

**Memorandum of Agreement Between  
King County Behavioral Health and Recovery Division  
And  
Provider Agency**

**I. SUBJECT**

The following Agreement is entered into between King County Behavioral Health and Recovery Division, hereafter, BHRD, and \_\_\_\_\_, hereafter, Provider Agency. The Agreement is in effect between April 1, 2016 and December 31, 2017.

**II. PURPOSE**

The purpose of this Agreement is to describe and assure continued partnership between BHRD and the Provider Agency 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 opioid overdose. Narcan is indicated for reversal of respiratory depression or unresponsiveness in the setting of opioid 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 opioid antidote intervention;
2. Provide the Narcan kit(s) without a cost to the Provider Agency and will refill the kits as resources allows; and
3. Provide forms in an electronic format for reporting and data collection purposes.

B. The Provider Agency agrees to the following:

1. Provide all services under this agreement in compliance with BHRD Policy and Procedures;
2. Coordinate with BHRD around the provision of services under this memorandum of agreement;
3. Staff Training;
  - a. Ensure all staff are trained to administer the intranasal form of Narcan;
  - b. Ensure all staff receive an annual refresher training on Opioid Overdose Prevention and Narcan administration;
  - c. Have agency representation at King County sponsored Train the Trainer Narcan trainings;

4. Delivery and Storage of Narcan Kits;
  - a. Maintain Narcan kits at housing sites as specified in Provider Agency's Opioid Overdose Prevention Partnership – Nalaxone Kit Request Form;
  - b. Notify King County staff to request refills of Narcan. Provider Agency will make arrangements with King County staff to receive Narcan refill kits;
  - c. Narcan medication shall be kept in an Overdose Prevention Kit and will be stored according to the manufacturer's recommendations and Provider Agency's policy and procedures; and
  - d. The storage location of agency Narcan kits shall be clearly marked for ease of identification.
  
5. Coordination of Care
  - a. The Provider Agency shall call 911 each time staff administers Narcan to a resident due to concerns of an opiate overdose.
  - b. Residents who are interested in obtaining their own personal prescription of Narcan may do so through their own primary care provider. Alternatively, they may obtain Narcan kits from the pharmacies listed here: <http://stopoverdose.org/faq.htm>.
  
6. Quality Assurance
  - a. The Provider Agency shall create and maintain operational policy and procedures related to opioid overdose response and Narcan administration. The policy and procedures shall include:
    - Guidelines for staff response to a suspected opioid overdose;
    - Staff training;
    - Documentation standards related to staff administration of Narcan to residents; and
    - Guidelines to monitor Narcan supplies and ordering replacement kits when refills are needed. This includes disposal of Narcan medication that has expired.
  - b. The Provider Agency shall seek guidance from BHRD staff, as needed, as it relates to the provision of services under this memorandum of agreement.
  
7. Reporting Requirements
  - a. Incidence and Loss Reports - The Provider Agency shall submit an Opioid Overdose Incident & Loss Form to BHRD each time a Narcan kit is lost, stolen, confiscated by law enforcement, expired, 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, the Provider Agency shall submit one or more brief summaries of a sample of resident success stories accompanied by a release of information as provided by the BHRD. Client identifying information should NOT be included.

**V. CONFIDENTIALITY**

All data concerning residents and their services shall be held in the strictest confidence by both organizations. Information on residents shall not be disclosed directly or indirectly except where authorized by the residents 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**

Kelly Dang, Community Services Division, will be the primary contact between the Provider Agency and 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 will 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 that are 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 Provider Agency may terminate the Agreement at a date prior to the completion date specified in this Agreement, in whole or in part, upon thirty days written notice. Required reports and/or unused Narcan kits shall be returned to BHRD, if applicable.

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

KING COUNTY BHRD

\_\_\_\_\_  
**Name of Provider Agency (Please type or print)**

FOR

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Jim Vollendroff, Director

\_\_\_\_\_  
Name, Title (Please type or print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date