WHATCOM COUNTY CONTRACT INFORMATION SHEET (CIS)

Whatcom Co. Contract #: **202205001-6**

Originating Department: 35 - Sheriff
Division: 3560 - Bureau of Corrections
Program: 356020 - Jail-In Custody
Contract or Grant Administrator: Rachel McGarrity, Health Services Manager
Contractor's / Agency Name: WA State Health Care Authority
Title of Agreement (optional): MOUD and MAUD in Jails Program

Type of Contract: Grant (Whatcom County is Grantee) (State Funds)
If amendment or renewal, original contract #: 202205001
Is this is a grant agreement? Yes If so, grantor agency contract #s: K5893 ALN: N/A *Note: Complete ALN field if contract involves direct federal grants/cooperative agreements or pass-through federal funds.*
Is this contract grant-funded? Yes If yes, Whatcom County grant contract number(s): 202205001
If this contract the result of an RFP? No If yes, RFP number(s): N/A
Is this contract the result of a Bid Process? No If yes, Bid Number(s): N/A
Does this contract involve federal reimbursement? *(i.e. fed grant, cooperative agreement, pass-through fed funds, etc.)* No
Procurement method: N/A - Interlocal/Grant - For interlocal agreements between governments or grant-funded contracts
Council review: Required - Amendment exceeds $10,000 or 10% threshold

Fund(s): 1350
Cost Center(s): 13501018
Object Account(s): 4334.0465

Original Contract Amount: $ 1,030,575.00
This Amendment Amount: $ 200,000.00
Total Cumulative Amount: $ 1,230,575.00

Contract term ends: 06/30/27

Key words/summary (optional):

Development and implementation of the Medications for Opioid Use Disorder (MOUD) and Medications for Alcohol Use Disorder (MAUD) in Jails Program.

Contract routing *(please initial & date)*:

Prepared by: Laurie Reid 05/18/26

Contractor review: Rachel Meade (HCA) 05/14/26

Attorney signoff: B. Waldron 05/18/26

AS Finance review: M Caldwell 5.18.26

IT review (if related): N/A

Contractor signed: _____

Executive review: _____

Council approval, if necessary: N/A

AB#: N/A

Executive signed: _____

Washington State Health Care Authority	**CONTRACT AMENDMENT**	HCA Contract No.: K5893 Amendment No.: 06

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	CONTRACTOR doing business as (DBA)
Whatcom County Corrections	
CONTRACTOR ADDRESS Public Safety Bldg 311 Grand Avenue Bellingham, WA 98225	CONTRACTOR CONTRACT MANAGER Name: Caleb Erickson Email: cerickso@co.whatcom.wa.us
AMENDMENT START DATE July 1, 2026	CONTRACT END DATE June 30, 2027

PRIOR MAXIMUM CONTRACT AMOUNT	AMOUNT OF INCREASE	TOTAL MAXIMUM COMPENSATION
$1,030,575	$200,000	$1,230,575

WHEREAS, HCA and Contractor entered into Contract K5893 for the development and implementation of the Medication for Opioid Use Disorder (MOUD) and Medications for Alcohol Use Disorder (MAUD) in Jails programs, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.3, *Amendments*, to extend the Contract term, increase funding, and incorporate a revised and restated Statement of Work;

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

1. Contract Section 2, Definitions, two (2) new defined terms are incorporated in alphabetical order. The new defined terms are as follows:

   "Informed Refusal" is when an individual refuses treatment after an explanation of the treatment is provided including, its benefits and risks, alternatives, addressing the individual's concerns and exploration of any reasonable way of addressing the concerns to avoid refusal, and explanation of the risks of refusal, all this provided in a manner that is comprehensible by the individual.

   "Appears Unwell" means to demonstrate signs, symptoms, or indications observable by a layperson that (1) indicate an individual may be sick (physically or psychologically); or (2) in the case of a patient who has already been assessed by a qualified health care professional, indicate the individual's condition is worsening, becoming unstable, or becoming a danger to themselves or others.

2. Contract Section 3.2, *Term*, subsection 3.2.1, is amended to extend the Contract term as follows:

   3.2.1 The initial term of the Contract will commence on March 1, 2022, and continue through June 30, 2027, unless terminated sooner as provided herein.

3. Contract Section 3.3, *Compensation*, subsection 3.3.1 is amended to reflect the $200,000 increase in funding, subsection 3.3.1 now reads as follows:

   3.3.1 The parties have determined the cost of accomplishing the work herein will not exceed $1,230,575, inclusive of all fees, taxes, and expenses. Compensation for satisfactory performance of the work will not exceed this amount unless the parties agree to a higher amount through an amendment.

4. A new Schedule A-5, *Statement of Work*, is added to prevent redundancy between the previous Schedule A(s), *Statement(s) of Work*, while also incorporating updates. In the event of an inconsistency the revised and restated Schedule A-5, *Statement of Work*, shall supersede all previous Schedule A(s), *Statement(s) of Work*.

   The revised and restated Schedule A-5, *Statement of Work*, is attached hereto and by this reference is incorporated into the Contract.

5. A new Attachment 1-A, *EXAMPLE - MOUD & MAUD in Jails Program Monthly Progress Report*, is added to provide Contractor with the new reporting template to be required beginning July 1, 2026. The updated Attachment 1-A, *EXAMPLE - MOUD & MAUD in Jails Program Monthly Progress Report*, is attached hereto and by this reference is incorporated into the Contract.

6. This Amendment is effective July 1, 2026, ("Effective Date").

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

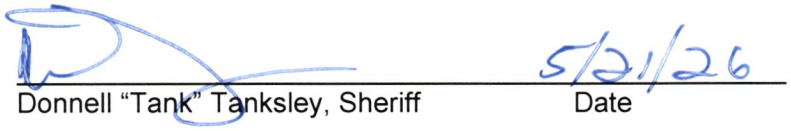
8. All other terms and conditions of the Contract remain unchanged and in full force and effect.

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	PRINTED NAME AND TITLE	DATE SIGNED
HCA SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

WHATCOM COUNTY:

Recommended for Approval:



5/21/26

Donnell "Tank" Tanksley, Sheriff Date

Approved as to form:

Approved via email RW/RM 5/21/26

Brandon Waldron, Prosecuting Attorney Date

Approved:
Accepted for Whatcom County:

By: _____
Satpal Sidhu, Whatcom County Executive

STATE OF WASHINGTON)
) ss
COUNTY OF WHATCOM)

On this _____ day of _____, 20 __, 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 _____. My commission expires_____.

SCHEDULE A-5

Statement of Work

1. PURPOSE

To support a comprehensive treatment program for incarcerated individuals with Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD), beginning with screening upon entry and ending with seamless transition to care in the community, with use of Medications for Opioid Use Disorder (MOUD) and Medications for Alcohol Use Disorder (MAUD) at its core.

This Contract supports RCW 71.24.599: Opioid use disorder—City and county jails—Funding. (wa.gov).

Health Equity - This program also intends to address inequities in treatment and recovery services by providing medically necessary treatment to incarcerated individuals. Programs should understand cultural barriers and provide culturally appropriate services. Additionally, this program intends to identify stigma and educate to ensure ongoing collaboration and openness to change.

2. PERFORMANCE EXPECTATIONS

In addition to the performance expectations outlined in Contract Section 3.1, *Performance Expectations*, the following expectations are also required, as applicable:

2.1. Treatment Requirements for American Indian/Alaska Native (AI/AN) Individuals

For American Indian/Alaska Native (AI/AN) individuals receiving Medications for Opioid Use Disorder (MOUD) and/or Medications for Alcohol Use Disorder (MAUD) services, Contractor, shall coordinate with the individual's Indian Health Care Provider (IHCP) to ensure the IHCP can participate in treatment and discharge planning, including continuity of care in the nearest IHCP clinically appropriate setting.

3. WORK EXPECTATIONS

Contractor shall ensure funds are responsibly used towards the Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) treatment programs in the jail and provide the community standard of care, including, at a minimum, the following core components:

3.1. General Requirements

3.1.1. Unless otherwise stated in this Statement of Work, Section 3, *Work Expectations*, Contractor shall follow Guidelines for Managing Substance Withdrawal in Jails.

3.1.2. All refusals of care required under this contract must be Informed Refusals, one element of which is that the individual must have decision-making capacity.

3.1.2.1. If an individual expresses a desire to refuse a treatment, appears well, and there is no urgency to the treatment, treatment may be delayed until an appropriately licensed professional determines they have decision-making capacity and obtains an Informed Refusal.

3.1.2.2. If an individual expresses a desire to refuse a treatment (i.e., someone who then needs to undergo an Informed Refusal) and either appears unwell or the treatment is urgent, Contractor will arrange for immediate evaluation of the individual's decision-making capacity (i.e., on-site or at a community hospital), and, if they have such capacity, immediately execute an Informed Refusal.

a. If sent to a community hospital, Contractor shall not accept the individual back at the jail until it is clinically safe to do so, and they have regained decision-making capacity.

3.1.2.3. Decision-making capacity shall only be determined by a medical or mental health prescriber (e.g., physician, nurse practitioner, physician assistant) or a licensed mental health professional at the master's level or higher. Informed Refusal shall only be executed by a prescriber.

3.2. Intake

3.2.1. Screen all newly admitted individuals for risk of acute withdrawal from opioids and alcohol upon intake.

3.2.2. MOUD[1], MAUD[2], and other medications which support the relief of withdrawal symptoms, such as alpha-2 adrenergic agonists (e.g., lofexidine), anti-emetics, anti-diarrheals, analgesics, and fluid and electrolyte replacement (e.g., Gatorade®) must be offered to individuals at no charge to the individual.

3.2.3. Offer initiation of MOUD treatment to individuals who are physically dependent on opioids, may have withdrawal symptoms, or have disclosed recent use and anticipate withdrawal. Facilities shall not require tapering from the illicit opioid unless clinically indicated.

3.2.4. Offer treatment for withdrawal with benzodiazepines to individuals entering the facility who are physically dependent on alcohol, if clinically appropriate.

3.2.5. Continue MOUD and MAUD for individuals who are already taking these medications upon entering the facility. Continue the individual on the same medication at the same dose unless ordered otherwise by the prescriber based on clinical need, unless one of the following exceptions is applicable:

3.2.5.1. Injectable long-acting naltrexone may be converted to an equivalent oral dose until just prior to release at which time the injectable form shall be restarted.

3.2.5.2. Injectable long-acting buprenorphine may be converted to an equivalent oral dose until just prior to release at which time the injectable form shall be restarted.

3.2.5.3. Oral buprenorphine may be converted to any of the three formulations available: film, tablet with naloxone, or tablet without naloxone.

3.2.5.4. If the individual is not pregnant, methadone may be transitioned to buprenorphine if one of the following is applicable:

a. Contractor is not a licensed Opioid Treatment Program (OTP) and the nearest OTP willing to collaborate with the jail to provide methadone is not within reasonable driving distance from the jail, and the jail does not have nursing staff on site seven

[1] Methadone, buprenorphine, naltrexone
[2] Naltrexone, acamprosate

(7) days a week. The individual must be started back on methadone prior to release if they plan to resume methadone in the community.

b. There is no OTP within reasonable distance of the individual's release residence.

3.2.5.5. Though MOUD/MAUD must not be discontinued on a policy or administrative basis because of the presence of other illicit or controlled substances, administration of the community-based MOUD or MAUD may be adjusted if clinically necessary due to pharmacologic risks of drug-drug interaction.

3.2.6. Contractor shall screen for OUD and AUD without physical dependence (i.e., without a risk of acute withdrawal) and history of opioid overdose, soon after intake.

3.2.7. Educate individuals on treatment choices and the process for continuation of access to MOUD/MAUD during incarceration and upon release.

3.2.8. Make available and offer treatment using some formulation of methadone, buprenorphine, or naltrexone based on a mutually agreed-upon plan between the prescriber and the individual. The plan must take into consideration, among other clinically relevant factors, the availability of specific medications at their residence of release.

3.2.8.1. Contractor may provide naltrexone or buprenorphine in oral formulation, with or without naloxone while the individual is incarcerated but must offer an oral formulation of buprenorphine WITH naloxone unless there is a clinical reason not to do so, e.g., the individual is allergic to naloxone at release.

3.2.9. Contractor shall not allow an individual to undergo opioid withdrawal, including withdrawal using a tapering dose of buprenorphine or methadone, unless the individual provides an Informed Refusal of continuing maintenance MOUD treatment after withdrawing or the individual elects MOUD treatment with naltrexone.

3.2.9.1. In either case, Contractor will offer the individual tapering doses of buprenorphine or methadone supplemented, as necessary, with alpha-2 adrenergic agonists (e.g., lofexidine), anti-emetics, anti-diarrheals, analgesics, fluid and electrolyte replacement (e.g., Gatorade®).

3.2.9.2. Initiation of buprenorphine or methadone, whether for maintenance or for withdrawal, must not be delayed for administrative reasons, e.g., unavailability of a prescriber, beyond when they are clinically indicated to be started.

3.3. During Incarceration

3.3.1. Offer initiation of maintenance MOUD/MAUD to individuals who did not start MOUD/MAUD for acute opioid or alcohol withdrawal as identified at intake, e.g., individuals with OUD but without physical dependence, or individuals with AUD who underwent withdrawal.

3.3.1.1. For all individuals initiation should begin soon enough to attempt stabilization of dosing prior to release.

3.3.1.2. For individuals with a history of opioid overdose, initiation should begin as soon as possible after identified.

3.3.2. Educate individuals on treatment choices and the process for continuation of access to MOUD/MAUD during incarceration and upon release.

3.3.3. Contractor shall not use alternate-day or "balloon" dosing of buprenorphine (i.e., administering a dose of medication on one (1) day which is intended to last for two (2) or more days).

3.3.4. Administer methadone and buprenorphine more often than one dose daily if clinically necessary, e.g., in some pregnant or post-partum individuals, those who metabolize the medication faster, and individuals who have side effects from large single doses.

3.3.5. Offer counseling to individuals for their OUD/AUD if they are expected to remain in jail for longer than one (1) month. Provide MOUD/MAUD regardless of the individual's willingness to participate in counseling.

3.3.6. There may be reasons an individual will not continue MOUD/MAUD in the community, such as no available treatment provider in the community to which the individual is released. If the individual will not continue MOUD/MAUD in the community, the decision when or if to discontinue MOUD/MAUD prior to release must be based on a mutually agreed-upon decision between the individual and the prescriber and must consider factors, including but not limited to, the risks of opioid misuse or overdose during incarceration, and the individual's willingness to receive a four-week (4-week) dose of an extended-release injectable buprenorphine just prior to release which will provide a safe, tapered withdrawal.

3.4. Release

Contractor must accomplish the following prior to each individual's release from jail:

3.4.1. Complete release planning and reentry coordination as soon as possible after admission to ensure an effective plan is in place prior to release, including in the event of an unexpected release of an individual who needs continued treatment and services.

3.4.2. Provide at least two (2) doses of an opioid reversal agent (e.g., naloxone or Narcan®) and training on how to administer the medication to all individuals with OUD.

3.4.3. Schedule the first community appointment with a treatment facility for continuation of MOUD or MAUD.

3.4.4. Provide in hand, upon release, and at no cost to the individual, a sufficient number of doses of MOUD and/or MAUD to bridge the individual until the scheduled MOUD/MAUD follow-up appointment at the selected community treatment facility.

3.4.4.1. If an individual is on a long-acting injectable medication, the Contractor will ensure the timing of the injectable medication ensures sustained treatment effect to bridge the individual to the scheduled MOUD/MAUD follow-up appointment at the selected community treatment facility.

3.4.4.2. If an individual is at risk of being released directly from court, inform them prior to going to court that they may request to be transported back to jail by staff to receive these medications prior to going home.

3.4.4.3. In situations where a follow-up appointment upon release cannot be made, e.g., after-hours bail-out, give the individual enough medication to last until the next available appointment at the community treatment. If the appointment date is unknown or cannot be reliably estimated, give the individual a 30-day supply at minimum.

3.4.4.4. In situations where medications cannot be provided upon release, e.g., unscheduled release at a time when medical staff are not present in jail, Contractor must ensure the following:

a. The individual is informed that they may either return to the jail in the morning to receive bridge medications; or

b. If no medical staff are present the following day, call in a prescription for the same bridge medication to a local pharmacy, at no cost to the individual.

3.4.5. Assist Medicaid-eligible individuals to sign up for Medicaid or assist individuals whose Medicaid coverage has been terminated to reestablish coverage.

3.4.6. For any individual with Medicaid coverage, work cooperatively with the individual's Managed Care Organizations (MCO) to facilitate re-entry benefits and continued treatment with a community partner, including but not limited to allowing the MCO's agent timely access to the jail and the individual.

3.5. Contract Management

3.5.1. Ensure operation specific tools, such as job descriptions, policies and procedures, and statements of work, are developed, and staff are adequately trained, to ensure consistent and appropriate practice.

3.5.2. Attend monthly meetings with the HCA Contract Manager to discuss Contract requirements, compliance, and problem-solving. Attend additional meetings as required or deemed necessary by the HCA Contract Manager.

3.5.3. Contractor shall cooperate with periodic site visits by the HCA Contract Manager or designee and make all relevant records and personnel available.

4. REPORTING

Contractor shall complete performance monitoring activities, including the submission of timely and accurate data reports to the HCA Contract Manager, utilizing the HCA provided templates. Further evaluation, including on- and off-site data collection, may be conducted by HCA or an HCA-designated third party. Reporting shall include, but is not limited to, the following:

4.1. Monthly Progress Reports

4.1.1. Due no later than the 10th day of the month following the month in which the services being reported were provided.

4.1.2. See Attachment 1-A, *EXAMPLE - MOUD & MAUD in Jails Program Monthly Progress Report.*

4.2. Monthly Data Collection Spreadsheet

4.2.1. Due no later than the 10th day of the month following the month in which the services being reported were provided.

4.2.2. See Attachment 2, *MOUD Monthly Data Collection Spreadsheet.*

4.3. Data Collection Format

4.3.1. HCA anticipates shifting the data collection format from MFT to Program Data Acquisition Management and Storage (PDAMS) system during the term of this Contract. Contractor shall continue to collect data via Managed File Transfer (MFT) method until notified otherwise by the HCA Contract Manager in writing.

4.3.1.1. HCA Contract Manager shall notify Contractor of this change no less than ten (10) Business Days before implementing the new collection format.

5. COST REIMBURSEMENT

The payment format for this Contract is established as cost reimbursement. Reports and receipts must be submitted monthly with each A-19 invoice, as identified in this section and in Contract Section 3.4, *Invoice and Payment.*

5.1. Allowable Expenses

Only purchases and staff time which are not part of a Medicaid billable service are allowable. Refer to the following documents for Medicaid billing guidance and fee schedules:

5.1.1. Reentry from a carceral setting | Washington State Health Care Authority

5.1.2. Reentry Initiative Policy and Operations Guide

5.1.3. Provider billing guides and fee schedules | Washington State Health Care Authority

5.1.4. Email questions to hcareentrydemonstrationproject@hca.wa.gov

5.2. Monthly Estimated Costs

5.2.1. The estimated monthly cost reimbursement is as follows:

5.2.1.1. July 1, 2026 – June 30, 2027

Monthly Estimated Cost	Number of Months	Total Costs
$16,667	12	$200,000

5.2.2. Adjustments revising twenty-five percent (25%) or more of the Monthly Estimated Costs as identified in this section 5.2 must be submitted to the HCA Contract Manager or designee for

approval in writing, via email, at least fifteen (15) Business Days prior to expending the adjusted funds.

5.2.3. HCA approval must be granted, in writing, prior to expending funds.

5.3. Invoicing

Invoices must be submitted in conjunction with the monthly reports identified in this Statement of Work, Section 4, *Reporting*, and as follows:

5.3.1. Invoices shall be due no later than the tenth (10^{th}) day of the month following the month in which the expenses being invoiced were expended; and

5.3.2. As outlined in Contract Section 3.4, *Invoice and Payment*.

ATTACHMENT 1-A

EXAMPLE - MOUD & MAUD in Jails Program Monthly Progress Report

NOTE: Example below provided for reference only, the HCA Contract Manager will provide the fillable form for Contractor use prior to the July 1, 2026, implementation date.

CONTRACTOR NAME:	PROJECT MANAGER(S):	
MONTH REPORTING ON:	**CONTRACT FUNDING START:**	**CONTRACT FUNDING END:**
	July 1, 2026	June 30, 2027

1. INTAKE

☐ Screen all newly admitted individuals for risk of acute withdrawal from opioids and alcohol upon intake.

☐ MOUD[3], MAUD[4], and other medications which support the relief of withdrawal symptoms, such as alpha-2 adrenergic agonists (e.g., lofexidine), anti-emetics, anti-diarrheals, analgesics, and fluid and electrolyte replacement (e.g., Gatorade®) must be offered to individuals at no charge to the individual.

☐ Offer initiation of MOUD treatment to individuals who are physically dependent on opioids, may have withdrawal symptoms, or have disclosed recent use and anticipate withdrawal. Facilities shall not require tapering from the illicit opioid unless clinically indicated.

☐ Offer treatment for withdrawal with benzodiazepines to individuals entering the facility who are physically dependent on alcohol, if clinically appropriate.

☐ Continue MOUD and MAUD for individuals who are already taking these medications upon entering the facility. Continue the individual on the same medication at the same dose unless ordered otherwise by the prescriber based on clinical need, unless one of the following exceptions is applicable:

- Injectable long-acting naltrexone may be converted to an equivalent oral dose until just prior to release at which time the injectable form shall be restarted.
- Injectable long-acting buprenorphine may be converted to an equivalent oral dose until just prior to release at which time the injectable form shall be restarted.
- Oral buprenorphine may be converted to any of the three formulations available: film, tablet with naloxone, or tablet without naloxone.
- If the individual is not pregnant, methadone may be transitioned to buprenorphine if one of the following is applicable:
  - Contractor is not a licensed Opioid Treatment Program (OTP) and the nearest OTP willing to collaborate with the jail to provide methadone is not within reasonable driving distance from the jail, and the jail does not have nursing staff on site seven (7) days a week. The individual must be started back on methadone prior to release if they plan to resume methadone in the community.
  - There is no OTP within reasonable distance of the individual's release residence.

[3] Methadone, buprenorphine, naltrexone
[4] Naltrexone, acamprosate

Though MOUD/MAUD must not be discontinued on a policy or administrative basis because of the presence of other illicit or controlled substances, administration of the community-based MOUD or MAUD may be adjusted if clinically necessary due to pharmacologic risks of drug-drug interaction.

☐ Contractor shall screen for OUD and AUD without physical dependence (i.e., without a risk of acute withdrawal) and history of opioid overdose, soon after intake.

☐ Educate individuals on treatment choices and the process for continuation of access to MOUD/MAUD during incarceration and upon release.

☐ Make available and offer treatment using some formulation of methadone, buprenorphine, or naltrexone based on a mutually agreed-upon plan between the prescriber and the individual. The plan must take into consideration, among other clinically relevant factors, the availability of specific medications at their residence of release.

- Contractor may provide naltrexone or buprenorphine in oral formulation, with or without naloxone while the individual is incarcerated but must offer an oral formulation of buprenorphine WITH naloxone unless there is a clinical reason not to do so, e.g., the individual is allergic to naloxone at release.

☐ Contractor shall not allow an individual to undergo opioid withdrawal, including withdrawal using a tapering dose of buprenorphine or methadone, unless the individual provides an Informed Refusal of continuing maintenance MOUD treatment after withdrawing or the individual elects MOUD treatment with naltrexone.

- In either case, Contractor will offer the individual tapering doses of buprenorphine or methadone supplemented, as necessary, with alpha-2 adrenergic agonists (e.g., lofexidine), anti-emetics, anti-diarrheals, analgesics, fluid and electrolyte replacement (e.g., Gatorade®)).

- Initiation of buprenorphine or methadone, whether for maintenance or for withdrawal, must not be delayed for administrative reasons, e.g., unavailability of a prescriber, beyond when they are clinically indicated to be started.

2. DURING INCARCERATION

☐ Offer initiation of maintenance MOUD/MAUD to individuals who did not start MOUD/MAUD for acute opioid or alcohol withdrawal as identified at intake, e.g., individuals with OUD but without physical dependence, or individuals with AUD who underwent withdrawal.

- For all individuals initiation should begin soon enough to attempt stabilization of dosing prior to release.

- For individuals with a history of opioid overdose, initiation should begin as soon as possible after identified.

☐ Educate individuals on treatment choices and the process for continuation of access to MOUD/MAUD during incarceration and upon release.

☐ Contractor shall not use alternate-day or "balloon" dosing of buprenorphine (i.e., administering a dose of medication on one (1) day which is intended to last for two (2) or more days).

☐ Administer methadone and buprenorphine more often than one dose daily if clinically necessary, e.g., in some pregnant or post-partum individuals, those who metabolize the medication faster, and individuals who have side effects from large single doses.

☐ Offer counseling to individuals for their OUD/AUD if they are expected to remain in jail for longer than one (1) month. Provide MOUD/MAUD regardless of the individual's willingness to participate in counseling.

☐ There may be reasons an individual will not continue MOUD/MAUD in the community, such as no available treatment provider in the community to which the individual is released. If the individual will not continue MOUD/MAUD in the community, the decision when or if to discontinue MOUD/MAUD prior to release must be based on a mutually agreed-upon decision between the individual and the prescriber and must consider factors, including but not limited to, the risks of opioid misuse or overdose during incarceration, and the individual's willingness to receive a four-week (4-week) dose of an extended-release injectable buprenorphine just prior to release which will provide a safe, tapered withdrawal.

3. RELEASE

Contractor must accomplish the following prior to each individual's release from jail:

☐ Complete release planning and reentry coordination as soon as possible after admission to ensure an effective plan is in place prior to release, including in the event of an unexpected release of an individual who needs continued treatment and services.

☐ Provide at least two (2) doses of an opioid reversal agent (e.g., naloxone or Narcan®) and training on how to administer the medication to all individuals with OUD.

☐ Schedule the first community appointment with a treatment facility for continuation of MOUD or MAUD.

☐ Provide in hand, upon release, and at no cost to the individual, a sufficient number of doses of MOUD and/or MAUD to bridge the individual until the scheduled MOUD/MAUD follow-up appointment at the selected community treatment facility.

- If an individual is on a long-acting injectable medication, the Contractor will ensure the timing of the injectable medication ensures sustained treatment effect to bridge the individual to the scheduled MOUD/MAUD follow-up appointment at the selected community treatment facility.
- If an individual is at risk of being released directly from court, inform them prior to going to court that they may request to be transported back to jail by staff to receive these medications prior to going home.
- In situations where a follow-up appointment upon release cannot be made, e.g., after-hours bail-out, give the individual enough medication to last until the next available appointment at the community treatment. If the appointment date is unknown or cannot be reliably estimated, give the individual a 30-day supply at minimum.
- In situations where medications cannot be provided upon release, e.g., unscheduled release at a time when medical staff are not present in jail, Contractor must ensure the following:
  - The individual is informed that they may either return to the jail in the morning to receive bridge medications; or
  - If no medical staff are present the following day, call in a prescription for the same bridge medication to a local pharmacy, at no cost to the individual.

☐ Assist Medicaid-eligible individuals to sign up for Medicaid or assist individuals whose Medicaid coverage has been terminated to reestablish coverage.

☐ For any individual with Medicaid coverage, work cooperatively with the individual's Managed Care Organizations (MCO) to facilitate re-entry benefits and continued treatment with a community partner, including but not limited to allowing the MCO's agent timely access to the jail and the individual.

4. NOTES:

I attest that the general requirements of the MOUD/MAUD in Jails contract have been met as indicated herein.

AUTHORIZED REPRESENTATIVE SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED