

**MEMORANDUM OF AGREEMENT**  
between  
**King County Behavioral Health and Recovery Division**  
and  
**Redmond Police Department**

**I. SUBJECT**

The following Agreement is entered into between King County Behavioral Health and Recovery Division, hereafter BHRD, and Redmond Police Department, hereafter RPD.

**II. PURPOSE**

The purpose of this Agreement is to describe and assure continued partnership between BHRD and the RPD for the maintenance of Narcan (or other naloxone) kits and the application of Narcan to individuals requiring opiate antidote intervention.

**III. DEFINITIONS**

Narcan: Generic name naloxone, is a prescription medication used to treat opiate overdose. Narcan is indicated for reversal of respiratory depression or unresponsiveness in the setting of opiate overdose. It is a narcotic antagonist which blocks the opiates in the body.

**IV. RESPONSIBILITIES**

A. BHRD agrees to the following:

1. Provide or coordinate initial training on how to administer Narcan or opiate antidote intervention, if desired;
2. Coordinate Narcan kit orders for RPD with pharmacy;
3. Provide the Narcan kit(s) without a cost to the RPD and will refill the kits as resources allow; and
4. Provide forms in an electronic format for reporting and data collection purposes.

B. RPD agrees to the following:

1. Provide all services under this agreement in compliance with BHRD Policy and Procedures;
2. Coordinate with BHRD for the provision of services under this Memorandum of Agreement;
3. Ensure staff training:
  - a. All staff shall be trained to administer the intranasal form of Narcan; and
  - b. All staff shall receive an annual refresher training on Opiate Overdose Prevention and Narcan administration;
4. Order, Receive, and Store Narcan Kits:

- a. Narcan kits shall be maintained in appropriate conditions in accordance with pharmacy and manufacturer recommendations;
  - b. Naloxone kits shall be ordered through BHRD. Completed Naloxone Kit Request forms shall be submitted to [odprevention@kingcounty.gov](mailto:odprevention@kingcounty.gov). The pharmacy will deliver Narcan to BHRD or make other arrangements so that RPD can obtain Narcan; and
  - c. Narcan medication shall be kept in an Overdose Prevention Kit and will be stored according to the manufacturer's recommendations and RPD policy and procedures;
5. Provide quality assurance:
- a. RPD shall create and maintain operational policy and procedures related to opiate overdose response and Narcan administration. The policy and procedures shall include:
    - i. Guidelines for staff response to a suspected opiate overdose;
    - ii. Staff training;
    - iii. Documentation standards related to staff administration of Narcan to residents; and
    - iv. Guidelines to monitor Narcan supplies and ordering replacement kits when refills are needed. This includes disposal of Narcan medication that has expired; and
  - b. RPD shall seek guidance from BHRD staff, as needed, as it relates to the provision of services under this memorandum of agreement;
6. Meet the following reporting requirements:
- a. Incidence and Loss Reports: RPD shall submit an Opiate Overdose Incident and Loss Form to BHRD each time a Narcan kit is applied to an individual, lost, stolen, or for any other reason the kit is no longer available for use;  
  
Completed forms shall be faxed or emailed to BHRD within 48 hours of the occurrence: Attn: Ileana Janovich via Fax 206-296-0583 or via secure email at [odprevention@kingcounty.gov](mailto:odprevention@kingcounty.gov);
  - b. One-Time-Only Reports: Upon request from the BHRD, RPD shall submit one or more brief summaries of sample success stories accompanied by a release of information as provided by the BHRD. Person-identifying information should NOT be included; and
  - c. Otherwise suitable documentation mutually agreed upon.

**V. CONFIDENTIALITY**

All data concerning persons who received Narcan administration and their services shall be held in the strictest confidence by both organizations. Information on individuals shall not be disclosed directly or indirectly except where authorized by the person or requested by law. All information, records, and data collected in connection with these services shall be protected from unauthorized disclosure in accordance applicable regulations set forth in the Code of Federal Regulations (42 CFR Part 2) and compliant with all Federal HIPAA requirements.

**VI. COORDINATION**

Erin James and Ileana Janovich will be the primary contact between RPD and King County BHRD to collaborate on responding to information requests and resolving questions that may arise.

**VII. DISPUTE RESOLUTION**

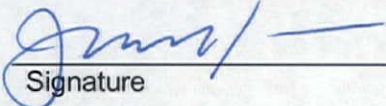
The parties shall use their best, good-faith efforts to cooperatively resolve disputes and problems that arise in connection with this memorandum of agreement. Both parties shall make a good faith effort to continue without delay to carry out their respective responsibilities while attempting to resolve the dispute under this section.

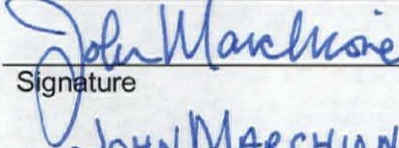
If there is a dispute of the terms and outcomes of this Agreement, the parties involved with the dispute shall first work with the BHRD Assistant Director to resolve the matter. If the matter is unresolved, both parties agree to follow King County dispute resolution protocols and procedures to resolve the matter.

**VIII. TERMINATION**

Either BHRD or RPD may terminate the Agreement, upon 30 days written notice. Required reports and/or unused Narcan kits shall be returned to BHRD or pharmacy, if applicable.

IN WITNESS HERETO, the King County Behavioral Health and Recovery Division and Redmond Police Department below, have executed this Agreement as of the dates written below:

KING COUNTY BHRD  
  
Signature  
FOR  
Jim Vollendroff, Director  
2/22/18  
Date

REDMOND POLICE DEPARTMENT  
  
Signature  
JOHN MARCHIONE MAYOR  
Name, Title (Please type or print)  
1/23/2018  
Date

# City Agreement Routing Form

The Project Administrator should complete the top section of this form, once Department Head/Designee signature has been obtained, attach the specified number of agreement originals to this form (have the contractor/supplier sign a 1 original copies before routing) and forward the documents to the City Clerk for internal city routing. The City Clerk will route the agreement to the Risk Manager for approval of insurance and indemnification requirements, to the City Attorney for approval as to legal form and to the Mayor for signature. The City Clerk will then attest/authenticate the Mayor's signature and will forward this form and remaining agreement(s) to Project Administrator.

Project Title: Renewal of the MOU between King County Behavioral Health and Recovery Division and the Redmond Police Dept. for the maintenance of Narcan

Type of Service: Behavioral Health and Recovery Division and the Redmond Police Dept. for the maintenance of Narcan

Supplier/Contractor Name: King County Behavioral Health and Recovery Division

Contract/Agreement Amount, Original: N/A Amended Amount: N/A

Council Approval Date: 9/4/14 Nature of Funding: N/A

Project Administrator: Lt. Charlie Gorman MailStop: PSPDA Phone: x 2566

Anticipated Agreement Start Date: on going Estimated Completion Date: none

Does this contract contain the purchase of technology related items/services?  YES  NO  
 If Yes, route to: I.S. Manager (3SFN)

I.S. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Will federal funds be used to pay for all or part of contract?  YES  NO  
 If Yes, check for debarment at [www.sam.gov](http://www.sam.gov)  
 (print results and keep a copy in project file)

Department Head/ Designee Signature: Vnst Wilko Date: 1/16/18

Comments: Discussed at Public Safety Committee meeting 1/16/18.

Account Numbers/ Distribution orig cc # 8230

NIGP/Commodity Code: \_\_\_\_\_

**ROUTING PROCESS: ( 2 copies)**

To: City Clerk \_\_\_\_\_ AC Date 1/22/18  
 (for routing and tracking)

Risk Manager \_\_\_\_\_ MES Date 1/22/18  
 (Signature or initials)

City Attorney \_\_\_\_\_ JMM Date 1/23/18  
 (Signature or initials)

(Note: If contract exceeds Mayor's authorized signing limits, route to City Clerk (3NFN) for council approval)  
 Mayor \_\_\_\_\_ JM Date 1/23/18  
 (Signature or initials)

City Clerk \_\_\_\_\_ OK Date 1/24/18  
 (Signature or initials)

**NOTE:** The agreement becomes fully executable once the Mayor has signed it. The Project Administrator may then forward one set of originals to the Contractor/Consultant and work may begin. The City's original will be retained by the City Clerk. Once all signatures have been obtained, forward a copy of this form to Accounts Payable, with payment instructions.

|                         |                                                      |                                                        |                           |
|-------------------------|------------------------------------------------------|--------------------------------------------------------|---------------------------|
| <b>Finance use ONLY</b> | Supplier Id <input style="width: 80%;" type="text"/> | Date Received <input style="width: 80%;" type="text"/> | Agreement # <u>8230-1</u> |
|-------------------------|------------------------------------------------------|--------------------------------------------------------|---------------------------|