CONTRACT AMENDMENT #5

SIGNATURE AND COVER PAGE

State Agency		Original Contract Number
Colorado Department of Human Services		23 IBEH 174449
Behavioral Health Administration		
Contractor		Amendment Contract Number
Douglas County Colorado for the use and benefit of Douglas		25 IBEH 193632
County Sheriff's Department		
Current Contract Maximum Amount		Contract Performance Beginning Date
Initial Term		July 1, 2022
State Fiscal Year 2023	\$885,366.28	
Extension Terms		Current Contract Expiration Date
State Fiscal Year 2024	\$778,624.00	June 30, 2025
State Fiscal Year 2025	\$688,550.00	
Total for All State Fiscal Years	\$2,352,540.28	

THE PARTIES HERETO HAVE EXECUTED THIS AMENDMENT

Each person signing this Amendment represents and warrants that he or she is duly authorized to execute this Amendment and to bind the Party authorizing his or her signature.

CONTRACTOR	STATE OF COLORADO	
Douglas County Colorado for the use and benefit of	Jared Polis, Governor	
Douglas County Sheriff's Department	Colorado Department of Human Services	
	Michelle Barnes, Executive Director	
By: George P. Teal, Chair, Board of County Commissioners	By: Dannette R. Smith, Commissioner, Behavioral Health Administration	
Date:		
	Date:	
In accordance with §24-30-202 C.R.S., this Amendment is not	valid until signed and dated below by the State Controller or an	
authorized	delegate.	
STATE CONTROLLER Robert Jaros, CPA, MBA, JD		
By: Toni Williamson / Telly Belton / Amanda Rios		
Amendment Effective Date	;	

1. PARTIES

This Amendment (the "Amendment") to the Original Contract shown on the Signature and Cover Page for this Amendment (the "Contract") is entered into by and between the Contractor, and the State.

2. TERMINOLOGY

Except as specifically modified by this Amendment, all terms used in this Amendment that are defined in the Contract shall be construed and interpreted in accordance with the Contract.

3. AMENDMENT EFFECTIVE DATE AND TERM

A. Amendment Effective Date

This Amendment shall not be valid or enforceable until the Amendment Effective Date shown on the Signature and Cover Page for this Amendment. The State shall not be bound by any provision of this Amendment before that Amendment Effective Date, and shall have no obligation to pay Contractor for any Work performed or expense incurred under this Amendment either before or after of the Amendment term shown in §3.B of this Amendment.

B. Amendment Term

The Parties' respective performances under this Amendment and the changes to the Contract contained herein shall commence on the Amendment Effective Date shown on the Signature and Cover Page for this Amendment and shall terminate on the termination of the Contract.

4. PURPOSE

In accordance with the provisions of this Contract and its exhibits and attachments, the Contractor shall provide substance abuse and mental health treatment in the Douglas County jail.

The purpose of this amendment is to update and replace the following exhibit with the most current version for Fiscal Year 2025: the Exhibit B-4, Budget.

This amendment reduces the FY25 Budget by \$8,000 for Substance Use Disorder Treatment funds resulting in a new FY25 Budget of \$688,550.00.

5. MODIFICATIONS

The Contract and all prior amendments thereto, if any, are modified as follows:

- A. The Contract Maximum Amount table on the Contract's Signature and Cover Page is hereby deleted and replaced with the Current Contract Maximum Amount table shown on the Signature and Cover Page for this Amendment.
- B. REPLACE Exhibit B-4, Budget, with Exhibit B-5, Budget, attached and incorporated by reference.

6. LIMITS OF EFFECT AND ORDER OF PRECEDENCE

This Amendment is incorporated by reference into the Contract, and the Contract and all prior amendments or other modifications to the Contract, if any, remain in full force and effect except as specifically modified in this Amendment. Except for the Special Provisions contained in the Contract, in the event of any conflict, inconsistency, variance, or contradiction between the

provisions of this Amendment and any of the provisions of the Contract or any prior modification to the Contract, the provisions of this Amendment shall in all respects supersede, govern, and control. The provisions of this Amendment shall only supersede, govern, and control over the Special Provisions contained in the Contract to the extent that this Amendment specifically modifies those Special Provisions.

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BHA Program

EXHIBIT B-5, FY25 ANNUAL BUDGET

Agency Name	Douglas County
Budget Period	July 1, 2024 - June 30, 2025
Project Name	JBBS

JBBS

Program Contact, Title	San Castillo, Program Administrator
Phone	303-814-7024
Email	scastillo@dcsheriff.net_
Fiscal Contract, Title	Andrew Coplant, Director of Finance
Phone	303-663-6175
Email	acopoland@douglas.co.us
Date Completed	August 21, 2024

SERVICE (CATEGORIES	
Services (Fixed Price per rate Schedule)	Funding Source	Total
Substance Use Disorder Treatment	State General Fund	\$332,034.00
Mental Health Treatment	State General Fund	\$256,516.00
Competancy Enhacement Services	State General Fund	\$100,000.00
	Total Contract	\$688,550.00
JBBS RAT	E SCHEDULE	
Statewide Maximum Salaries		
Positions should be hired at salary levels indicative of qualifications, experi	ence, and organization pay scl	nedules. This table indicates a maximum salary
only. It is understood that many positions will be hired at lower salary level		,
Licensed Therapist (LPC/LCSW/LAC/LMFT)*		\$84,872/year
Unlicensed Master's Level Therapist or Substance Abuse Counselor (example CAS)*		\$68,959/year
Unlicensed Bachelor's Level Therapist or Substance Abuse Counselor (example CAS)*		\$63,654/year
Case Manager (CM) *		\$58,349/year
Certified Addiction Technician (CAT)		\$44,558/year
Physician Assistance (PA) *		\$127,308/year
MD/DO *		\$266,569/year
JBBS Program Administrator (Primary responsibility of managing the jail's JBBS		\$103,538/year
program.) *		,,,,
Pre-sentence Coordinator *		\$72,100/year
Pharmascist (Pharm-D)		\$135,891/year
Registered Nurse *		\$76,385/year
Data Entry Clerk		\$42,436/year
Peer Support Specialist		\$36,050/year
Qualified Medication Administration Person (QMAP)		\$15.97/hour
*BHA will reimburse salaries up to the state maximum		Ψ20107/11041
*BHA may consider rates 10% above statewide maximum salaries pending justificat	ion from jails and written pre-ap	proval by BHA
Travel	,	· · · · · ·
Mileage (IRS rate)		\$0.67/mile
Operating Expenses	<u>I</u>	*************************************
Maximum total percentage of contract budget		10%
Training and continuing education for jail employees/clinicians (including but not lin	nited to OMAP. CIT. Motivationa	
Informed Care, (Certified Addiction Specialist -Classes only) may be included in the		,
BHA may pay for one licensing test per clinician (NCE, MAC, NCAC). Up to \$200 per of	· · · · · · · · · · · · · · · · · · ·	
BHA may consider operating expenses above 10% of total contract budget pending	· · · · · · · · · · · · · · · · · · ·	n nro-annroval by RHA
Indirect Expenses	justification from Jans and writte	пре-арриота ву вид
Maximum total percentage of contract budget		10%
BHA may consider operating expenses above 10% of total contract budget pending	justification from jails and writte	
RECOVERY SUPPORT SERVICES		
Allowed Services *		Additional Notes
Application Fees ID / Birth Certificates		
Indigent Backpacks		
Basic Hygiene Items		
Bicycles	May be provided if client is or	ngaged in treatment services for 2 + months post
Dicycles	release. 1 bike per person.	ibabea in treatment services for 2 + months post
Bus Pass – Daily, Monthly	release. I bike per person.	
Child Care	1 month limit per client, per c	hild
cinia care	1 - month mint per chent, per t	aniu

FY25 JBBS Budget Page 1 of 2

Educational Costs (books, supplies, and fees) Emergency Housing/Rental Assistance Food Assistance Gas Vouchers GED Program / Testing Job Placement Training Life Skills Training Medical Assistance—copays / Infectious disease testing Medical Assistance—Topays / Infectious disease testing Medical Assistance—Topays / Infectious disease testing Personal Care (eg. haircuts) Phone Cards Pre-paid Cell Phones To be paid for upon release and after client attends 2 appointments in the community. Cost of the phone and up to 2 months of bills. Printed Resources Transportation Assistance Transportation to Residential Treatment Un / BAs Unit of \$100.00 per person Unities WEDICATIONS Medication relimbursement will be based on a) providers established and written pre-approval by BHA MEDICATIONS Medication relimbursement will be based on a) providers established rate or b) jail purchase agreement rate or c) in the absence of an established rate or jail purchase agreement rate the following BHA rate schedule. Psychotropic Medication will be reimbursed at rate established on Preferred Drug List (PDL) which can be found at https://www.colorado.gov/hcpf/pharmacy resources Medication Methadone S18/day. Methodone treatment, including medication and integrated psychosocial and Monthly Medication and S8. S9. Monthly Prescriber Rate: 5150 Depot-naltrexone (injectable) (Vivitrol) S1.376/unit; 380mg injection (extended release) per month Buprenorphine/paloxone sublingual film (suboxone) - 2mg/3mg S14/month Buprenorphine/paloxone sublingual film (suboxone) - 3mg/2mg S14/month Buprenorphine/paloxone sublingual film (suboxone) - 2mg/3mg S14/month Buprenorphine/e-maloxone sublingual film (suboxone) - 2mg/3mg S14/mont	Clothing	
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Buprenorphine - 2mg \$31/month	MEDICATIONS Medication reimbursement will be based on a) providers established jail purchase agreement rate the following BHA rate schedule. Psychotropic Medication will be reimbursed at rate established on Phttps://www.colorado.gov/hcpf/pharmacy resources Medication Methadone Naltrexone (oral) Depot-naltrexone (injectable) (Vivitrol) Buprenorphine (pregnancy) - 8mg Buprenorphine (pregnancy) - 2mg Buprenorphine/naloxone sublingual film (suboxone) - 12mg/3mg Buprenorphine/naloxone sublingual film (suboxone) - 8mg/2mg Buprenorphine/naloxone sublingual film (suboxone) - 4mg/1mg Buprenorphine/naloxone sublingual film (suboxone) - 2mg/0.5mg	d rate or b) jail purchase agreement rate or c) in the absence of an established rate or Preferred Drug List (PDL) which can be found at Rate \$18/day. Methodone treatment, including medication and integrated psychosocial and Monthly Medication Rate: \$85. Monthly Prescriber Rate: \$150 \$1,376/unit; 380mg injection (extended release) per month \$41/month \$31/month \$275/month \$140/month
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Sublocade (injectable) \$1,376/unit; 380mg injection (extended release) per month	MEDICATIONS Medication reimbursement will be based on a) providers established jail purchase agreement rate the following BHA rate schedule. Psychotropic Medication will be reimbursed at rate established on Phttps://www.colorado.gov/hcpf/pharmacy resources Medication Methadone Naltrexone (oral) Depot-naltrexone (injectable) (Vivitrol) Buprenorphine (pregnancy) - 2mg Buprenorphine/naloxone sublingual film (suboxone) - 12mg/3mg Buprenorphine/naloxone sublingual film (suboxone) - 8mg/2mg Buprenorphine/naloxone sublingual film (suboxone) - 4mg/1mg Buprenorphine/naloxone sublingual film (suboxone) - 2mg/0.5mg Naloxone (Narcan) Suboxone and generics	d rate or b) jail purchase agreement rate or c) in the absence of an established rate or Preferred Drug List (PDL) which can be found at Rate \$18/day. Methodone treatment, including medication and integrated psychosocial and Monthly Medication Rate: \$85. Monthly Prescriber Rate: \$150 \$1,376/unit; 380mg injection (extended release) per month \$41/month \$31/month \$275/month \$140/month \$140/month \$140/month Unit Cost: \$75. Prescriber Rate: \$35 \$5.55 / unit @30 days = \$166.50 for a 2mg-0.5mg dose; range can increase from 4mg-
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Revised 03_04_2024

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