

**JEFFERSON COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA REQUEST

TO: Board of County Commissioners
Mark McCauley, County Administrator

FROM: David Fortino

DATE: December 18, 2024

SUBJECT: Amendment to HCA Grant Contract for the Residential Substance Abuse Treatment Program.

STATEMENT OF ISSUE:

This Amendment to the HCA grant contract for Residential Substance Abuse Treatment will allow work to continue that has helped address behavioral health and substance use disorders among the inmate population of the Jefferson County Jail.

ANALYSIS:

This contract continues the Residential Substance Abuse Treatment program at the Jefferson County Jail that provides an opportunity for incarcerated individuals in our community to engage in inpatient treatment services locally, and gain a head start on their road to recovery. Additionally, this program enhances existing Substance Use Disorder (SUD) services, such as Relapse Prevention and Substance Use Disorder Assessments, as well as Behavioral Health Services.

FISCAL IMPACT:

The HCA Grant Contract Provides \$155,400 along with \$38,850 in matching county funds.

RECOMMENDATION:

Approve Contract Amendment - Washington State Healthcare Authority – Residential Substance Abuse Treatment in Prisons and Jails

REVIEWED BY:


Mark McCauley, County Administrator

12/11/23
Date

CONTRACT REVIEW FORM

(INSTRUCTIONS ARE ON THE NEXT PAGE)

CONTRACT WITH: Washington State Health Care Authority K4880 #4
(Name of Contractor/Consultant) Contract No.

COUNTY DEPARTMENT:

Contact Person: David Fortino
Contact Phone: 360-344-9743
Contact email: dfortino@co.jefferson.wa.us

AMOUNT: 155,400.00

PROCESS:

- ☐ Exempt from Bid Process
- ☐ Cooperative Purchase
- ☐ Competitive Sealed Bid
- ☐ Small Works Roster
- ☐ Vendor List Bid
- ☒ RFP or RFQ
- ☐ Other: _____

Revenue: _____

Expenditure: _____

Matching Funds Required: \$38,850

Sources(s) of Matching Funds MH Mileage fund

APPROVAL STEPS:

STEP 1: DEPARTMENT CERTIFIES COMPLIANCE WITH JCC 3.55.080 AND CHAPTER 42.23 RCW.

CERTIFIED: ☒ N/A: ☐

David Fortino

Digitally signed by David Fortino
Date: 2023.12.04 15:23:07 -08'00'

12/4/2023

Signature

Date

STEP 2: DEPARTMENT CERTIFIES THE PERSON PROPOSED FOR CONTRACTING WITH THE COUNTY (CONTRACTOR) HAS NOT BEEN DEBARRED BY ANY FEDERAL, STATE, OR LOCAL AGENCY.

CERTIFIED: ☒ N/A: ☐

David Fortino

Digitally signed by David Fortino
Date: 2023.12.04 15:23:26 -08'00'

12/4/2023

Signature

Date

STEP 3: RISK MANAGEMENT REVIEW (will be added electronically through Laserfiche):

Electronically approved by Risk Management on 12/7/2023.
Amendment adding funding.

STEP 4: PROSECUTING ATTORNEY REVIEW (will be added electronically through Laserfiche):

Electronically approved as to form by PAO on 12/6/2023.

STEP 5: DEPARTMENT MAKES REVISIONS & RESUBMITS TO RISK MANAGEMENT AND PROSECUTING ATTORNEY(IF REQUIRED).

STEP 6: CONTRACTOR SIGNS

STEP 7: SUBMIT TO BOCC FOR APPROVAL

		CONTRACT AMENDMENT for Residential Substance Abuse Treatment in Prisons and Jails	HCA Contract No.: K4880 Amendment No.: 4
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 Jefferson, County of		CONTRACTOR doing business as (DBA) Jefferson County Jail	
CONTRACTOR ADDRESS 79 Elkins Road Port Hadlock, WA 98339-9700		CONTRACTOR CONTRACT MANAGER Name: David Fortino Email: dfortino@co.jefferson.wa.us	
AMENDMENT START DATE October 1, 2023		CONTRACT END DATE September 30, 2024	
Prior Maximum Contract Amount \$438,731	Amount of Increase \$155,400	Total Maximum Compensation \$594,131	

WHEREAS, HCA and Contractor previously entered into a Contract for Residential Substance Abuse Treatment in Prisons and Jails, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.3, Amendments, to extend the term, add funding for federal fiscal year 2024, update HCA Contract Manager, and update attachments and schedule;

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

- Section 3.2, Term, Subsection 3.2.1 is amended to extend the end date from September 30, 2023 to September 30, 2024.
- Section 3.3, Compensation is amended to increase the Total Maximum Compensation by \$155,400.00, from \$438,731.00 to \$594,131.00. All internal references to the Total Maximum Compensation amount are updated accordingly.
- Section 3.6, Contractor and HCA Contract Managers, Subsection 3.6.3 is amended to change the HCA Contract Manager as follows:

Health Care Authority Contract Manager Information	
Name:	Rachel Brandhorst
Title:	Department of Justice Grants Administrator
Phone:	(360) 725-1889
Email:	rachel.brandhorst@hca.wa.gov

- Section 3.8, Incorporation of Documents and Order of Precedence is amended to read as follows:
3.8 Incorporation of Documents and Order of Precedence

Each of the documents listed below is by this reference incorporated into this Contract. In the event of an inconsistency, the inconsistency will be resolved in the following order of precedence:

- 3.8.1 Applicable Federal and State of Washington statutes and regulations;
 - 3.8.2 Recitals;
 - 3.8.3 Special Terms and Conditions;
 - 3.8.4 General Terms and Conditions;
 - 3.8.5 Attachment 6: Office of Justice Programs (OJP) Award Terms;
 - 3.8.6 Attachment 1: Federal Compliance, Certifications, and Assurances;
 - 3.8.7 Attachment 2: Federal Funding Accountability and Transparency Act (FFATA) Data Collection Form;
 - 3.8.8 Attachment 8: Standards of Care for Opioid Use Disorder;
 - 3.8.9 Schedule A: Statement of Work;
 - 3.8.10 Schedule A-1: Statement of Work, October 1, 2023- September 30, 2024;
 - 3.8.11 Attachment 7: Quarterly Report Template; and
 - 3.8.12 Any other provision, term or material incorporated herein by reference or otherwise incorporated.
5. Attachment 4, Federal Subaward Identification, K4880-04, is incorporated herein and attached hereto.
 6. Attachment 7, Quarterly Report Template, is replaced in its entirety and is incorporated herein and attached hereto.
 7. Attachment 8, Standards of Care for Opioid Use Disorder, is incorporated herein and attached hereto.
 8. Schedule A-1, Statement of Work, October 1, 2023- September 30, 2024, is incorporated herein and attached hereto.
 9. This Amendment will be effective October 1, 2023 ("Effective Date").
 10. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
 11. 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	Greg Brotherton	DATE SIGNED
HCA SIGNATURE DocuSigned by: <i>Andria Howerton</i>	PRINTED NAME AND TITLE Andria Howerton Deputy Contracts Administrator	DATE SIGNED 12/4/2023

Washington State
Health Care Authority

Substance Abuse Treatment Services
HCA Contract No. K4880-04

Philip Hunsucker - Approved as to form only

P. Hunsucker

ATTACHMENT 4
Federal Subaward Identification
K4880-04

1.	Federal Awarding Agency	Department of Justice
2.	Federal Award Identification Number (FAIN)	2019-J2-BX-0022
3.	Federal Award Date	09-28-2019
4.	Assistance Listing Number and Title	16.593 - Residential Substance Abuse Treatment for State Prisoners
5.	Is the Award for Research and Development?	☐ Yes ☒ No
6.	Contact Information for HCA's Awarding Official	Michael Langer, Acting Assistant Director WA State Health Care Authority Division of Behavioral Health and Recovery Michael.langer@hca.wa.gov 360-725-5252
7.	Subrecipient name (as it appears in SAM.gov)	Jefferson, County of
8.	Subrecipient's Unique Entity Identifier (UEI)	LP11B7JKFN38
9.	Subaward Project Description	Residential Substance Abuse Treatment (RSAT) for State Prisoners Program
10.	Primary Place of Performance	98339-9700
11.	Subaward Period of Performance	10/1/2023-9/30/2024
12.	Amount of Federal Funds Obligated by this Action	\$155,400
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	\$302,131
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	10%

This Contract is subject to 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information. The authorized representative for the Subrecipient identified above must answer the questions below. If you have questions or need assistance, please contact subrecipientmonitoring@hca.wa.gov.

1. Did the Subrecipient receive (1) 80% or more of its annual gross revenue from federal contracts, subcontracts, grants, loans, subgrants, and/or cooperative agreements; **and** (2) \$25,000,000 or more in annual gross revenues from federal contracts, subcontracts, grants, loans, subgrants, and/or cooperative agreements?

☐ YES ☒ NO

2. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

☒ YES ☐ NO

ATTACHMENT 7

Quarterly Report Template

Program Characteristics

– Program Characteristics

4. Does your RSAT program use evidence-based treatment services?

Yes

A. Select Yes or No

B. If yes, please describe the evidence-based treatment services.
Cognitive-Behavioral Therapy

No

5. Please enter the number of treatment staff who work directly with participants in the RSAT program. When answering 'A', please count all treatment staff regardless of funding source.

A. Number of treatment staff

B. Of those reported in 'A', how many are paid for at least partially using BJA program funds, including matching funds?

6. Please enter the amount of funds from all sources (in dollars) spent in your RSAT program during the reporting period for the following areas:

Funds Spent during Quarter	BJA Funds	Non-BJA Funds (All Other Sources)
Personnel		
Fringe benefits		
Supplies		
Equipment		
Contract/consultant fees		
Construction		
Indirect costs		
Other		

Jail-Based Programs

– Jail-Based Programs

7. During the reporting period, using BJA program funds including matching funds, did you pay for training for treatment staff to be cross trained in the Jail-based portion of the RSAT program?

A. **Select Yes or No** (Yes/No)

☐ Yes ☐ No

8. Please enter the number of treatment staff members who were cross trained in the Jail-based portion of the RSAT program.

A. **Number of treatment staff cross trained** (numeric)

9. During the reporting period, using BJA program funds including matching funds, did you pay for training for custody staff to be cross trained in the Jail-based portion of the RSAT program?

A. Select Yes or No (Yes/No)

Yes No

10. Please enter the number of custody staff members who were cross trained in the Jail-based portion of the RSAT program.

A. **Number of custody staff cross trained** (numeric)

– Risk Assessment and Treatment Planning

11. Of those who entered the Jail-based portion of the RSAT program during the reporting period, please enter the number of Jail-based participants who were administered a risk and/or needs assessment.

A. **Number of Jail-based participants administered a risk and needs assessment** (numeric)

12. Please name the risk assessment instrument(s) that is used to assess risk/need.

A. Risk assessment instrument(s) used:

13. Of those who entered the Jail-based portion of the RSAT program during the reporting period, please enter the number of such individuals who were identified as having high criminogenic risks and/or high substance abuse treatment needs.

A. **Number of Jail-based participants with high criminogenic risks/needs**(numeric)

14. Of those who entered the Jail-based portion of the RSAT program during the reporting period, please enter the number with an individualized substance abuse treatment plan.

A. **Number of Jail-based participants with an individualized treatment plan** (numeric)

– Number of Participants Receiving Services

15. Please enter the total number of Jail-based participants enrolled in the RSAT program as of the last day of the reporting period.

A. **Total number of Jail-based participants enrolled as of the last day of the reporting period** (numeric)

16. Please enter the number of NEW Jail-based participants admitted during the reporting period.

A. **Number of NEW Jail-based participants admitted** (numeric)

– Services Provided

17. Please enter the number of Jail-based participants who were provided services during the reporting period with BJA program funds, including matching funds, through the following treatment components:

A. **Substance abuse and treatment services** (numeric)

B. **Cognitive and behavioral services (cognitive behavioral services include interventions that address criminal thinking and antisocial behavior)** (numeric)

C. **Employment services** (numeric)

D. **Housing services** (numeric)

E. **Mental health services** (numeric)

F. **Other services** (numeric)

G. Please explain other services

4	1
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18. Please enter the number of Jail-based participants who were provided with transitional planning services with BJA program funds, including matching funds, during the reporting period.

A. **Number of Jail-based participants receiving transitional planning services** (numeric)

Medication Assisted Treatment (RSAT)

19. If your treatment program includes medication assisted treatment, which of the following medications are you utilizing? Check all that apply.

- A. We do not provide MAT (Skip next question)
- B. We do not have access to MAT (Skip next question)
- C. Naltrexone (Vivitrol®, depot naltrexone)
- D. Buprenorphine or Buprenorphine/Naloxone (Bup/NX) (Suboxone®,)
- E. Methadone

20. Of the total participants enrolled in your program, how many were deemed eligible for medication-assisted treatment and of those eligible, how many received MAT during the reporting period?

- A. **Individuals Eligible for MAT:** (numeric)
- B. **Individuals receiving at least one treatment:** (NUMERIC)

Program completion

21. Please enter the number of participants who successfully completed all requirements of the Jail-based portion of your RSAT program during the reporting period.

A. **Number of Jail-based successful completers** (NUMERIC)

22. Of those Jail-based participants who successfully completed all program requirements, please enter the number who were released to the community during the reporting period.

- A. **Number of Jail-based successful completers released to the community** (NUMERIC)
- B. **Of those reported in 'A', how many individuals were released under correctional supervision.** (NUMERIC)
- C. **Of the number of successful completers released to the community, how many individuals were referred to an aftercare program. Aftercare programs are defined in 42 U.S.C. 3796ff-1(c)** (numeric)

23. Of those Jail-based program completers released to the community, please enter the number with a continuity of care arrangement or reentry or transitional plan.

A. **Number of Jail-based successful completers with confirmed continuity of care arrangements** (numeric)

24. Please enter the number of individuals who did not complete the Jail-based portion of the RSAT program for the categories below.

Jail-based Incompletes	Number
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Number of participants no longer in the program due to termination for a new charge	
Number of participants no longer in the program due to release or transfer to another correctional facility	
Number of participants no longer in the program due to death or serious illness	
Number of participants no longer in the program due to voluntary drop out	
Number of participants no longer in the program due to failure to meet program requirements	
Number of participants no longer in the program due to violation of institutional rules	
Number of participants who did not complete the program for other reasons	
Please specify other reasons	

25. Of those Jail-based participants who left the RSAT program successfully, please enter the number who completed the program during the following timeframes.

A **0 to 3 months** (numeric)

B **4 to 6 months** (numeric)

C **7 to 9 months** (numeric)

D **10 months or more** (numeric)

26. Of those Jail-based participants who left the RSAT program unsuccessfully or did not complete the program, please enter the number who left the program during the following timeframes.

A **0 to 3 months** (numeric)

B **4 to 6 months** (numeric)

C **7 to 9 months** (numeric)

D **10 months or more** (numeric)

Alcohol and Substance Involvement

27. Please enter the number of Jail-based participants who were administered an alcohol/drug test (e.g., urinalysis test) before admission into your RSAT program.

A Number of Jail-based participants tested before admission

28. Of those enrolled in the Jail-based portion of the RSAT program, please enter the total number of participants tested for alcohol or illegal substances during the reporting period.

A Total number of Jail-based participants tested for alcohol or illegal substances

29. Of those enrolled in the Jail-based portion of the RSAT program, please enter the number of participants who tested positive for the presence of alcohol or illegal substances during the reporting period.
- A. Number of Jail-based participants who tested positive for alcohol or illegal substances
30. During the reporting period, please enter the number of participants who were administered an alcohol/drug test (e.g., urinalysis test) within 30 days after successfully completing your residential drug treatment program and are still under supervision of the program.
- A. Number of Jail-based participants tested after program completion
- B. Of that number, how many tested positive for alcohol or illegal substances after program completion

Upon funding year close out, please answer the following questions:

Court and Criminal Involvement

XXXXXXXXXXXX

☐ Court and Criminal Involvement: Jail Based

29. Since the start of the RSAT BJA award, how many Jail based participants:

- A. Are still participating in the Jail-based RSAT program?
- B. Have successfully completed the Jail-based RSAT program and released into the community?
- C. Did not complete the Jail-based RSAT program and released into the community?
- D. Were released into a mandated aftercare program. Aftercare programs are defined in 42 U.S.C. 3796ff-1(c)

30. Since the start of the RSAT BJA award, enter the total number of Jail-based participants released into the community who successfully completed and unsuccessfully exited and were reincarcerated:

Measure	Reincarcerated based on a New Criminal Charge	Reincarcerated based on a Revocation for a Technical Violation
Participants released into the community (excluding mandated aftercare programs) who successfully completed the Jail based program		
Participants released into the community (excluding mandated aftercare programs) who participated but unsuccessfully exited the program		

Save

Cancel

ATTACHMENT 8

Standards of Care for Opioid Use Disorder

1. Purpose.

To provide evidence-based substance use treatment to participants in the RSAT program both in custody and in the community who are identified with an opioid use disorder (OUD). Standard of care for participants with opioid use disorder (OUD) must include a full MOUD program with the following elements: an OUD screening, discussion of MOUD options between the incarcerated individual and provider, initiation prior to the onset of withdrawal or continuation of MOUD, release and reentry planning to include connection with continued treatment, same day release appointment when possible or MOUD to bridge patient until next appointment and naloxone upon release. Reentry planning may also include assisting the incarcerated individual with sign-up of Medicaid, reestablishing Medicaid and connection with the Managed Care Organizations (MCOs).

Health Equity - This project also intends to address inequities in OUD treatment and recovery services by providing medically necessary treatment for opioid use disorder to incarcerated individuals. The RSAT program should understand cultural barriers and provide culturally appropriate services and recognize the need for inclusion of people with lived experiences in the development of the RSAT programs. Additionally, this project intends to identify stigma and educate staff to ensure ongoing collaboration and openness to change.

2. Performance Work Statement.

The Contractor shall ensure funds are responsibly used towards the jail or prison based RSAT Program and provide the standard of care core components which include:

- a. FDA approved medication for opioid use disorder (MOUD) must be available and offered to all incarcerated individuals who are identified with OUD at intake. Individuals with OUD may decline MOUD at any time, but ongoing discussions on MOUD may be offered.
- b. Methadone, buprenorphine, naltrexone should all be offered unless: (a) an opioid treatment program (OTP) is not within reasonable driving distance from the jail or the community in which the patient will likely release, in which case the jail is not required to offer methadone as an option; or (b) there is no available buprenorphine provider in the community to which the patient will likely release, in which case the jail is not required to offer buprenorphine as an option. Naltrexone may be provided in oral formulation while the patient is incarcerated, but injectable long-acting naltrexone must be offered as an option prior to release. Long-acting injectable buprenorphine can also be offered.
- c. MOUD must be continued for those who are already taking MOUD upon entering the facility. MOUD is continued using the same medication, at the same dose unless ordered otherwise by the prescriber based on clinical need (documented in the patient's medical record) with the exception of injectable long-acting naltrexone which may be converted to an equivalent oral dose until just prior to release and the injectable form is restarted. Methadone may be transitioned to buprenorphine if the jail is not a licensed opioid treatment program (OTP) and the nearest OTP is not within reasonable driving distance from the jail. The presence of other illicit or controlled substances should not result in discontinuation of MOUD (consistent with the [2020 ASAM National Practice Guideline for the Treatment of Opioid Use Disorder](#)) Please also review and implement the newly released (June 2023), Bureau of Justice Assistance, [Guidelines for Managing Substance Withdrawal in Jails](#) .

- d. Screening for risk of acute withdrawal must be done upon intake. Screening for opioid use disorder (OUD) absent a risk of acute withdrawal must also be done, but it may be done after intake, as long as the delay does not impair the ability to begin treatment prior to release. The incarcerated individual must be educated on treatment choices and the process for continuation of access to MOUD, during incarceration, and upon release. (See resources for validated tool suggestions.)
- e. Individuals entering the facility who are physically dependent on opioids, must be offered MOUD treatment; withdrawal (including withdrawal using buprenorphine or methadone) is not acceptable unless the patient provides an informed refusal of treatment or the patient elects MOUD treatment with naltrexone, in which case withdrawal is clinically required. Use of other medications (clonidine, anti-emetics, anti-diarrheals, analgesics) may be used as adjuncts or may be used in place of opioid agonist or partial agonist if the individual so chooses, but they may not be the only withdrawal treatment available.
- f. Methadone and buprenorphine must be administered daily or more frequently. Alternate-day ("Balloon") dosing of buprenorphine may be used in rare cases based on a clinical need, the decision for which is arrived at jointly between the healthcare provider and patient and is well-documented in the patient's medical record.
- g. Release planning and reentry coordination completed as soon as possible to ensure an effective plan is in place prior to release or in the event of an unexpected release of an incarcerated individual who needs continued treatment and services.
- h. Provide at least 2 doses of naloxone and naloxone administration training to all incarcerated individuals with OUD upon release, pending availability of supplies.
 - i. If jail's Naloxone supply becomes depleted, work with HCA Contract Manager to assist in identifying alternative sources for Naloxone.
- i. Schedule the first community appointment with a treatment facility.
- j. Provide – in hand upon release and at no cost to the individual – sufficient doses of MOUD to bridge patient until scheduled MOUD follow-up appointment at community treatment facility (does not apply to patients treated with injectable MOUD).
 - i. Individuals who are at risk of being released directly from court are informed, prior to going to court, that they may request to be transported back to the jail by staff to receive these medications prior to going home.
 - ii. In situations where an appointment cannot be made, e.g., after-hours bail-out, resident is given enough medication to last until the next available appointment at the community treatment facility. If that date is unknown, the individual is given a minimum of a 7-day supply.
 - iii. In situations where medications cannot be provided upon release, e.g., unscheduled release at a time when medical staff are not present in the jail, the individual is informed that he/she may either return to the jail in the morning to receive bridge medications or, if no medical staff are present the following day, will have a prescription for the same bridging medication called to a local pharmacy, at no cost to the individual.
- k. Ensure policies and procedures are in place to mitigate medication diversion.

SCHEDULE A-1
Statement of Work

October 1, 2023 - September 30, 2024

1. Work Requirements

- a. Engage incarcerated individuals in the RSAT program, both in-custody and in the community.
 - 1. Focus on incarcerated individual's substance use disorder and mental health diagnosis and other behavioral health-related needs.
 - 2. Use a standardized, risks and needs screening instrument to help determine program eligibility.
 - 3. Determine necessary services in accordance with an American Society of Addiction Medicine (ASAM) assessment.
 - 4. Develop the RSAT offender's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems.
 - 5. Provide staff of a chemical dependency treatment staff certified by the State of Washington per Washington Administrative Code (WAC) 388-805.
 - i. Contractors can subcontract with a known and credible behavioral health treatment agency to best coordinate the identification of, and treatment for, individuals who are currently in custody and in need of behavioral health treatment.
 - ii. Contractors can hire their own behavioral health staff, who hold and maintain a Substance Use Disorder Professional license in the State of Washington, or holds and maintain a Substance Use Disorder Professional Trainee license AND have an approved Substance Use Disorder Professional Supervisor, fully licensed in the state of Washington, on staff in the facility. (Please see Title 18 RCW for further details in licensure requirements).
 - 6. Provide evidence-based substance use treatment, including medications to treat opioid use disorder and withdrawal management, in accordance with Attachment 8, Standard of Care for Opioid Use Disorder.
 - 7. Develop individualized treatment plans that are periodically update with progress and amended accordingly.
 - i. Provide Medications for treatment of Opioid Use Disorder (MOUD).
 - ii. Provide a designated housing space, separate from the general population, for RSAT participants.
 - iii. Require random urinalysis and/or other proven reliable forms of drug and alcohol testing for the RSAT participants throughout the duration RSAT program.

- iv. Assess for aftercare needs and schedule follow-up appointments with community agencies prior to individual's departure.
- v. Prepare inmates for successful community reintegration, including scheduled and confirmed post-release appointments for after care treatment and services.
- vi. Ensure each RSAT offender is enrolled in aftercare services upon their release from jail with an outpatient community substance abuse treatment facility certified by the State of Washington per Washington Administrative Code (WAC) 388-805.
- vii. Track the re-offense records of RSAT graduates for one (1) year.

2. Reporting Requirements

- a. **Program Plan Report.** Contractor will provide report to HCA Contract Manager for approval. Report will include, but not limited to, the following:
 - 1. Current staffing/hiring;
 - 2. Purchase of program supplies;
 - 3. Status of subcontracts or Memorandums of Understanding (MOU);
 - 4. Other components, as approved by HCA Contract Manager.
- b. **Quarterly Reports.**
 - 1. HCA Contract Manager will provide Contractor with report template within 10 days of contract execution.
 - 2. Contractor will use template to complete reports and provide to HCA Contract Manager for approval.
 - 3. Contractor will comply with the following DOJ/BJA reporting requirements in collaboration with the HCA DBHR.
 - i. No personal identifiable information;
 - ii. Numbers served/completing the program are required;
 - iii. Recidivism data, to include probation violation and new arrest convictions;
 - iv. HCA will report this information to the DOJ/BJA as part of the reporting requirements of the grant.
- c. **Report Components.** The following is a list of required report components, in accordance with the federal Bureau of Justice Assistance (BJA) all of which are elaborated on in Attachment 7, Quarterly Report Template.
 - 1. Average treatment cost per individual who receives program services.

2. Average length of stay in the program for incarcerated individuals completing the program.
3. Number of participants carried over from the previous reporting period and number of new participants.
4. The number of participants who successfully completed the program and number of participants who were terminated or dropped out.
5. The number of new treatment beds and the percentage of them funded with DOJ grant.
6. The number of days of residential treatment provided.
7. The number of participants completing the program who passed drug-testing.
8. The number of participants who were screened or enrolled in Medicaid.
9. Criminal recidivism of participants who successfully completed the program.
10. Criminal recidivism of participants who were unsuccessfully discharged from the program.

d. **Narrative**. Narrative program analysis/evaluation reports responding to the following questions:

1. What were your accomplishments during this reporting period?
2. What goals were accomplished as they relate to your grant application?
3. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?
4. Is there any assistance that BJA can provide to address any problems/barriers identified in question #3?
5. Are you on track to fiscally and programmatically complete your program as outlined in your grant application? (Please answer YES or NO and if no, please explain.)
6. What major activities are planned for the next 6 months?
7. Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with BJA?

3. Deliverables Table

1. Deliverables applicable for the period of October 1, 2023 to September 30, 2024.

#	Description	Date Range	Due Date	Rate	Max Payment
1	Program Plan Report	Applies to Quarters 1-4	10 days after contract execution	\$24,731 x 1 report	\$24,731
2	Quarterly Reports	Q1: 10/1/2023- 12/31/2023 Q2: 1/1/2024-3/31/2024 Q3: 4/1/2024-6/30/2024 Q4: 7/1/2024-9/30/2024	15 th business day of each month following the end of each quarter	\$32,667.25 per report x 4 reports	\$130,669
Maximum Compensation for HCA Contract K4880-04					\$155,400