | 510-272-6920
Type of Work: Employee Assistance Programs (EAP)
Contract Dates: 1/1/2003 – 3/31/2026 | Avg. Participants: 9,249

C. Clients Discontinued Since January 1, 2018

UCSF Benioff Children's Hospital

Contact: Paula Garcia | 510-610-9214
Type of Work: Employee Assistance Programs (EAP)
Contract Dates: 10/1/2004 – 7/5/2025 | Avg. Participants: 2,672
Term Reason: 7/5/2025, University of California is acquiring the hospital including all benefits, which will move to University of California benefits. Losing the broker as well.

Umpqua Bank

Contact: Bernice Gonzalez | 949-745-1608
Type of Work: Employee Assistance Programs (EAP)
Contract Dates: 1/1/2011 – 12/31/2025 | Avg. Participants: 4,750
Term Reason: 12/31/2025, Umpqua Bank merging with several other banks and moving EAP to known EAP of other banks.

Bashas, Inc.

Contact: Joseph Troche | 480-895-9350

Type of Work: Employee Assistance Programs (EAP)

Contract Dates: 7/1/2021 – 12/31/2025 | Avg. Participants: 3,400

Term Reason: 12/31/2025, Bashas went through an acquisition where benefits were merged with the parent company's offering.

Section 4 – Signed Statement of Compliance and Exception(s) Form

Uprise Health has taken no exceptions to MBP RFP Rfx 3120003200 and MBP RFP Rfx 3120003200's Amendment 1. Uprise Health agrees to adhere to all terms, conditions, and requirements as set forth in the Mississippi Board of Pharmacy Invitation for Proposals for Pharmacy Professionals Recovery Program Services, dated August 8, 2025, including all RFP amendments, and the conditions contained in the draft contract.

Section 5 – General Questionnaire

5.1 Provide the name, title, mailing address, e-mail address, and telephone number of the contact person for this Proposals.

John Kearney, Chief Revenue Officer
Uprise Health
2 Park Plaza, Suite 1200
Irvine, CA 92614
john.kearney@uprisehealth.com
508-735-6307

5.2 State the full name of your firm/company, and provide the address, and telephone number of your principal place of business.

Uprise Health
2 Park Plaza, Suite 1200
Irvine, CA 92614
800-395-1616
<https://uprisehealth.com/>

5.3 List the office that will service the Board. If it is located at a different address than the home office, provide the complete address, phone number, and facsimile number for this office.

Uprise Health
2 Park Plaza, Suite 1200
Irvine, CA 92614
800-395-1616

Our home office is in Irvine, CA, with operations staff out of Texas, Maryland, Alabama and other states. Uprise Health maintains full geographic availability and can be on-site to support the Board as needed.

5.4 Describe your organizational structure. Indicate whether your firm operates as a corporation, partnership, individual, etc. If it is incorporated, include the state in which it is incorporated, and list the names and occupations of those individuals serving on your firm's Board of Directors.

Founded in 1988, IBH Buyer Corp, dba Uprise Health ("Uprise Health") has 36 years of experience providing top-tier mental health care. Uprise Health has consistently evolved with the market, growing

organically and via the acquisition of several well-known, marquee organizations, including Reliant Behavioral Health (RBH), American Behavioral Health. In 2020, Uprise Health acquired Claremont EAP, an industry-leading behavioral health partner, and HMC HealthWorks, a world-class chronic condition management company. These acquisitions rounded out Uprise Health's holistic suite of services and enabled Uprise Health to cover the full care continuum. In 2021, Uprise Health acquired Uprise Services, a superior digital mental health platform, and Uprise Health rebranded as Uprise Health, which has solidified Uprise Health's position as a leader in population health and digital mental health solutions. Today, as one company with one vision, Uprise Health provides clinically driven and technology-enabled solutions that offer the unique ability to support members across the care spectrum, from the least engaged, online-only user to complex cases that require fully coordinated care. Uprise Health offers digitally enabled employee assistance programs bolstered with personalized coaching, chronic condition management, managed behavioral health, data analytics, and substance use assessment and treatment solutions. Uprise Health focuses on producing positive outcomes through clinically validated methods and tools that have been proven to reduce claims and costs for organizations while improving the lives of their employees.

IBH Buyer Corp, dba Uprise Health is owned by Periscope Equity. Integrated Behavioral Health Inc. and Claremont Behavioral Services Inc. are subsidiaries of IBH Buyer Corp., which has grown over the years by acquiring several industry-leading companies.

Uprise Health's principal lines of business are Employee Assistance Program (EAP), professional monitoring and recovery, and care management (maternity, wellness, etc.) We currently provide monitoring and toxicology services in Oregon, Delaware, to health systems, and individuals. We provide EAP services for about 8 million people nationally and are one of the five largest EAP companies in the United States.

Uprise Health draws from our experience delivering Employee Assistance Programs (EAP) and uses a similar credentialing process in the approval of group facilitators and other third-party contractors for recovery and health professional monitoring. The credentialing process assures Uprise Health monitoring and recovery group facilitators have the appropriate credentials, insurance, and commitment to work with health professionals. Like recovery and monitoring, EAP requires Uprise Health to continually improve its strategies for supporting organizations of all sizes in rural and urban areas while helping individuals to solve complicated issues that affect their personal and professional lives.

Doing business as Uprise Health, IBH Buyer is incorporated in the State of Delaware.

With respect to the names and occupations of our Board of Directors, we will need to obtain formal authorization from our Board before sharing this information. This process can take some time, but we are happy to provide the requested list once authorization has been secured.

5.5 Describe your organization's qualifications demonstrating work with healthcare professionals over the last five (5) years.

Uprise Health has a long history of operating recovery programs like physician health programs (PHP) and alternative to discipline (ATD) programs that Uprise Health operates in Delaware and Oregon. Uprise Health has operated the Delaware Professionals' Health Monitoring Program (DPHMP) since 2013. DPHMP is the PHP and ATD for all professions licensed by the Division of Professional Regulation

including pharmacy, medical, dental, nursing, psychology, social workers, and over 50 other licensed professions. Uprise Health has also operated Oregon's Health Professionals' Services Program (HPSP) since July 2010 the recovery PHP and ATD for Oregon's Board of Pharmacy, Board of Dentistry, Medical Board, and State Board of Nursing. Additionally, A large Health System, based in Delaware, is dedicated to supporting and rehabilitating their employees (referred to as "caregivers") who are dealing with substance use disorders or impairments related to mental health. To facilitate their safe return to work, the Health System partnered with Uprise Health in 2019 to administer the Monitoring Program. This program offers comprehensive recovery services, including enrollment management, compliance monitoring, and toxicology testing.

5.6 List the types and number of health care professionals and the numbers served in the last five (5) years.

Program	Licensee Type	Count (July 1, 2020 – June 30, 2025)
Oregon's Health Professionals' Services Program (HPSP)	Nursing	106
Oregon HPSP	Medical	159
Oregon HPSP	Pharmacy	25
Oregon HPSP	Dentist	19
Delaware Professionals' Monitoring Program (DPHMP)	Nursing	147
Delaware DPHMP	Pharmacy	3
Delaware DPHMP	Medical	23
Delaware DPHMP	Veterinary	6
Delaware DPHMP	Dental	7
Delaware DPHMP	Other Health Professions	9

5.7 Describe any ownership or name changes your firm has been through in the past three years. Are any ownership or name changes planned?

As outlined in section 5.4, Uprise Health has not had any name changes in the past three years, and there are no anticipated ownership or name changes planned. Uprise Health would immediately notify the Mississippi Board of Pharmacy in the event that this status was to change.

5.8 Please provide all information regarding the liability insurance that is held for the organization.

Uprise Health has professional liability insurance. Limits are \$3 million per claim and \$3 million aggregate. All our providers must also carry liability insurance and must possess current professional liability policies of \$1 million, individual / \$1 million, aggregate.

Uprise Health maintains a commercial general and professional liability policy with policy limits of \$1,000,000 per claim and \$2,000,000 in the aggregate. We also have a cyber-risk policy with a limit of \$3,000,000 aggregate.

5.9 Provide a brief description of any outside Contractors or subcontractors that will be involved in providing key services detailed within your Proposals. Please include the term of your current contract with each Contractor or subcontractor. Describe the nature of the relationship with the subcontractor, including any ownership interest.

Since 2022, Uprise Health has partnered with RecoveryTrek to provide Uprise Health recovery monitoring programs with an affordable and convenient toxicology program. This partnership provides Uprise Health recovery monitoring programs with competitively priced toxicology at a bundled cost for collection, screening and analysis, and medical review officer services. This allows Uprise Health to offer toxicology collection sites across Mississippi and nationwide. Without bundled costs, the combination of collection costs across the collection network would vary dramatically. As a result, the Licensee has no billing surprises and is not required to pay for the collection at the point of contact. Unemployed and under-employed Licensees who are not working in their chosen fields will benefit from the reduced cost of specialized toxicology panels developed for this population when not performing safety-sensitive roles.

Additionally, all non-negative test results are reviewed by RecoveryTrek's Medical Review Officer (MRO). Because of the large prevalence of legitimate medications with prescriptions, there is a frequent need for the use of MRO. The combined toxicology cost is inclusive of the MRO cost at an amount pursuant to the prevalence of non-negative toxicology.

5.10 Describe your policy and procedure for obtaining and handling records. Description should include but should not be limited to access, storage, and destruction.

Uprise Health is prepared for the responsibility of MPPRPS record keeping of recovery records related to monitoring compliance. Uprise Health has 15 years of confidentially maintaining health professional records. In July 2010, Uprise Health successfully transitioned the confidential records of 345 Licensees from Oregon's past board-run monitoring programs and continues to maintain them in addition to over 1,000 licensees who have since been referred to Uprise Health's recovery monitoring programs.

Uprise Health's case management system is powered by RecoveryTrek and is coded to provide the recovery monitoring team with reports specific to each recovery participant. Records access is limited to the members of the Uprise Health team that are working with the recovery participant.

RecoveryTrek upholds all industry security and confidentiality standards for records maintained in their system. Record access is limited to those who are working with the recovery participant. RecoveryTrek maintains custody of the records for the period of time required by the unique program requirements as regulated by the retention policy and law requirements of that program's state. Being electronic, the physical destruction of records is negated.

5.11 Describe the process utilized for informed consent of a participant in the Program.

Recovery program participant informed consent is obtained as part of the recovery program enrollment.

Licensees wishing to enroll are electronically sent:

- Consent to Release, Use, and Exchange Information #1
- Consent to Release, Use, and Exchange Information #2
- Addendum to Consent for Employers
- Initial Monitoring Agreement

- Consent to Services Enrollment Agreement
- Agreement to Refrain from Practice
- E-Mail Authorization Form

The recovery program applicant must complete the following as part of the enrollment in the recovery program. Depending on the unique circumstances of each recovery program participant, they may not be required to complete all forms, initially. For example, they may not be initially employed at the time of enrollment, to that end, they would fill in that electronic paperwork at the time they are employed and before they start working. The documents pertaining to informed consent (Consent to Release, Use, and Exchange Information #1 and #2) are always required at the time of program enrollment. The process is all accomplished safely and securely online using the leading industry standards in security and confidentiality.

5.12 Describe your Quality Assurance and Quality Improvement principles and related structure.

Since 2010, Uprise Health has operated recovery programs for health professionals. There are several quality management tools that have been implemented to ensure continued quality improvement of the recovery monitoring programs with a goal of improving services for the participant licensee, the participant licensee's workplace, the licensee's treatment provider, and the licensee's licensing board.

Uprise Health provides weekly utilization statistics to the participating licensing boards depicting the number of licensees enrolled, a count of licensees in the process of enrollment, and percent of licensees in compliance. These counts are disseminated weekly with an email overview. Specifics as to licensee, including licensee number and current program status, are uploaded to each individual board via the secure and confidential document exchange program.

Uprise Health also provides monthly performance metrics to the recovery participant's licensing board including:

- 100% of the time, Uprise Health shall enroll the board-referred Licensee in the program on the date Licensee signs the consents for disclosures and exchanges of information and the monitoring agreement.
- At least 90% of the time, Contractor shall conduct the self-referred Licensee safe-practice investigations to determine whether Licensee's practice while impaired has presented or presents a danger to the public.
- At least 90% of the Licensees with substance abuse disorders shall receive the minimum toxicology testing.
- At least 55% of all toxicology testing shall be conducted on Mondays, Fridays, or Saturdays. Includes tests actually taken by Licensees as well as scheduled tests that were missed and considered non-compliant events.
- At least 90% of the time, Contractor shall submit compliance reports to the monitoring entity at least once per week.
- Contractor shall submit substantial noncompliance reports to the monitoring entity within one (1) business day after Contractor learns of the noncompliance.
- At least 90% of the time, Contractor shall conduct exit interviews with Licensees.

Uprise Health would be happy to discuss putting similar performance metrics in place for the Mississippi Board of Pharmacy, customized to meet the Board's needs.

In addition to the weekly and monthly reported metrics, Uprise Health provides an annual report complete with performance and metric results for review by Recovery Monitoring Program Advisory Committee, the Recovery Monitoring Policy Action Committee, and the entire Recovery Monitoring Team. The Annual Report allows a reflection on recovery monitoring performance, including volume, types of noncompliance, enrollment and completion trends, employment, Workplace Monitor report yields, and multiple other metrics. These statistics are viewed in comparison to the previous year's performance as benchmarks. A copy of the program's annual report can be provided upon request.

Additionally, an exit interview is administered to all participant licensees at the time the participant licensee successfully completes their recovery monitoring program. The purpose of the exit interview is to gather information about the licensee's experience as a participant and to help Uprise Health evaluate the importance and effectiveness of each aspect of the recovery monitoring program. The licensees' feedback includes length of time in the program, their rating of the support systems that aided them in successful completion, their rating of their agreement monitors, customer service, the toxicology program, workplace, personal life, and interpersonal relationships. An overall evaluation of the impact of participation in the program is requested at the conclusion of the survey along with any comments.

5.13 Has your firm had any HIPAA breaches or incidents determined to be reportable to the U.S. Department of Health and Human Services (DHHS) within the last three years? If the answer is yes, please describe the circumstances and the corrective action in detail.

Uprise Health has not had any HIPAA breaches or incident determined to be reportable to the U.S. Department of Health and Human Services within the last three years.

5.14 Is your firm licensed or authorized to provide the proposed services in the State of Mississippi?

Uprise Health is authorized to provide recovery program services in the State of Mississippi. Uprise Health has been authorized since September 2025 through the Business Services & Regulation of the State of Mississippi Secretary of State.

5.15 Confirm the Proposal is valid for one (1) year after the date of submission.

This proposal for Mississippi Pharmacy Professionals Recovery Program (RFP-RFx 3120003200) offered by the Mississippi Board of Pharmacy is valid for one year, ending September 12, 2026.

Section 6 – Technical Questionnaire

6.1 Describe the team dedicated to providing the requested scope of services for the Board. Specifically,

A. Identify the dedicated individual who will serve as the primary contact for the Board along with a list of job duties and experience with other programs with services requested in this RFP. Include a resume(s) as an appendix to your Proposals in Section 9. Include any licenses and training if a health care professional.

Christa Lee, LMSW

Program Manager- Uprise Health Monitoring

Monitoring Experience: 16 years

Relevant Experience: 20 years

Education: MSW, University of Maryland

Licensure: LMSW, Maryland

(CV included in Section 9)



Christa Lee is the Monitoring Program Manager for Uprise Health Monitoring Programs. In this role Christa consults with state boards and employers, partnering with them to protect public safety and foster continued recovery for health professionals and other employees through supportive monitoring. She oversees the day-to-day operation of each program and manages the team of Agreement Monitors who serve as the case managers for the participants of each program. Christa was hired by Uprise Health in 2010 as the Team Lead for the Health Professionals' Services Program for the State of Oregon. She assisted in implementing and rolling out the statewide monitoring programs for healthcare professionals in both Oregon and Delaware and has also served in the capacity of an Agreement Monitor for both programs.

Christa graduated with her Master's in Social Work degree from the University of Maryland, School of Social Work in 2008, specializing in Mental Health & Substance Abuse with a sub-specialization in Employee Assistance Programs. After graduating, she was hired by First Advantage, Inc. as the Program Manager for their SAP Services program. As the Program Manager, she was responsible for managing the chemical dependency recovery programs for a host of companies & organizations whose employees tested positive in the workplace. The largest being a nationally recognized pharmacy chain where she managed recovering Pharmacists and Pharmacist techs amongst other staff with their return-to-work process and ongoing toxicology testing and monitoring. Christa is a strong advocate for overall health and wellness and is a certified spinning and fitness instructor. She enjoys her monthly book club, running half marathons, traveling, and spending time with her family.

Tina Mewhinney

Operations Account Manager

Monitoring Experience: 14 years

Relevant Experience: 20 years

(CV included in Section 9)



Tina Mewhinney is the Monitoring Operations and Account Manager at Uprise Health Monitoring. She manages vendor partnerships, finance coordination, client accounts, and leads the Operations Team to ensure efficient program delivery.

Since joining Uprise Health in 2011, Tina has advanced from Administrative Case Coordinator to Program Manager and ultimately Operations Manager. She has overseen key programs; including Combined Transport, Oregon State Lawyers Association, and Adolescent Intervention Management, and now provides both operational leadership and direct account management across multiple monitoring programs.

B. Provide the name(s) and resumes of all key personnel who will oversee and provide the services rendered to the Board, a brief statement of all duties each individual will be assigned, a brief statement as to why each person is qualified relative to this work and identify area(s) of expertise for each key person, detailed information on any special training or designation, and each person's respective total number of years of experience related to the services being requested in this RFP. Include all resumes as an appendix to your Proposals in Section 9. Include any licenses and training for all health care professionals.

BreAnne Uselton, MSW

Agreement Monitor

Monitoring Experience: 4 years

Relevant Experience: 7 years

Education: MSW, Cal Poly Humboldt

(CV included in Section 9)



In March 2021, BreAnne Uselton joined Uprise Health Monitoring as an Agreement Monitor. Prior to joining the monitoring team, BreAnne worked as a mental health case manager for youth in Northern California. During BreAnne's time as a mental health case manager, she gained invaluable experience learning about the struggles with co-occurring disorders and the long-term effects of trauma within family systems and youth. She has a bachelor's in social work as well as a master's in social work from Cal Poly Humboldt. BreAnne enjoys spending time with her family and going outside whenever possible.

Dr. Joseph H. Autry, III, MD

Medical Director

Monitoring Experience: 25 years

Relevant Experience: 50 years

(CV included in Section 9)



Dr. Autry is a Board Certified psychiatrist and a former member of the Federal Senior Executive Service. For more than 25 years, Dr. Autry held key leadership positions in mental health and substance use research, policy and administration and has maintained a private psychiatric practice. He retired from federal service in April 2009 and received commendations from the Secretary of Health and Human Services (HHS) and the Secretary of the Department of Veterans Affairs (VA).

While serving in the Federal Senior Executive Service, Dr. Autry was responsible for the implementation of Executive Order 12564, which requires federal agencies to establish comprehensive drug-free workplace plans. He also oversaw the management of the National Laboratory Certification Program, the implementation of the Mandatory Guidelines for Federal Workplace Drug Testing Programs and development of the system of training for laboratory inspectors and Medical Review Officers. He has also served as the Deputy Administrator for the Substance Abuse and Mental Health Services Administration, and from 2001-2002 he served as the acting Administrator of the agency.

A recipient of both the Presidential Rank Award for Meritorious service and the Presidential Rank Award for Distinguished Service, Dr. Autry is also a Distinguished Life Fellow of the American Psychiatric Association.

6.2 Describe the history, program philosophy, number of years in service, and accomplishments of your organization in managing healthcare professionals whose ability to safely practice is or may be impaired because of alcohol use, substance use/and or mental illness.

Uprise Health draws upon more than 30 years of experience in the mental health industry to design and deliver solutions that wrap members in a full system of support. We combine the standard clinical support of a traditional EAP (e.g., short-term counseling, work-life services, critical incident support, etc.) with a clinically validated digital platform that offers self-guided and coach-guided, CBT-based mental fitness courses, enabling members to manage their own mental health. Our solutions are designed to fill gaps in care, improve access, and address unrecognized or ignored mental health issues. We wrap members in a full system of digital and in-person care options, and we use evidence-based, Stepped Care protocols to move members along the care spectrum—from digital, self-guided support for low-risk members to live, in-person care for moderate- and high-risk individuals. This approach ensures that we deliver the most effective and least costly treatments at the right time to help employees heal more quickly.

Uprise Health is a proven PHP/ATD operator: Uprise has successfully managed Delaware’s Professionals’ Health Monitoring Program since 2013 (covering 50+ DPR-licensed professions) and Oregon’s Health Professionals’ Services Program since 2010. In 2019, a major Delaware health system engaged Uprise Health to administer its caregiver monitoring program, enabling safe return to work through enrollment, compliance, and toxicology testing. Uprise Health has accomplished these goals by maintaining credentialed and experienced staff with our longstanding commitment to the welfare of healthcare professionals.

6.3 Provide a list and description of all tools used to provide monitoring and compliance of program participants. The list should include examples such as individual and aggregate reports related to meeting participation, drug testing, relapse indicators, etc. Include whether these tools provide date and time stamping and how they have been validated. Please describe how program participants interact with these tools.

Uprise Health’s case management system is powered by RecoveryTrek and is coded to provide the recovery monitoring team with reports specific to each recovery participant. This includes individual and aggregate reports with recovery participant meeting participation, drug testing, and relapse indicators from various resources like workplace reports and randomized toxicology. These reports are time stamped and in real-time Records access is limited to the members of the Uprise Health team that are working with the recovery participant. If there is a missing report from any of the required monitoring documents, the case management system will report in real time on the recovery program participant’s agreement monitor’s dashboard interface. The dashboard reports in real time for team members like the recovery program medical director, program manager, and agreement monitor to review new toxicology results, treatment documentation, workplace monitor reports received, missed toxicology tests, and all other items the recovery participants are required to remain compliant with.

Real time data exchange with time stamping assures valid up-to-date data for the program and the recovery participant.

Recovery program participants have access to their own participation information through the RecoveryTrek mobile application, Mobile Trek. Test results and outstanding requirements are never a surprise to recovery program participants with this information at their fingertips.

6.4 The Board must have prompt and direct access to the Offeror throughout the contract period. Describe in detail how your company will provide this access.

Uprise Health recovery monitoring staff are available Monday through Friday 8:00 AM to 5:00 PM Central Time. Uprise Health also operates a 24-7 call center that can connect the Mississippi Board of Pharmacy with access to an on-call recovery monitoring staff member 24/7 afterhours and on the weekends.

6.5 Describe how the organization will facilitate the use of support groups (in person and online). Support groups shall have a foundation in the 12-step program.

Community recovery support groups are required for participants participating in Uprise Health's recovery monitoring programs. The frequency of meeting requirements is set by the licensee's treatment provider and included as part of the recovery participant's monitoring agreement. These requirements are always found in the evidence-based 12-step program methodology; any new programs or alternatives must be approved by the Uprise Health Monitoring Program's Medical Director. These meetings are tracked in MobileTrek and part of the ongoing monitoring compliance requirements.

Specialized groups specific to the recovery participant's license type are also provided. Uprise Health has fifteen years of experience providing statewide monitoring groups for the Oregon Medical Board (OMB) licensee participants that are specific to the needs of physicians and other health professions licensed by the OMB.

6.6 Describe your organization's confidentiality standards.

Uprise Health is a HIPAA-compliant entity. All services provided by and coordinated through Uprise Health are confidential. Additionally, Uprise Health upholds all Federal and State behavioral health confidential laws.

As stated earlier, Uprise Health has 15 years of confidentially maintaining health professional records and has had no breaches in confidentiality and prides itself on the safety of health professional participant information under their custody.

6.7 Describe any liaison work with public entities and other states and how your organization maintains awareness and competence in best practices.

Uprise Health engages in outreach to health professional public entities and organizations providing awareness and competence in best practice. For example, Uprise Health follows a Strategic Outreach Plan to address educational tactics for professional associations, employers including human resources, treatment providers, and schools in Oregon. Between 2020 and 2024, Uprise Health representatives have provided educational outreach in promotion of support and public safety at the following venues.

8/25/20 Serenity Lane
9/17/20 Federation of State Physician Health Programs Western Regional Conference
1/19/21 Walla Walla University School of Nursing
1/21/21 The Recovery Village Ridgefield
1/28/21 Hazelden Betty Ford

2/1/21 Mt. Hood Community College
2/18/21 Oregon State Board of Nursing- OSBN Board Meeting
3/25/21 Professional Recovery Network of Oregon
3/26/21 Oregon Dental Association
3/31/21 Federation of State Physician Health Programs Newsletter
4/5/21 Oregon State Hospital
4/23/21 Oregon Medical Association
5/21/21 St. Charles Health System (Bend)
5/26/21 Oregon Dental Association
6/2/21 Oregon Dept of Corrections
6/3/21 Legacy Health– Annual Residents’ Wellness Workshop
6/18/21 Board of Dentistry
7/19/21 Oregon Department of Corrections
8/31/21 Oregon Medical Association
10/2/21 Oregon Podiatric Medical Association
10/7/21 Oregon Health & Science University (OHSU)- Nurse Anesthesia Program
10/7/21 Oregon Medical Board
11/5/21 Oregon Assoc of Nurse Anesthetists
11/6/21 Oregon Assoc of Nurse Anesthetists
11/10/21 Oregon Medical Board
11/29/21 Oregon Health & Science University- Nurse Anesthesia Program
1/10/22 Oregon Medical Association
1/20/22 Oregon Pharmacy Recovery Network
1/20/22 Oregon Nurses Association
2/1/22 School of Nursing Walla Walla University
2/10/22 Oregon Board of Pharmacy
7/7/22 Oregon Medical Board
8/16/22 Oregon Medical Association
9/26/22 HMC Peer Support
10/27/22 Serenity Lane
11/30/22 Oregon Nurses Association
12/15/22 Oregon Medical Association
1/13/23 Oregon Health & Science University
2/9/23 Federation of State Physician Health Programs Newsletter
2/23/23 Hazelden Betty Ford
3/2/23 Oregon Medical Association
4/13/23 Serenity Lane
6/7/23 Legacy Graduate Medical Education
6/22/23 Oregon Medical Association
8/18/23 Rep. Ben Bowman

9/11/23 Oregon State Board of Nursing
9/22/23 Oregon Medical Association
9/29/23 Oregon Dental Association Wellness Committee
11/17/23 Serenity Lane
11/30/23 Oregon State University/OHSU College of Pharmacy
12/7/23 Oregon Medical Association
2/12/24 Serenity Lane
2/15/24 Oregon Medical Association
2/22/24 Oregon Dental Association
3/20/24 Hazelden Betty Ford
4/8/24 AMFM Counseling
4/24/24 Oregon Dental Association

Uprise Health are active members of FSPHP (Federation of State Physician Health Programs) and NOAP (National Organization of Alternative Programs) which provides great leadership and guidance in maintaining best monitoring practices. We recently attended the NOAP conference in May of this year and we were happy to find we are meeting and exceeding industry standards. Under the Monitoring Program Manager, Christa Lee, LMSW, Uprise Health looks forward to developing an outreach plan for Mississippi.

6.8 Provide key performance indicators that reflect your ability to monitor health care professionals.

Participants in the Program are required to adhere to specific guidelines, such as obtaining third-party evaluations, signing release of information authorizations, and committing to complete abstinence from mood-altering substances unless approved by the program. Regular communication with their designated Agreement Monitor, randomized toxicology testing, and participation in treatment plans are also essential components of the program. This Program serves as a unique bridge between the workplace, public safety, and sustained recovery.

Over the last 15 years, we have learned much about the monitoring of health professionals and the specific requests and requirements of participating boards. We have worked collaboratively with the advisory committee and engaged in discussions to ensure that program guidelines and requirements as outlined in monitoring agreements are correct.

Of all the important lessons we have learned, the most important is to be as explicit as possible as it relates to the licensee's specific requirements outlined in the licensee's Addendum to the Monitoring Agreement. We have also learned the importance of the human interface. Additionally, Uprise Health's experience in monitoring has led us to research and quantify questions about recovery and monitoring.

Specific performance indicators related to monitoring include providing online access for licensees, early and on-going communication, and workplace and provider communication.

Online Access for Licensees – Before and During Monitoring

All recovery program licensees have access to the resource area of the Uprise Health website. This area serves as a hub of information for Licensees before and during recovery monitoring participation.

Licensees can access information about the program and how it works even before self-referring into the program. Some of these resources include forms, Guidelines, and other helpful information. Once a health professional licensee is enrolled in monitoring, the licensees have continued access to the resource area, while also gaining secure access to a personal portal.

Early and Ongoing Communication with Licensees is Critical

Communication must start early in the onboarding process. That's another important component to monitoring; using established secure, efficient, and responsive communication channels. This makes it very difficult for anyone to fall through the cracks with automated processes, tested systems, and experienced, compassionate people in place. Here are some of the quality indicators of Uprise Health's licensee communication platform:

- **Responsive and Consistent** – The recovery monitoring is available to answer licensee or other interested party questions prior to enrollment. The team coordinates meetings for licensees with their agreement monitors when they are inpatient and are about to complete their treatment.
- **Efficient and Flexible** – Participation forms, including releases, were developed to allow electronic signatures and the secure and confidential exchange of documents. For the licensees and some treatment providers and workplace monitors, Uprise Health maintains a secure e-Fax line.
- **Engaging and Convenient** – After documents are returned, and a licensee is enrolled in the program, they are contacted by their assigned agreement monitor to set up an onboarding appointment. Onboarding while a participant is in a treatment facility before a licensee makes the transition back into their home community.
- **Consistent and Personal** – From the start, each professional is paired with a dedicated Agreement Monitor for regular phone conversations. Early months emphasize live, voice-to-voice calls; by month three, most transition to a monthly call with brief weekly check-ins—by phone, voicemail, or (with consent) email. These touchpoints invite updates on work, home, and treatment and help surface changes quickly. Urgent events should still be reported within 24 hours. The aim is simple: consistent structure, personal support.
- **Reliable and Fair** – As part of the toxicology program, recovery licensee's must check in daily for their toxicology testing notifications. They can check in through the website portal, by phone using the Interactive Voice Recognition (IVR) system, or via the smartphone app, MobileTrek.
- **Having Licensees check in daily for their testing notification is a proactive act of personal accountability.** Daily toxicology check-ins become an integral component of the licensees' lives as documented in the number of Licensees who check in on Sundays and on State Holidays even though they are not required to.

Workplace Monitoring and Treatment Provider Communication

In addition to ongoing communication with the Licensees, Uprise Health also has monthly communication with each licensee's workplace and any treatment providers when things are going well with the licensee and their recovery. When things are not going well, the Licensee is required by their monitoring agreement, addendum to the monitoring agreement, and program guidelines to notify the program of various events including employment termination, changes in treatment requirements, medication changes, and criminal activity to name a few of the situations requiring prompt notification.

Workplace monitors have specific forms they return monthly via fax or de-identified by email. Treatment providers also have a form they submit monthly by fax with treatment compliance and updates. Both employers and treatment providers are to immediately notify Uprise Health in the event of negative situations including unsafe work practice where public safety is at risk or if a licensee stops participating in their recommended treatment requirements.

6.9 Describe the frequency of individual meetings with program participants. Please include any anticipated changes as participants progress in the program.

As noted above, for the first several months of participation, licensees must have voice-to-voice, phone contact with their agreement monitors. By the time recovery licensees reach their third month of participation, most transition to a monthly voice-to-voice contact, but must also check-in weekly by phone, voicemail, or email, if an email consent form is signed. During these weekly check-ins, the licensee notifies Uprise Health of any changes to their work, living, or treatment arrangements. Although many specific events must be documented within 24 hours, the weekly check-in allows an opportunity to check for any change in the licensee's status

The weekly voice to voice contact is removed after several months when the recovery monitoring licensee is more stabilized. At that point participants are still required to check-in with their agreement monitor weekly, but the voice-to-voice requirement will be reduced from weekly, to bi-weekly, to eventually monthly and as needed.

6.10 Describe the structure of your administrative and/or case management review committee.

Immediate issues are addressed with input from an internal. Policy Advisory Committee (PAC) comprised of the medical director, program manager, and one rotating agreement monitor. Issues that are less timely are staffed weekly by the entire team of agreement monitors, support staff, monitoring program manager and the medical director.

6.11 Provide details of your internal review process for participant disagreements or grievances.

The recovery monitoring program PAC reviews participant disagreement and grievances. This group will be expanded to include Mississippi Board of Pharmacy representation and a recovery support peer to address MPPRPS grievances.

6.12. Provide a de-identified example of advocacy conducted in support of a program member regaining licensure. (ie. De-identified hearing transcript, letter of support, etc.)

Please see appendix C.

6.13 Provide copies of all applicable program forms used for member management and education (e.g. consent to treat, release of information, intake forms, treatment center-related documents, participant handbook, medication use and reporting guidelines)

Please see appendices E, F, G, H, I

Section 7 – Fee Schedule

Direct Payment from MS Board of Pharmacy:

	Total Amount	Monthly Amount
December 1, 2025 - June 30, 2026	\$ 548,568.00	\$ 45,714.00
July 1, 2026 - June 30, 2027	\$ 548,568.00	\$ 45,714.00
July 1, 2027 - June 30, 2028	\$ 548,568.00	\$ 45,714.00
July 1, 2028 - June 30, 2029	\$ 586,968.00	\$ 48,914.00
4-year total:	\$ 2,232,672.00	
Optional Renewal: July 1, 2029 - June 30, 2030	\$ 628,056.00	\$ 52,338.00
5-year total:	\$ 2,860,728.00	

Any Costs expected from Program Participants (do not include lab testing fees):

Pharmacist: \$0 Monthly Fee

Technicians: \$0 Monthly Fee

Students: \$0 Monthly Fee

The pricing quoted above shall constitute the entire compensation due to the selected Offeror for services performed by its staff and all of the selected Offeror's obligations here under regardless of the difficulty, materials, or equipment required. No additional compensation will be provided by the Board for any expense, cost, or fee not specifically authorized by the resulting contract. The Board shall not provide any prepayments or initial deposits in advance of services being rendered. Fees for services provided by the selected Offeror shall be billable to the Board in monthly installments, in arrears, upon completion of services for each month of services delivered pursuant to the Contract.

Tier	Minimum Licensees	Maximum Licensees	Annual Price	Monthly Price
Tier 1	0	60	\$548,568	\$45,714
Tier 2	61	90	\$648,568	\$54,047
Tier 3	91	120	\$748,568	\$62,381
Tier 4	121	150	\$848,568	\$70,714
Tier 5	151	180	\$948,568	\$79,047
Tier 6	181	210	\$1,048,568	\$87,381
Tier 7	211	240	\$1,148,568	\$95,714
Tier 8	241	270	\$1,248,568	\$104,047
Tier 9	271	300	\$1,348,568	\$112,381
Tier 10	301	330	\$1,448,568	\$120,714

Section 8 - Signed Acknowledgement

SECTION 8. SUBMISSION OF PROPOSALS AND PROPOSALS OPENING.

Uprise Health is electronically submitting to TDear@mbp.ms.gov with the subject line of the email reading: **“SEALED PROPOSALS Pharmacy Professionals Recovery Program Services 9/12/2025.”**

Uprise Health’s proposal will be submitted by 2:00 PM CT on 9/12/2025.

Section 9 – Résumés for Key Staff: Provide a complete résumé of key Offeror staff who will be assigned to render services to the Board, including detailed information on any special training or designations and each person’s respective total number of years of experience related to the services being requested in this RFP.

Dr. Joseph Autry: Medical Director - Appendix J

Christa Lee: Program Manager - Appendix K

Tina Mewhinney: Operations Account Manager - Appendix L

Breanne Uselton: Agreement Monitor - Appendix M

Section 10 – Any Additional Information Not Specifically Requested: If you have additional information you would like to provide, include it as Section 10 of your Proposals. It is the Offeror’s sole responsibility to submit information relative to the evaluation of its Proposals and the Board is under no obligation to solicit such information if it is not included in the Proposals.

Make a list and include:

- Uprise Health Monitoring Promotional Materials Appendix N
- Uprise Health Monitoring Promotional Materials Appendix O
- RecoveryTrek MOU Appendix P
- State Lawyer Assistance Committee Letter of Recommendation Appendix R

9/11/23 Oregon State Board of Nursing
9/22/23 Oregon Medical Association
9/29/23 Oregon Dental Association Wellness Committee
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Direct Payment from MS Board of Pharmacy:

	Total Amount	Monthly Amount
December 1, 2025 - June 30, 2026	\$ 548,568.00	\$ 45,714.00
July 1, 2026 - June 30, 2027	\$ 548,568.00	\$ 45,714.00
July 1, 2027 - June 30, 2028	\$ 548,568.00	\$ 45,714.00
July 1, 2028 - June 30, 2029	\$ 586,968.00	\$ 48,914.00
4-year total:	\$ 2,232,672.00	
Optional Renewal: July 1, 2029 - June 30, 2030	\$ 628,056.00	\$ 52,338.00
5-year total:	\$ 2,860,728.00	

Any Costs expected from Program Participants (do not include lab testing fees):

Pharmacist: \$0 Monthly Fee

Technicians: \$0 Monthly Fee

Students: \$0 Monthly Fee

The pricing quoted above shall constitute the entire compensation due to the selected Offeror for services performed by its staff and all of the selected Offeror's obligations here under regardless of the difficulty, materials, or equipment required. No additional compensation will be provided by the Board for any expense, cost, or fee not specifically authorized by the resulting contract. The Board shall not provide any prepayments or initial deposits in advance of services being rendered. Fees for services provided by the selected Offeror shall be billable to the Board in monthly installments, in arrears, upon completion of services for each month of services delivered pursuant to the Contract.

Tier	Minimum Licensees	Maximum Licensees	Annual Price	Monthly Price
Tier 1	0	60	\$548,568	\$45,714
Tier 2	61	90	\$648,568	\$54,047
Tier 3	91	120	\$748,568	\$62,381
Tier 4	121	150	\$848,568	\$70,714
Tier 5	151	180	\$948,568	\$79,047
Tier 6	181	210	\$1,048,568	\$87,381
Tier 7	211	240	\$1,148,568	\$95,714
Tier 8	241	270	\$1,248,568	\$104,047
Tier 9	271	300	\$1,348,568	\$112,381
Tier 10	301	330	\$1,448,568	\$120,714

Section 8 - Signed Acknowledgement

SECTION 8. SUBMISSION OF PROPOSALS AND PROPOSALS OPENING.

Uprise Health is electronically submitting to TDear@mbp.ms.gov with the subject line of the email reading: **“SEALED PROPOSALS Pharmacy Professionals Recovery Program Services 9/12/2025.”**

Uprise Health’s proposal will be submitted by 2:00 PM CT on 9/12/2025.

Section 9 – Résumés for Key Staff: Provide a complete résumé of key Offeror staff who will be assigned to render services to the Board, including detailed information on any special training or designations and each person’s respective total number of years of experience related to the services being requested in this RFP.

Dr. Joseph Autry: Medical Director - Appendix J

Christa Lee: Program Manager - Appendix K

Tina Mewhinney: Operations Account Manager - Appendix L

Breanne Uselton: Agreement Monitor - Appendix M

Section 10 – Any Additional Information Not Specifically Requested: If you have additional information you would like to provide, include it as Section 10 of your Proposals. It is the Offeror’s sole responsibility to submit information relative to the evaluation of its Proposals and the Board is under no obligation to solicit such information if it is not included in the Proposals.

Make a list and include:

- Uprise Health Monitoring Promotional Materials Appendix N
- Uprise Health Monitoring Promotional Materials Appendix O
- RecoveryTrek MOU Appendix P
- State Lawyer Assistance Committee Letter of Recommendation Appendix R

MBP Request for Proposals for Pharmacy Benefit Manager Audit Services
MBP RFP Rfx Number:
Amendment One
Issue Date: August 25, 2025

The Mississippi Board of Pharmacy (MPB) through this Amendment One, modifies the original MBP RFP Rfx 3120003200 issued on August 8, 2025.

The **attached Questions and Answers document** is incorporated fully along with this Amendment One as part of the MBP RFP Rfx 3120003200.

Please acknowledge receipt of MBP RFP Rfx 3120003200 Amendment One by signing and returning this amendment, along with your proposal, **on or before 2:00 PM CST, September 12, 2025**. This acknowledgement should be enclosed in your proposal packet in accordance with the submission instructions located in the RFP. **Failure to submit this acknowledgement may result in rejection of the proposal.**

Company Name: Uprise Health

Printed Name of Representative: John Kearney

Date: 9/11/2025 | 9:19:13 AM PDT

Signature: Signed by:

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RFP RFx #
RFP for Pharmacy Professional Recovery Program Services
Procurement Questions and Answers

	RFP Section, Page Number	Date Received	Question (As submitted)	Response
1.	Section 1, 1.1, Introduction, Page 3	8/21/25 9:39 AM	The contract, with extension, ends June 30, 2030. Assuming both parties are pleased with the arrangement, can the contract be extended beyond that?	PPRB OPSCR Rules and Regulations 14.3.1 provides that a contract for professional services may be entered into for a maximum period of performance of five year. The PPRB approved this solicitation for a period of 4 years with 1 year renewal. Any additional contracts would require a new RFP. Future contracts will be subject to state procurement guidelines at that time.
2.	Section 2, 2.1.Program Services, D(2) Page 4	8/21/25 9:39 AM	This section mentions reports from multiple parties but includes Sponsors. PHN has discussed this in the past and determined that we would not request anything from a sponsor except in rare situations, since we do not wish to interfere with Sponsor-Sponsee relationship (which is built on honesty and trust, and we fear our intrusion could compromise the relationship. Is that decision left to the Program or is it an expectation of the Pharmacy Board?	Contractor would determine what information from sponsor if any is sufficient for validation reports unless specifically directed otherwise by a Board order. It is likely that confirming that the relationship exists would be the extent of information requested so that there is no perceived interference.
3.	Section 2, 2.1.Program Services, N Page 5-6	8/21/25 9:39 AM	Item N has verbiage about clearance from the Board to release any information. The program has released HIPAA information to evaluators, treatment providers or continuing care providers. We assume that is understood and agreeable. However, we would like clarification. Does the Board have to approve such releases?	Any release of HIPAA protected information to authorized treatment providers would be exempt from release approval. This will be clarified in the Contract.
4.	Section 2, 2.1.Program Services, H Page 5	8/21/25 1:45 PM	Where it says “must have an independent, confidential administrative and/or case review committee that gives	The medical director and staff counselor may be participants of the committee listed in Item H.

			recommendations to program staff”, can the medical director and staff counselor be part of this committee?	
5.	Section 2, Scope of Services Page 4	8/21/25 4:27 PM	<p>When it says “For the services, please respond by restating each service listed, including the number, and confirm your intention to provide the service as described, respond by stating, “Confirmed”. ” does that mean we should have the questioned typed out and then type it out a second time followed by confirmed or is having the question along with number stated once and then then confirmed the intention? For example, should it be</p> <p>1. A. The Contractor must be capable of receiving referrals of licensees and coordinating appropriate communication at any time. A. The Contractor must be capable of receiving referrals of licensees and coordinating appropriate communication at any time. Confirmed. OR 2. A. The Contractor must be capable of receiving referrals of licensees and coordinating appropriate communication at any time. Confirmed.</p>	Response as noted in your Option #2.
6.	Section 7, Fee Schedule Page 15	8/21/25 4:27 PM	When submitting the fee scheduled as outlined on page 15, do you want numbers only or do we need to attach or include a detailed budget breakdown of all cost categories and specific costs associated with each category?	Only designated fees as requested in Section 7 of RFP are required. A detailed budget of costs or anticipated expenditures is not required.



HPSP Compliance Report

Reporting Period: From: To		Agreement Monitor:	
Licensee Information			
Name:	Id:	Board:	Referral Type:
Monitoring Agreement Information			
Program start date:	Original Contract end date:	Revised contract end date: <input type="checkbox"/> N/A	
If yes, please explain: _____			
Compliance Information			
Currently Working in the Field? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Date of Last Evaluation: _____	
Worksite Monitor Reports Submitted: <input type="checkbox"/> Yes or <input type="checkbox"/> No or <input type="checkbox"/> N/A		Concerns Reported? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Treatment Reports: <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant <input type="checkbox"/> Not Applicable			
Agreement Monitor Check-ins: <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant <input type="checkbox"/> Not Applicable			
Recovery-Oriented Attendance: <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant <input type="checkbox"/> Not Applicable			
Toxicology Drug Screens: <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant <input type="checkbox"/> Not Applicable			
Noncompliance Report to the Board: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explanation of noncompliance: _____			
Additional Information: _____			
Program Information			
Continue to Monitor: <input type="checkbox"/> Yes <input type="checkbox"/> No		Overall Program Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Successful Completion: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Completion Date: _____	
Program Termination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Termination Date: _____	
Additional Information:			

Report Submitted by

Date:

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient.

Health Professionals Services Program
PO Box 8668, Portland, Oregon 97207
Phone: 1-888-802-2843 Fax: 503-961-7142
monitoring@uprisehealth.com
www.hpspmonitoring.com

Statement of Compliance and Exception(s) Form

Offeror taking exception to any part or section of the solicitation shall indicate such exceptions on the table below. If no exceptions are taken, then the Offeror shall state in this section “No Exceptions Taken.” Failure to indicate any exception will be interpreted as the Offeror’s intent to comply fully with the requirements as written. Conditional or qualified Proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

We agree to adhere to all terms, conditions, and requirements as set forth in the Mississippi Board of Pharmacy Invitation for Proposals for Pharmacy Professionals Recover Program Services, dated August 8, 2025, including all RFP amendments, and the conditions contained in the draft contract included as RFP Appendix A, Draft Pharmacy Professionals Recovery Program Services Contract, except as listed below:

Procurement Section and Page Number	Original Language	Requested Change/Exception	MBP Decision
1.			
2.			
3.			

An original signature is required below. This statement must be signed by an appropriate Offeror officer, principal, or owner and returned as part of your Proposals.

Company Name: _____

Printed Name of Representative, Title: _____

Date: _____

Signature: _____

Note: Failure to sign this form may result in the Proposals being rejected as non-responsive. Modifications or additions to any portion of this Proposals document may be cause for rejection of the Proposals.



Monitoring Agreement

Effective Date: _____

Licensee Name: _____ Date of Birth: _____

The Licensee, in order to remain in compliance with the Health Professionals' Services Program, herein "Program" agrees to the following conditions:

- 1) I understand that I must comply continuously with this Monitoring Agreement. I understand that the specific number of years will be in my individualized addendum to this Monitoring Agreement.
- 2) I understand that in order to successfully complete the Program, I must have a minimum of two years of continuous compliance to my monitoring agreement and addendums to my monitoring agreement immediately prior to program completion. I may not have any non-compliance events in the two years prior to completion. Noncompliance will extend the program length in order to observe two years of continuous compliance prior to completion.
- 3) I understand that I must comply with any additional rules adopted by my licensing board regarding participation in the Program and that it is my responsibility to be knowledgeable about these rules. I understand that I may be reported non-compliant if I do not comply with any of my board specific Program requirements.
- 4) I agree to remain actively licensed or certified once I am returned to health services practice. I understand that if I allow my license or certification to lapse, I am no longer eligible to be in the Program. I understand that this will be reported to my licensing board as non-compliance.
- 5) If there are limitations on my health profession practice, I agree to practice health professional services within the limitations established by my independent third party evaluator and/or my licensing board and/or treatment provider. I understand that the specific limitations will be in my individualized addendum to this Monitoring Agreement.
- 6) I am aware that I may, at the Program's discretion, be required to obtain a third party evaluation of my fitness to practice before the Program removes the limitations on my health profession practice or prior to my graduation.
- 7) I understand that this Monitoring Agreement may be changed over time as I progress through treatment and the Program, and I agree to execute any addendum to the Monitoring Agreement required by the Program.
- 8) I will sign all release of information authorizations for the exchange of information between the Program; Board, if Board-referred; monitoring consultants, if I am assigned a monitoring consultant; my employer, if I am employed; third party evaluators and treatment providers and any pertinent family and significant others as requested by the Program. I understand that a refusal to sign a requested release of information may be reported to my licensing board as non-compliance.
- 9) I will sign all releases of health information, including, but not limited to, drug, alcohol and mental health treatment records requested by the Program.

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Monitoring Agreement 7/7/2022

Page 1 of 5

Uprise Health Monitoring
PO Box 8668
Portland OR 97207
888.802.2843
Fax: 503-961-7142
Monitoring@uprisehealth.co

- 10) I will actively participate in a treatment plan as outlined by a third party evaluator or my current treatment providers and approved by the Program. I understand that simply attending group or therapy sessions does not constitute active participation.
- 11) If I have a continuing care plan, I will participate in the treatment/continuing care plan as outlined by the independent third party evaluator or treatment provider and approved by the Program. I agree to complete the continuing care plan as described by my specific Program approved caregivers. I will provide the requested documentation from my caregivers to the Program regarding attendance and progress reports on a monthly Basis, unless otherwise specified in my individualized Addendum to this Monitoring Agreement. I understand that monthly documentation must be received by the Program no later than the close of business on the 10th of every month.

I agree to check in with the Program on a weekly basis via phone call, voice mail, or email, with at least one weekly check in per month being a two-way, voice-to-voice phone call or video conference, unless otherwise stipulated in my individualized addendum to this Monitoring Agreement.

I agree to obtain any medical or psychological testing that may be requested by my caregivers.

- 12) If requested, I will cooperate with a fitness to practice evaluation prior to returning to work. Upon returning to work, I will follow any restrictions or limitations that have been placed on my health profession practice.
- 13) I will completely abstain from alcohol, marijuana, cocaine, stimulants, narcotics, sedatives, tranquilizers and all other mind altering and or potentially addicting drugs or medications. I agree to abstain from over-the-counter medications containing alcohol and hemp products, regardless of physician approval, and from over-the-counter medications that have stimulating or sedating effects, unless approved by my prescribing physician. I also agree to abstain from food items containing alcohol, poppy seeds or other substances which may produce a positive test result for drugs or alcohol. This includes but is not limited to kombucha and non-alcoholic beer and wine.
- a. In the event I am prescribed, by a person authorized by law to prescribe the drug for my documented medical condition, a mind altering or intoxicating substance or potentially addictive drug, I will immediately inform the Program and request approval prior to use. I will fax a copy of the prescription to the Program and have the prescriber complete the Medication Management Form.
- 14) I understand that I must have one prescriber and one pharmacy for all potentially addicting medications. Any extraordinary circumstance must be reviewed and approved by the medical director.
- 15) I will sign any release of information forms that are needed for the prescribing provider to consult with the Program's Psychiatric Consultant and/or Medical Director.
- 16) I will report to the Program my use of any mind altering or intoxicating substances or potentially addictive drugs within 24 hours of use. This includes unauthorized or inappropriate use of prescription medications.
- 17) If I have prescribing privileges, I will under no circumstances write prescriptions for any mind altering or potentially addicting drugs for myself, members of my family or anyone with whom I do not have an appropriate professional relationship and bona fide medical justification.
- 18) I will inform my primary care provider of the conditions of this Monitoring Agreement and request that they not prescribe any mind or mood altering medications for me, unless there is no reasonable alternative. For non-emergent conditions that my primary care provider believes warrants the use of a mind or mood altering substance, I will contact the Program and apply for permission to use the drug in question. I agree to inform the

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Program if I change my primary care provider within one week of implementing that decision. I agree to sign an Authorization to Use and Disclose Protected Health Information for my current primary care provider and for any future primary care provider. If I do not have a primary care provider, I understand that it is recommended to obtain a primary care provider and initiate a complete physical examination at the time of program enrollment, unless required due to an extraordinary circumstance.

- 19) If and when I am employed as a licensed healthcare provider, I will identify an appropriate person who could serve as a workplace monitor per the Program established parameters. I will inform this person of my status with the Program and of my need to be in the Program. I will meet with my workplace monitor or supervisor with the frequency determined in my monitoring agreement addendum to document my progress complying with my Monitoring Agreement. I am aware and agree that my workplace monitor will be periodically contacted by the Program and will be asked to provide an assessment of my current ability to comply with this Agreement. Additionally, my workplace monitor will contact the Program in the event my behavior indicates concern. In the event my workplace monitor is no longer able to provide this function for any reason, I will notify the Program within 24 hours of acquiring this knowledge.
- 20) I will submit to any and all drug and alcohol testing required by the Program. I understand that testing may or may not be random, and will be directly observed. Testing may also be on consecutive back-to-back days. I understand I must test prior to the closing of my assigned collection site and by 11:59 p.m. on the day I am scheduled to test. It is my responsibility to confirm collection site's hours of operation. If I fail to test as scheduled I understand I will be in violation of this Monitoring Agreement, which will be reported to my licensing Board. I will follow the Program's established toxicology and testing policy and procedures. I will be available for toxicology testing six days a week (Monday – Saturday). I will check the daily testing notification system on a daily basis, excluding Sundays and State of Oregon recognized holidays.
 - a. I will submit to random urine/blood/sputum/breath/hair/nail testing as requested, and I understand that I am responsible for the cost of the toxicology testing.
 - b. I will check the appropriate panel on my Chain of Custody form as directed by the daily testing notification system.
- 21) If I am not currently enrolled in the toxicology program, I am aware that that I am not currently required to participate in the toxicology program. I understand that if requested by the Program, I must agree to toxicology testing and will adhere to the rules set forth in section 20 of this Monitoring Agreement.
- 22) I understand that if I participate in or should participate in the toxicology testing program, I must share prior to entering the toxicology testing program, any established medical problem that may prevent me from giving a urine sample. Otherwise, I understand that a failure to produce the required 45mL of specimen will be reported as a failure to test which is a violation of this Monitoring Agreement and will be reported to my licensing Board by the Program.
- 23) I understand that if I participate in or should participate in the toxicology testing program, any evidence of a mood-altering drug or alcohol in the specimen sample can result in a change in my Monitoring Agreement or a report of substantial noncompliance to my licensing Board. I understand that it is my responsibility to avoid substances that could result in a non-negative toxicology report, e.g. poppy seeds, excessive use of alcohol based hand sanitizers, kombucha, non-alcoholic beer and wine.
- 24) I agree to provide the Program with 14-day notice prior to of any travel plans so I can receive my collection site, testing supplies and Chain of Custody forms. I understand that I will remain subject to all conditions of this Monitoring Agreement regardless of travel destination.

- 25) I will report any arrest and/or conviction of a misdemeanor or felony crime to the Board and to the Program within three business days.
- 26) I understand that if I am a self-referral, I must complete a criminal background check and send the unopened results to the Program six months prior to my estimated date of completion. I understand that I am responsible for the costs associated with this.
- 27) I will report to the Program any applications for licensure in other states, changes in employment, changes in practice setting, changes in telephone numbers and changes in residence within 3 days of said changes. I understand that a change in practice setting and/or employment may require prior approval from the Program and licensing board, if I am Board referred.
- 28) If I am in a monitoring group, I will attend the monitoring group as assigned and on a schedule determined by the Program. I will notify the group facilitator and the Program in the event I am unable to attend a given group prior to missing the assigned group. Failure to contact the group facilitator and the Program within 24 hours of missing a group could be interpreted as noncompliance to my Monitoring Agreement.
- 29) I will pay for the following services, as required: third party evaluations, all treatment received, monitoring group participation, toxicology testing, Safe Practice Investigations, criminal background check and fitness to practice evaluations. I understand that maintaining a zero balance is a requirement of my Monitoring Agreement. I understand that I have 48 hours to pay my account if I fail to maintain a zero balance. I understand that if I do not pay my account, I will not be able to continue in the toxicology program and will no longer be monitored. My suspension from toxicology testing and from monitoring will be reported to my licensing Board. If I am employed, I understand that I will be recommended to step down from employment as I will no longer be monitored.
- 30) I understand that if I am in violation of my Monitoring Agreement, I will be reported to my licensing Board within 24 hours of the confirmation of the violation. I understand that substantial noncompliance with this Monitoring Agreement includes, but is not limited to: engaging in criminal behavior; engaging in conduct that caused injury, death, or harm to the public, including engaging in sexual impropriety with a patient or client; was impaired in a health care setting in course of employment; was civilly committed for mental illness; was not in compliance with the toxicology testing schedule; tested positive for restricted substances on a toxicology screening; or violated a restriction on my practice as imposed by the Program or my licensing board.
- 31) I agree to return any calls or other messages from the Program within 24 hours.
- 32) If Board referred: I agree to follow any Board imposed restrictions or requirements, including but not limited to, allowing for supervision of my practice if I am in sole practice or if I am not in an employment setting.

I am aware that my Board may not discipline me solely because I self-referred to or participate in the Program; have been diagnosed with a substance abuse disorder; mental health disorder, including, but not limited to, a gambling disorder or both types of diagnoses; or used controlled substances before entry into the Program, if I did not practice while impaired. I understand that failure on my part to complete the Program or to follow the requirements of this Monitoring Agreement will be reported to my licensing board. I further understand that any substantial noncompliance on my part with the terms of my Consent to Services Enrollment Agreement (if Board referred) or my Enrollment Agreement (if self-referred) or the terms of this Monitoring Agreement will be reported to my licensing Board within one business day of the Program becoming aware of such noncompliance.

I understand that my mental health records and protected health information are protected under the Health Insurance Portability and Accountability Act of 1996.

I understand that my alcohol and/or drug treatment and mental health records are protected under federal and state laws and regulations (42 CFR Part 2, ORS 430.399(5) and ORS 179.505) governing confidentiality of alcohol and drug abuse patient records and protect health information records generally and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke my consent to release such records at any time except to the extent that prior action has been taken in reliance upon it. I understand that for my revocation of consent to be effective, it must be in writing. In the event I am a self-referred participant for substance abuse in the Program and I revoke my Consent to Release, Use and Exchange of Information form(s), I understand that the Program is required by Oregon Administrative Rule 415-065-0055 to seek a court order authorizing release of alcohol or drug information protected under 42 CFR Part 2 and ORS 179.505. If I am a Board referred participant in the Program due to my abuse of any substance(s) (drugs or alcohol) and I revoke my Consent to Release, Use and Exchange of Information form, the Program is compelled by ORS 676.190 to remove my name from the list of enrollees who are participating in the Program, which list will be provided to my licensing Board and the Board will know of my non-participation. If I am either a self or Board referred participant in the Program due to a diagnosis of mental health disorder and I revoke my Consent to Release, Use and Exchange of Information form, the Program will report such revocation to my licensing Board.

DATED this _____ day of _____, 20_____.

[Signature]

[Printed Name]

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Monitoring Agreement 7/7/2022



New Hampshire Physicians Health Program

Quarterly Report

Q1 2025 - July through September

Number of Professionals Receiving Services - 2.1.2.1																				
	Alcohol & Drug Use Professionals	Athletic Trainers	Chiropractic Examiner	Dental Examiners	Licensed Dietitians	Genetic Counselor	Medicine	Mental Health	Midwifery	Nursing	Occupational Therapist	Optometry	Pharmacy	Physical Therapists	Podiatry	Psychology	Recreational Therapy	Respiratory Care	Speech Language Pathologists and Hearing Care Providers	Veterinary Medicine
Substance and alcohol abuse/dependence	2	0	1	15	0	0	35	4	3	42	0	0	5	0	1	2	0	0	0	3
Mental or physical illness	0	0	1	0	0	0	5	5	0	7	0	0	0	0	0	2	0	0	0	0
Behavioral issues and/or burnout	1	0	0	0	1	0	2	0	2	3	0	0	0	0	0	0	0	0	0	1
Total Licensees Enrolled	3	0	2	15	1	0	42	9	5	52	0	0	5	0	1	4	0	0	0	4
Total Professionals Eligible	1076	1	474	4839	1162	1	14013	5409	31	39803	1	342	12471	1	107	1014	1	1	1	1174
Percentage enrolled of total eligible	0.28%	0.00%	0.42%	0.31%	0.09%	0.00%	0.30%	0.17%	16.13%	0.13%	0.00%	0.00%	0.04%	0.00%	0.93%	0.39%	0.00%	0.00%	0.00%	0.34%

Number of Newly Enrolled Professionals - 2.1.2.2																				
	Alcohol & Drug Use Professionals	Athletic Trainers	Chiropractic Examiner	Dental Examiners	Licensed Dietitians	Genetic Counselor	Medicine	Mental Health	Midwifery	Nursing	Occupational Therapist	Optometry	Pharmacy	Physical Therapists	Podiatry	Psychology	Recreational Therapy	Respiratory Care	Speech Language Pathologists and Hearing Care Providers	Veterinary Medicine
Board Referred Professionals	0	0	0	2	0	0	5	0	0	4	0	0	0	0	0	0	0	0	0	1
Self Referred Professionals	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0
Total New Licensees Enrolled	0	0	0	2	0	0	5	1	0	5	0	0	0	0	0	0	0	0	0	1
Total Professionals Eligible	1076	1	474	4839	1162	1	14013	5409	31	39803	1	342	12471	1	107	1014	1	1	1	1174
Percentage newly enrolled of total eligible	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.04%	0.02%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%

Relapses & Monitoring Contract Violations - 2.1.2.3																					
	Alcohol & Drug Use Professionals	Athletic Trainers	Chiropractic Examiner	Dental Examiners	Licensed Dietitians	Genetic Counselor	Medicine	Mental Health	Midwifery	Nursing	Occupational Therapist	Optometry	Pharmacy	Physical Therapists	Podiatry	Psychology	Recreational Therapy	Respiratory Care	Speech Language Pathologists and Hearing Care Providers	Veterinary Medicine	
Relapsed into addictive behavior	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
Other Contract Violations	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total violations year-to-date	3																				
Total enrolled licensees year-to-date	143																				
Percentage of licensees with violations	2.10%																				



New Hampshire Physicians Health Program

Quarterly Report

Q1 2025 - July through September

Missed Monitoring Activities - 2.1.2.5																					
	Alcohol & Drug Use Professionals	Athletic Trainers	Chiropractic Examiner	Dental Examiners	Licensed Dietitians	Genetic Counselor	Medicine	Mental Health	Midwifery	Nursing	Occupational Therapist	Optometry	Pharmacy	Physical Therapists	Podiatry	Psychology	Recreational Therapy	Respiratory Care	Speech Language Pathologists and Hearing Care Providers	Veterinary Medicine	
Missed Monitoring Activities - Board referred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Missed Monitoring Activities - Self referred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Missed Activities	0																				
Total Number of Monitoring Activities	286																				
Percentage of Missed Monitoring Activities	0.00%																				

Number of professionals that successfully completed the program this quarter - 2.1.2.4																				
	Alcohol & Drug Use Professionals	Athletic Trainers	Chiropractic Examiner	Dental Examiners	Licensed Dietitians	Genetic Counselor	Medicine	Mental Health	Midwifery	Nursing	Occupational Therapist	Optometry	Pharmacy	Physical Therapists	Podiatry	Psychology	Recreational Therapy	Respiratory Care	Speech Language Pathologists and Hearing Care Providers	Veterinary Medicine
Board Referred Professionals	0	0	0	2	0	0	2	0	0	3	0	0	0	0	0	1	0	0	0	1
Self Referred Professionals	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0
Total completions this quarter by board	0	0	0	2	0	0	2	1	0	4	0	0	0	0	0	1	0	0	0	1
Total enrolled licensees this quarter	3	0	2	15	1	0	42	9	5	52	0	0	5	0	1	4	0	0	0	4
Overall success rate this quarter	7.69%																			

Number of closures (discharges/unsuccessful completions) this quarter																				
	Alcohol & Drug Use Professionals	Athletic Trainers	Chiropractic Examiner	Dental Examiners	Licensed Dietitians	Genetic Counselor	Medicine	Mental Health	Midwifery	Nursing	Occupational Therapist	Optometry	Pharmacy	Physical Therapists	Podiatry	Psychology	Recreational Therapy	Respiratory Care	Speech Language Pathologists and Hearing Care Providers	Veterinary Medicine
Board Referred Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Self Referred Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total closures by board	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



New Hampshire Physicians Health Program

Quarterly Report

Q1 2025 - July through September

Enrollment Details This Quarter	
a. Enrolled:	143
b. In the Process of Enrolling:	0
c. Cases closed:	0
d. Completions:	11

**These licensees are provisionally enrolling/ enrolled until an evaluation determines if they should fully enroll*

Enrollment Details Year-to-Date	
a. Enrolled:	143
c. Cases closed:	0
d. Completions:	13

Breakdown of each violation:	
Toxicology: Non-Negative Test/relapse	
Toxicology: Missed test	
Violation of MA	
Failure to enroll as required	
Workplace incident	
TOTAL	

HPSP Outreach

Contract Year: [REDACTED]

Outreach Sponsor	Target Audience	Topic	Format	Date	Start Time & Duration	Location (City AND Region)	# of Participants	Notes
Oregon Depart of Corrections	Nursing Managers	Standard Outreach Template	Virtual: PowerPoint presentation [REDACTED]	[REDACTED]	[REDACTED]	Statewide	18	[REDACTED]
Oregon Medical Assoc	OMA Staff	Periodic Updates	[REDACTED] [REDACTED]	[REDACTED]	[REDACTED]	Statewide	1	[REDACTED]
Oregon Podiatric Medical Association (OPMA)	Licensed Podiatrists	Standard Outreach	In Person: Exhibit/Vendor Table [REDACTED]	[REDACTED]	[REDACTED]	Stevenson, WA	40	[REDACTED]

Outreach Sponsor	Target Audience	Topic	Format	Date	Start Time & Duration	Location (City AND Region)	# of Participants	Notes
OHSU Nurse Anesthesia Program	DNP Students	Enrollment	Email / Utilization Data [REDACTED]	[REDACTED]	[REDACTED]	Statewide	3	[REDACTED] [REDACTED] [REDACTED]
Oregon Medical Assoc	OMA Staff	Periodic Updates	Phone call / Open dialogue [REDACTED]	[REDACTED]	[REDACTED]	Statewide	1	[REDACTED] [REDACTED]
Oregon Pharmacy Recovery Network ORPRN	ORPRN committee	Periodic Meeting	Phone call / Open dialogue [REDACTED]	[REDACTED]	[REDACTED]	Statewide	~5	[REDACTED]
Oregon Nurses Association	ONA Staff	Periodic Updates	Phone call / Open dialogue [REDACTED]	[REDACTED]	[REDACTED]	Statewide	1	[REDACTED] [REDACTED]

Outreach Sponsor	Target Audience	Topic	Format	Date	Start Time & Duration	Location (City AND Region)	# of Participants	Notes
School of Nursing Walla Walla University	Nursing Students	Standard Outreach – Student Version	In person [REDACTED]	[REDACTED]	[REDACTED]	Portland, OR	62	[REDACTED]
Oregon Board of Pharmacy	Board Members	Standard Outreach	Virtual: PowerPoint presentation [REDACTED]	[REDACTED]	[REDACTED]	Statewide	10	[REDACTED]

** [REDACTED]

Scheduled:

- Legacy Health Graduate Medical Education Wellness Workshop – [REDACTED]



Health Professionals' Services Program

Phone: 888-802-2843 Fax: 503-961-7142

Medication Management Form

(Due within 3 business days from date of prescription)

Dear Provider,

As part of a monitoring agreement, this patient must submit a log of all new and continuing prescriptions of medications with addictive potential and/or psychotropic medications including Buprenorphine and Methadone. For a definition of medications with addictive potential and/or psychotropic medications, please consult the HPSP letter of information. Opioid antagonists like Naltrexone and Vivitrol are often prescribed to assist in treatment and recovery. Please discuss with your patient if they are taking an opioid antagonist and add the medication to this form.

In addition, several over the counter medications may have sedating or stimulating effects. This includes centrally acting antihistamines and decongestants such as diphenhydramine. Participants who have a non-negative test result due to the presence of one of these over the counter medications will be required to provide a letter from their treating physician indicating that the physician is aware that the patient is participating in the Health Professionals' Services Program, and is also aware that the participant is taking an over the counter medication that has potentially sedating or stimulating effects, and agrees with the participant's use of the medication. If you approve of your patient using over the counter medications that may have sedating or stimulating effects, please add them to the list below.

We ask that you complete and sign this form and fax it to HPSP at: 503-961-7142 within three business days. The participant is responsible for submitting a copy of valid prescription(s) within 24 hours to HPSP. Thank you for your attention to this delicate matter. Please call us with any concerns.

Thank you,

Health Professionals' Services Program

Medication Management Form

Name of Participant or Acct#:

Participant DOB:

Name of Provider (First Middle Last, Credentials):

Name of Provider Practice and Specialty:

Provider Phone:

Provider Office Address:

Provider Fax:

Medications with Addictive Potential

Date of Most Recent Rx	Initial Start Date of Rx	Medication Name (Generic)	Dosage, route, freq (ex: 25 mg PO BID)	#	Condition Prescribed for	Expected duration of treatment	Can patient continue to work while taking this medication?

Psychotropic Medications and/or sedating or stimulating OTC medications

Date of Most Recent Rx	Initial Start Date of Rx	Medication Name (Generic)	Dosage, route, freq (ex: 25 mg PO BID)	#	Condition Prescribed for	Expected duration of treatment	Can patient continue to work while taking this medication?

If the patient should not work while taking a listed medication, WHEN can patient return to his/her professional duties? _____

Comments: _____

Please verify:



I have been informed this patient is in recovery for chemical dependency or has a mental health diagnosis. I have discussed opioid antagonists with participant and noted above if participant is taking Naltrexone or Vivitrol and was prescribed any opioid medication.



I have been given the HPSP letter of information regarding prescription of medications with addictive potential and/or psychotropic medications.

Practitioner's Name (Please Print)

Practitioner's Signature (no stamps, please)

Date



Health Professionals' Services Program Workplace Monitor Safe Practice Report

HPSP requires the following safe practice report form be completed by the workplace monitor and that the form be sent directly to Uprise Health HPSP. This form must be submitted on a monthly basis in order for the Licensee to be in compliance with his/her monitoring agreement. Please either mail or fax this form to Uprise Health by the close of business on the 5th day of each month. If in between the reporting time period there is any evidence of unsafe job performance or any concerns please contact Uprise Health immediately at 1-888-802-2843. This is a confidential document and only should be viewed by staff with a need to know.

Licensee Name or account#: _____ Evaluation From: _____ To: _____

Employment Setting:

Name of Employer: _____ Workplace setting: _____

Name of Workplace Supervisor/Primary Workplace Monitor: _____ Telephone: _____

Confidential fax _____ Email address: _____

Job Specifications:

Has there been a change in the licensee's position or job description since the last report? (Circle One) yes no

Current Position Title: _____ Start date if new position: _____

Work Hours/Shift: _____

Frequency of contact w/ Licensee: (Circle One) daily, twice a week, weekly, every other week, monthly

Physical performance <ul style="list-style-type: none">• Balance• Manual coordination/tremor• Speech patterns• Gait/stance	Within acceptable limits for workplace Yes or No
Cognitive performance <ul style="list-style-type: none">• Mental alertness/concentration• Memory• Accuracy of documentation	Within acceptable limits for workplace Yes or No
Communication performance <ul style="list-style-type: none">• Emotional tone with co-workers and patients• Response to feedback on performance• Maintenance of clear professional boundaries	Meets Worksite Standard Yes or No
Attendance <ul style="list-style-type: none">• Consistent attendance without change in pattern• No unexplained absences	Meets Worksite Standard Yes or No
Management of Worksite Medications, if applicable <ul style="list-style-type: none">• Medication administration/documentation consistency• Adherence to narcotic disposal policy• Authorized access to controlled medication	Meets Worksite Standard Yes or No or NA

Please describe any behavioral changes since last report:

Comments including any concerns expressed by others pertaining to the licensee's practice:

Would you like to speak with the licensee's agreement monitor? Yes _____ No _____

Signature of Workplace Monitor: _____ Date: _____

Print Name: _____ Title: _____

Dr. Autry

Professional Summary Board-certified psychiatrist with 25+ years in mental health and substance abuse research, policy, and administration. Former Senior Executive Service member and Senior Medical Consultant at SAMHSA. Experienced in private practice and federal agency leadership.

Education

- Rhodes University, Memphis, TN – Major: Chemistry & Psychology
- University of Tennessee Medical School

Certifications & Awards

- Board-Certified Psychiatrist
- Presidential Rank Award for Meritorious Service
- Presidential Rank Award for Distinguished Service

Professional Experience

Senior Medical Consultant & Interagency Coordinator

SAMHSA

- Provided expert guidance on mental health and substance abuse policies.
- Served as liaison between SAMHSA and other federal agencies.

Deputy Administrator & Acting Administrator (1999-2003)

SAMHSA

- Led strategic initiatives in mental health and substance abuse programs.
- Oversaw national policy coordination and research efforts.

Director, Division of Workplace Programs (1990-Present)

Center for Substance Abuse Prevention

- Implemented federal drug-free workplace policies.
- Led research on substance abuse prevention in managed care.
- Managed National Laboratory Certification Program for workplace drug testing.
- Supervised the Workplace Help Line for employers.

Leadership Roles in NIMH & NIDA

- Director, Division of Applied Research
- Director, Division of Extramural Research Programs

- Assistant Chief, Clinical Research Branch
- Executive Secretary, Program Projects & Clinical Research Centers Review Committee
- Coordinator, Mental Health Clinical Research Centers Program
- Collaborator, Treatment of Depression Research Program
- Chief, Behavioral Medicine & Psychobiological Processes Section
- Chief, Depression Section
- Research Psychiatrist, Biological Research Section

U.S. Navy – Lt. Commander, Chief of Psychiatry

Naval Operations Base, Norfolk, VA & Portsmouth Naval Hospital, VA

- Managed psychiatric care for military personnel.
- Provided psychiatric consultation for community mental health programs.

Federal & International Consultation

- Advised the Department of Transportation on drug and alcohol testing.
- Led inter-agency efforts on workplace substance abuse prevention.
- Collaborated with Russian public health officials on substance abuse initiatives.
- Served as interagency liaison to the Department of Veterans Affairs.
- Chaired Public Health Service Quality Review Panel (6 years).

Recent Roles

- Psychiatric Consultant, Oregon Health Professions Program
- Medical Director, Delaware Professionals' Health Monitoring Program

Publications & Speaking Engagements

- Published extensively on schizophrenia, depression, behavioral medicine, and workplace substance abuse prevention.
- Frequent lecturer on mental health and Medical Review Officer practice.

Christa Alanna Lee, LGSW 2910 Buckthorn Ct, Glenarden, MD 20706
443-562-2955 | Christa.lee@uprisehealth.com

Professional Summary

Dedicated and results-driven behavioral health program manager with more than 15 years' experience in professional monitoring, mental health, and substance abuse management. Skilled in team leadership, compliance oversight, policy development, and program implementation. Adept at fostering relationships with stakeholders, ensuring regulatory compliance, and driving quality improvement initiatives.

Professional Experience

Uprise Health / Reliant Behavioral Health Monitoring *Portland, OR*

Program Manager, DPHMP, CCMP, and HPSP | 2013 – Present

- Ensure compliance with Statements of Work for the State of Oregon, Delaware, and Christiana Care Hospital programs while monitoring key performance indicators.
- Supervise and train a team of Agreement Monitors (case managers), ensuring timely and effective communication with licensees.
- Oversee compliance monitoring, workplace evaluations, and provider approvals, ensuring adherence to program standards.
- Manage program enrollment, non-compliance reports, and compliance evaluations within required timeframes.
- Develop and submit contractual reports on a weekly, monthly, annual, and ad hoc basis.
- Maintain and update program guidelines, integrating input from stakeholders.
- Lead Quality Improvement initiatives, including satisfaction surveys and complaint resolution.
- Attend board meetings, contract-required outreaches, and internal training sessions.
- Oversee contractual invoices and provide annual financial statements to clients.
- Lead the internal Policy Advisory Committee and document key decisions.
- Conduct outreach to non-participating licensing boards to promote program participation.
- Manage a limited caseload of licensees as needed and perform additional duties as assigned.

Implementation Team Lead Specialist / Agreement Monitor | May 2010 – 2013

- Assisted in launching the Health Professionals' Services Program (HPSP) in Oregon (2010) and Delaware (2013), focusing on mental health and substance abuse monitoring.
- Led and trained monitoring teams, ensuring compliance with program requirements.

- Developed policies, procedures, and program structures for effective intake and monitoring processes.
- Established relationships with testing labs, medical review officers, and stakeholders, managing drug testing panels and protocols.
- Served as an Agreement Monitor, coordinating evaluations, treatment recommendations, medication management, and drug testing.

First Advantage Workplace Services (FADV) Rockville, MD

SAP (Substance Abuse Program) Team Lead | April 2008 – May 2010

- Managed compliance monitoring for FADV's "Back on Track" substance abuse program, overseeing drug testing for a nationally recognized pharmacy and DOT clients.
- Led a team responsible for scheduling, toxicology management, assessments, and case management.
- Provided monthly utilization and compliance reports for client programs.

Education

University of Maryland, Baltimore Master of Social Work (MSW) | May 2008

Specialization: Mental Health & Substance Abuse / Employee Assistance Programs (EAP) | Management and Community Organization

State University of New York College at Buffalo Bachelor of Arts in Psychology | May 2003

Skills & Competencies

- Behavioral Health & Substance Abuse Management
- Compliance & Regulatory Oversight
- Program Development & Implementation
- Team Leadership & Training
- Quality Improvement & Performance Monitoring
- Stakeholder Engagement & Policy Advisory
- Data Analysis & Reporting
- Contract Management & Financial Oversight

TINA MEWHINNEY

Rockwall, Texas | 503.851.0242 | Fatenklf@hotmail.com

PROFESSIONAL SUMMARY

Seasoned operations professional with over 20 years of experience in leadership, project management, and operations. Proven ability to identify inefficiencies, implement solutions, and drive organizational success. Adept at inspiring teams, managing complex projects, and fostering strong vendor relationships in dynamic environments. Extensive experience supporting Health Professionals' Services Program (HPSP) since 2011, ensuring compliance, efficiency, and program success.

CORE COMPETENCIES

- Active Listening
 - Communication & Team Collaboration
 - Leadership & Team Development
 - Operational Efficiency
 - Project & Budget Management
 - Customer Service Excellence
 - Technology Implementation
 - Time Management
-

PROFESSIONAL EXPERIENCE

Operations Manager / Project Manager / Office Manager / Team Lead

Uprise Health | Beaverton, OR

July 2011 – Present

- Led and managed operations team, supporting over 1300 health professionals across various programs, including HPSP.
- Provided strategic oversight and operational support for HPSP, ensuring compliance with regulatory requirements and program objectives.
- Directed the successful transition of the company to remote work in 2020, ensuring minimal disruption and enhanced productivity.
- Oversaw department budget and identified cost-saving opportunities, including the adoption of electronic chain-of-custody forms, saving the company thousands annually.

- Negotiated and managed over 20 vendor relationships to optimize services and reduce costs.
 - Authored and maintained comprehensive operational procedures, guidelines, and protocols.
 - Acted as a liaison with finance, IT, and Helpdesk teams to resolve escalations and implement process improvements.
 - Researched and onboarded a new medical review officer, enhancing efficiency and customer satisfaction.
-

EDUCATION

Portland Community College | Portland, OR
1997 – 1999

KEY ACCOMPLISHMENTS

- Successfully led the transition from paper-based to electronic documentation, increasing efficiency and reducing costs.
 - Played a pivotal role in establishing and managing a state lawyers' assistance program.
 - Maintained compliance and facilitated company-wide employee training programs.
 - Provided leadership and operational support for HPSP since 2011, ensuring program integrity and success.
 - Networked and represented the company at conferences to foster growth and collaboration.
-

ADDITIONAL INFORMATION

- Adept at adapting to constant organizational changes and challenges.
- Known for motivating teams to achieve optimal performance through positivity and mentorship.

BreAnne Uselton

3406 NW 119th St.

Vancouver WA., 98685

(707)498-6930

breannemaura812@gmail.com

Skills

Ability to quickly assess crisis situations and compile solutions based on individuals own strengths. Acknowledge personal biases and grow as a professional. Remain client focused and highlight growth and acknowledging barriers of individuals I work with.

Experience

March 2021- present

Uprise Health – Agreement Monitor Specialist

- Providing comprehensive service to medical professionals with mental health and/or substance use disorder
- Collaborate with mental health professionals and entities to ensure appropriate deliverable services to licensed people in the medical field
- Weekly case management meetings

October 2019 – October 2020

County of Humboldt Children and Family Services - *Mental Health Case Manager*

- Develop plans for each client including generalized assessment
- Monitors, supports, and assists clients on a regular basis in developing or maintaining the skills required to achieve independent living status.
- Performs crisis intervention to provide support and assistance in problem resolution and to coordinate or arrange for the provision of needed services
- Advocates for clients and encourages community resources and human services agencies to assist clients in their movement toward independent living
- Develop community re-entry plans for mental health clients; establishes specific linkages with local agencies and community resources to maximize the effectiveness of the case management system

October 2017- October 2019

Youth Service Bureau- Eureka California- *THP Plus Case Manager*

- Assist in connecting clients with community resources,
- Help clients achieve wellness and autonomy in navigating difficult bureaucratic systems.
- Empower young people to achieve short term and long-term goals
- Crisis intervention
- Participate in weekly consultation
- Title 19 progress notes

Education

Humboldt State University, Arcata Ca- *Masters in Social Work*



Monitoring Services

Protecting the Health, Safety, & Welfare of the Public & Workplace

Uprise Health realizes that careers, safety, money, and even lives are put at risk when licensed professionals working in safety-sensitive positions have substance use or mental health challenges that impact their work performance.

Uprise Health Monitoring provides effective solutions for meeting three key goals:

- Supporting both public & workplace safety.
- Helping licensees with substance use and mental health challenges to recover and continue working safely.
- Helping keep experienced, trained professionals employed.

Tangible Results

Our comprehensive monitoring program helps retain professional licensures, encourages recovery, and provides documented proof of compliance to state boards, employers, and insurance companies.

15+

years of helping professionals
get back to work

2k

Professionals served

70%

completion rate, demonstrating
strong engagement and
retention impact

Monitoring Services Included:

- Hands on Enrollment
- Program and Policy Consultation
- Training
- Evaluation
- Case & Workplace Monitoring
- Toxicology Testing
- Website for Licensees
- Website for Organization
- Reporting
 - Individual Status Updates
 - Toxicology (missed and non-negative)
 - Non-Compliance
 - Program-wide
- Quality Assurance

“The customer service provided by Uprise Health has been excellent. Calls are promptly returned, and issues resolved quickly. Our program participants have been **treated with dignity and respect** while being held accountable in meeting their monitoring requirements. I strongly recommend Uprise Health as a service provider.

Transforming Mental Healthcare

At Uprise Health, we have been a trusted partner in mental healthcare for over 35 years, empowering organizations and individuals to achieve their best. We are dedicated to guiding individuals through every stage of their health journey with compassion, integrity, and groundbreaking solutions, ensuring that quality care is accessible to all.

Tangible Results

When employees feel their best, companies benefit from reduced turnover, increased productivity, and lowered preventative healthcare costs.

4x
utilization over
traditional EAPs

22.5
Days of productivity
gained per active
user each year

92%
of Members
Improve with Care

Access and Quality of Care Across the Continuum

Broad Impact



EAP

The first step to care—fast access to counseling and support.



MBH

Long-term clinical behavioral health support.



Wellness Hub

Personalized wellness and coaching.



CCM

Analytics-driven chronic care management.



Monitoring

Recovery, return-to-work, and compliance support.

Acute Impact

Why Bundle?

While these can all be purchased standalone, when combined, these programs create a seamless care ecosystem, from preventive wellness and early detection to expert treatment and long-term management, maximizing engagement, outcomes, and ROI.

Your Integrated Wellbeing Solutions Partner for Total Employee Health

Employee Assistance Program (EAP)

Confidential, accessible, and personalized support for life's challenges.

- **Counseling:** In-person, virtual, and telephonic sessions per issue, per year.
- **Wellness Coaching:** Separate, dedicated coaching sessions to help members achieve lifestyle goals.
- **Online Peer Support Groups:** Separate virtual peer-led group sessions for shared experiences and support.
- **Work-Life Services:** Free legal consultations, unlimited financial coaching, childcare and eldercare resources, and more!
- **Critical Incident Response:** 24/7/365 crisis support.
- **Digital Tools:** CBT-based mental fitness modules.
- **Marketing & Engagement:** Tailored launch plan and dedicated Account Manager to drive utilization.

Managed Behavioral Health (MBH)

Full mental health benefit carve-out to reduce costs and improve quality of care.

- **Conditions Covered:** Anxiety, depression, substance use, ADHD, mood disorders, and more.
- **Full Continuum of Care:** Outpatient to inpatient, PHP, IOP, detox, ECT.
- **24/7 Access:** Urgent telephonic support & appointment scheduling.
- **National Network:** Psychiatrists, psychologists, nurse practitioners, therapists.
- **Cost Savings:** Negotiated provider/facility rates + in-house claims processing.

Wellness Hub

Engage, educate, and empower employees through a flexible, mobile-first platform.

- **Health Assessment:** 10–15 min lifestyle survey with instant feedback.
- **20+ Ready-to-Launch Wellness Challenges.**
- **Health Content Library:** Articles, videos, podcasts, calculators.
- **Device & App Integration:** Fitbit, Garmin, Strava, Apple, Samsung.
- **Add-Ons:** SSO, health coaching, biometric device integration, incentive engine.

Chronic Condition Management (CCM)

Data-driven outreach & personalized care plans for high-impact conditions.

- **Conditions Covered:** Asthma, diabetes, heart disease, COPD, high BP, high cholesterol, back pain.
- **100% Outreach:** Live enrollment calls to all identified members.
- **Monthly Risk Stratification:** Adjusts care level dynamically.
- **Nurse Care Managers:** Education, gap closure, and preventive strategies.
- **Proven Results:** 4:1 ROI, \$38M+ saved in 3 years.
- **Incentives:** HSA contributions, copay reductions, cash rewards.

Monitoring

Ongoing oversight program to ensure safety, compliance, and successful outcomes.

- **Scope:** Substance use, mental health, safety-sensitive roles, licensing boards.
- **Comprehensive Support:** Enrollment through case closure with dedicated case managers.
- **Accountability:** Random testing, check-ins, and compliance tracking.
- **Technology:** Secure dashboards, alerts, and real-time reporting.
- **Outcomes:** Reduced risk, improved transparency, and measurable results.

Ready to learn more?

Contact Keely Arrington, Vice President, Go-To-Market Strategy
P: 205-531-8070 | E: keely.arrington@uprisehealth.com
uprisehealth.com

Memo of Understanding

9/12/25

RecoveryTrek, a Treatment Monitoring and Third-Party Administrator, provides services to Substance Abuse Treatment programs and their Participants. These services involve information management and direction of random compliance testing of Participants as specified by the treatment program.

RecoveryTrek has worked in partnership with **UpriseHealth** and provides reliable services to help meet the service needs of their partnerships. We have, and will continue to, demonstrate abilities to establish frameworks necessary for coordination and cooperation with other organizations in support of UpriseHealth.

RecoveryTrek is committed to providing Treatment Monitoring and Third-Party Administration of toxicology for the duration of the proposed agreement and beyond if the contract between UpriseHealth and State of Mississippi.

Respectfully,



Chris Roames
President & COO
RecoveryTrek LLC
(757) 671-2512
chris@recoverytrek.com



Mark J. Baskerville, MD, JD, MBA, MA
Professor of Anesthesiology and Critical Care
Oregon Health & Science University
Attending Intensivist
Johns Hopkins Health System

September 9, 2025

Uprise Health Monitoring
PO Box 8668
Portland, Oregon 97207

Greetings,

Thank you for the invitation to provide a reference for Uprise Health Monitoring. I believe I have a unique perspective given my participation as both a monitree and a monitor. It was my previous experience with the Health Professionals' Services Program that informed my enthusiastic advocacy to outsource the toxicology screening and monitoring for the Oregon State Lawyer's Assistance Committee (SLAC).

When I first assumed a role as a SLAC monitor for the Oregon State Bar of Law Examiners, no process was in place for toxicology screening. If needed, it was done on an ad hoc basis with the particular monitor telling the monitree to "go get tested." Not surprisingly, this created confusion for the monitree and unreliability for the monitor, let alone the necessary chain of custody documentation required for these types of evaluations.

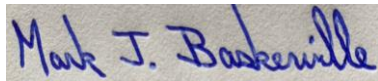
Uprise Health Monitoring is our "one-stop-shop" for not only toxicological screens, but also ongoing monitoring, referrals, and specialty consultation. As I emphasized to SLAC during my initial proposal, it remains critical to have an independent organization facilitating the toxicology tests, maintaining a chain of custody, and providing timely documentation.

Moreover, I have received outstanding feedback from SLAC's monitrees praising the efficiency, convenience, and confidentiality. They trust the process, appreciate the confidentiality, and accept the integrity of the results. Likewise, the SLAC monitors and administrators have uniformly embraced Uprise Health Monitoring as our new 'standard of care' for toxicology screening for the enrolled Oregon's lawyers. Unsolicited feedback

- such as "Why did we not do this earlier?" - speaks to the value provided by Uprise Health Monitoring.

According, I give Uprise Health Monitoring my highest recommendation. Please do not hesitate to contact me for any questions and many more accolades.

Kind regards,

A handwritten signature in blue ink that reads "Mark J. Baskerville". The signature is written in a cursive style and is positioned on a light-colored, textured background.

Mark J. Baskerville
baskervi@ohsu.edu
(541) 228-0221