

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No.
202205001-4

Originating Department:	Sheriff's Office
Division/Program: <i>(i.e. Dept. Division and Program)</i>	Corrections / In Custody
Contract or Grant Administrator:	Caleb Erickson
Contractor's / Agency Name:	Washington State Health Care Authority
Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract? Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: <u>202205001</u>	
Does contract require Council Approval? Yes <input type="radio"/> No <input checked="" type="radio"/> If No, include WCC: <u>3.08.100</u> Already approved? Council Approved Date: <u>05/24/22</u> (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement? Yes <input checked="" type="radio"/> No <input type="radio"/> If yes, grantor agency contract number(s): <u>K5893</u> CFDA#: <u>N/A</u>	
Is this contract grant funded? Yes <input checked="" type="radio"/> No <input type="radio"/> If yes, Whatcom County grant contract number(s): <u>202205001</u>	
Is this contract the result of a RFP or Bid process? Contract Yes <input type="radio"/> No <input checked="" type="radio"/> If yes, RFP and Bid number(s): _____ Cost Center: <u>13501018</u>	
Is this agreement excluded from E-Verify? No <input type="radio"/> Yes <input checked="" type="radio"/> If no, include Attachment D Contractor Declaration form.	
If YES, indicate exclusion(s) below: <input type="checkbox"/> Professional services agreement for certified/licensed professional. <input type="checkbox"/> Goods and services provided due to an emergency <input type="checkbox"/> Contract work is for less than \$100,000. <input type="checkbox"/> Contract for Commercial off the shelf items (COTS). <input type="checkbox"/> Contract work is for less than 120 days. <input type="checkbox"/> Work related subcontract less than \$25,000. <input checked="" type="checkbox"/> Interlocal Agreement (between Governments). <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments): \$ <u>705,075.00</u> This Amendment Amount: \$ <u>125,500.00</u> Total Amended Amount: \$ <u>830,575.00</u>	Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance. 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.
Summary of Scope:	
This amendment adds funding to the grant from the Washington State Health Care Authority for our MOUD (Medication for Opioid Use Disorder) Program in the Jail in the amount of \$125,500.00. It also adds to the Statement of Work: "6.1 Offer long acting injectables to program participants in the jail as an option for OUD treatment."	
Term of Contract: 4 months	Expiration Date: June 30, 2025

Contract Routing:	1. Prepared by: <u>LReid</u>	Date: <u>03/12/25</u>
	2. Attorney signoff: <u>B Waldron</u>	Date: <u>03/12/25</u>
	3. AS Finance reviewed: <u>A Tan</u>	Date: <u>03/13/25</u>
	4. IT reviewed (if IT related): _____	Date: _____
	5. Contractor signed: _____	Date: _____
	6. Submitted to Exec.: <u>S Reid</u>	Date: <u>3-21-25</u>
	7. Council approved (if necessary): <u>n/a</u>	Date: _____
	8. Executive signed: <u>S Reid</u>	Date: <u>3-21-25</u>
	9. Original to Council: _____	Date: _____



MEMORANDUM

TO: Satpal Sidhu, County Executive

FROM: Donnell "Tank" Tanksley, Sheriff

RE: Washington State Health Care Authority
Medication for Opioid Use Disorder (MOUD) Program Grant

DATE: March 12, 2025

Enclosed are two (2) originals of an Amendment to the grant contract between WA State Health Care Authority (HCA) and Whatcom County for your review and signature.

▪ **Background and Purpose**

We were awarded a grant in March 2022 by WA State HCA under the *Medication for Opioid Use Disorder (MOUD) in Jails Program*. This 4th Amendment increases funding by \$125,500.00. It covers such things as the costs of a nursing position, pharmaceuticals, supplies, deputy overtime and methadone treatment.

▪ **Funding Amount and Source**


Additional funding in the amount of \$125,500.00 is provided by a State HCA grant.

▪ **Differences from Previous Contract**

This amendment increases the maximum compensation by \$125,500.00 for a total maximum compensation of \$830,575.00. It also updates the Statement of Work: "6.1 Offer long acting injectables to program participants in the jail as an option for OUD treatment".

Please contact Caleb Erickson x6455, if you have any questions or concerns regarding the terms of this agreement.

Encl. (2)

		CONTRACT AMENDMENT for MOUD in Jails	HCA Contract No.: K5893 Amendment No.: 4 <i>Whatcom County Contract #202205001-4</i>
THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.			
CONTRACTOR NAME Whatcom County Corrections		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS Public Safety Building 311 Grand Avenue Bellingham, WA 98225		CONTRACTOR CONTRACT MANAGER Name: Caleb Erickson Email: cerickso@co.whatcom.wa.us	
AMENDMENT START DATE March 1, 2025	AMENDMENT END DATE June 30, 2025	CONTRACT END DATE June 30, 2025	
Prior Maximum Contract Amount \$705,075	Amount of Increase \$125,500	Total Maximum Compensation \$830,575	

WHEREAS, HCA and Contractor previously entered into a Contract for Medication for Opioid Use Disorder (MOUD) and Medication for Alcohol Use Disorder (MAUD) in Jails Program, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.3, Amendments, to add funding, and update Attachment A-3, Statement of Work;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. Section 3.3, Compensation, subsection 3.3.1 is amended to increase the Contract Total Maximum Compensation by \$125,500.00 from \$705,075.00 to \$830,575.00. All internal references to the Total Maximum Compensation amount are updated accordingly.
2. Attachment A-3, Statement of Work, a new subsection 4.3 is added to read as follows:
 - 4.3 Contractor shall submit a written description plan of purchases to be made with additional funding.
 - 4.3.1 In a narrative format the written description plan shall include:
 - 4.3.1.1 how the purchases support the MOUD/MAUD in Jails Program participants;
 - 4.3.1.2 how many participants may be served;
 - 4.3.1.3 quantity of purchases; and
 - 4.3.1.4 any additional applicable information regarding the purchases.
 - 4.3.2 Previously submitted purchasing details may be used for this written description plan.

4.3.3 Upon submission of the written description plan a lump sum payment will be made in accordance to section 7, Deliverables Table.

3. Attachment A-3, Statement of Work, section 6, Deliverables Table is renumbered to section 7, Deliverables Table and amended to add new deliverable (3), to read as follows:

7 Deliverables Table

#	Description	Due Date	Rate	Amount
1	Monthly Progress Report	July 2024-May 2025: the 10 th day of the month following each month of service	\$8,000 per report x 11 reports	\$100,000
		June 2025: With final invoice	\$12,000 per report x 1 report	
2	Monthly Data Collection Spreadsheet	July 2024-May 2025: the 10 th day of the month following each month of service	\$8,000 per report x 11 reports	\$100,000
		June 2025: With final invoice	\$12,000 per report x 1 report	
3	Written Description of Purchases	June 2025	Lump sum payment	\$125,500
Total Maximum Compensation for the term of July 1, 2024- June 30, 2025				\$325,500

4. Attachment A-3 Statement of Work, new section 6, Activities, is added to read as follows:

6 Activities. Contractor shall:

- 6.1 Offer long acting injectables to program participants in the jail as an option for OUD treatment.
- 6.2 Support methadone continuation for program participants.
- 6.3 Purchase naloxone.
- 6.4 Purchase other supplies as needed for the program.

5. This Amendment will be effective March 1, 2025 (“Effective Date”).

6. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.

7. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE <i>Please see attached</i>	PRINTED NAME AND TITLE <i>attached</i>	DATE SIGNED
HCA SIGNATURE DocuSigned by: <i>Andria Howerton</i>	PRINTED NAME AND TITLE Andria Howerton Deputy Contracts Administrator	DATE SIGNED 3/17/2025

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WHATCOM COUNTY:

Recommended for Approval:

 3/19/25
Donnell "Tank" Tanksley, Sheriff Date

Approved as to form:

Approved via email 3/12/25 BW (P)
Brandon Waldron, Prosecuting Attorney Date

Approved:

Accepted for Whatcom County:

By:  3.21.25
Satpal Sidhu, Whatcom County Executive

STATE OF WASHINGTON)
) ss
COUNTY OF WHATCOM)

On this 21st day of March, 2025, before me personally appeared Satpal Sidhu, to me known to be the Executive of Whatcom County, who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.



NOTARY PUBLIC in and for the State of Washington, residing
at Bellingham. My commission
expires 9.10.26.

