

**North Sound Behavioral Health Administrative Services Organization  
HARPS**

**Cost Reimbursement Budget**

**Lifeline Connections**

November 1, 2020 to June 30, 2021

**Revenues**

HCA HARPS Housing Subsidies	99,324
DOC HARPS Housing Subsidies	154,861
HCA HARPS SABG Housing Subsidies	40,000
HCA 5% Admin	4,966
DOC 5% Admin	7,743
MHBG Deliverables	133,240
General State Funds *	47,047
	<hr/>
Total	\$ 487,181

**Expenses**

Housing Subsidies	294,185
HARPS Program Expenses	192,996
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Total	\$ 487,181

\* Can increase depending on subsidies actually spent and/or deliverables earned

## EXHIBIT C

### HARPS Housing Bridge Subsidy Guidelines July 1 - June 30

Goal	Task	Performance Measure	Due Date*	Payment	Total
1	Weekly updates on number of referrals from state psychiatric hospitals (Western State Hospital and Eastern State Hospital)	Send a Word Document via email to the HCA HARPS Program Manager with the number of individuals referred by the State Hospital(s), date of the referral, and current housing status for participants referred by the state hospitals. <i>(Do NOT include any identifying personal information in the updates)</i>	Tuesday of each following week	\$200 per HARPS team weekly update x 4 weeks per month x 12 month for a maximum of 12 months	\$9,600
2	At least two (2) FTE from the HARPS team attend an HCA facilitated training event on the SAMHSA model Evidence-Based Practice of Permanent Supportive Housing (EBH PSH)	Sign in sheet verifying program staff attended the HCA facilitated EBP PSH Training Event	by 6/30/2021	1 payment of \$5,000 for EBP PSH Training	\$5,000
3	Document HARPS Landlord Outreach and Engagement Activities in monthly HARPS Participant Excel Log using the Landlord Outreach Tab submitted to the HCA through the FTP site, or an alternative acceptable secured email transmission no later than the 15th of following month.	At least 5 landlord/property manager contacts documented in the Landlord Outreach Tab of the Monthly HARPS Participant Excel Log Report the submitted to HCA and approved by the Program Manager.	Due by the 15th of each following month	12 months (assuming full staffing and start of services July 1 <sup>st</sup> @ \$4,000 per report received and approved	\$48,000

Goal	Task	Performance Measure	Due Date*	Payment	Total
4	<p>Document expenditures of subsidies and submit monthly HARPS Participant Excel Log. Monthly and aggregate information is needed on HARPS subsidies. Monthly HARPS Participant Excel report of number of individuals enrolled, actively receiving supportive housing supportive services, housed and number of individuals achieving 6 months of housing retention. (Retention may consist of moving into different dwellings but continually housed). Payment will be pro-rated for unfilled positions based upon 3 FTE.</p>	<p>Monthly HARPS Participant Excel Log Report submitted to HCA via secure process and approved by the Program Manager</p> <p>Reporting Template can be found at: <a href="https://nsbhaso.org/for-providers/forms">https://nsbhaso.org/for-providers/forms</a></p>	<p>Due by the 15th of each following month</p>	<p>12 months (assuming full staffing and start of services July 1<sup>st</sup> @ \$4,000 per monthly participant Excel log received</p>	<p>\$48,000</p>
5	<p>Quarterly report with results of the project activities for the period including a participant success story with a signed media release. Report shall include:</p> <ul style="list-style-type: none"> <li>• Describe staff development activities for reporting period (including orientation and training).</li> <li>• Indicate any other project activities or events, including meetings with local Continuums of Care, Coordinated Entry Programs, Peer Bridger's, housing, and housing services providers meetings.</li> <li>• Date(s)/duration of the training or meeting</li> <li>• Subject of the training or meeting</li> <li>• Discuss value/impact on the pilot project</li> <li>• A Participant Success Story</li> </ul>	<p>Due by the 20th of the month following the quarter</p> <p>Quarter 1, July-September, report due October 20th</p> <p>Quarter 2, October-December, report due January 20th</p> <p>Quarter 3, January-March, report due April 20th</p> <p>Quarter 4, April-June, report due July 20<sup>th</sup></p> <p>Reporting Template can be found at: <a href="https://nsbhaso.org/for-providers/forms">https://nsbhaso.org/for-providers/forms</a></p>	<p>Quarterly HARPS Report submitted to HCA and approved by the program manager.</p>	<p>4 quarterly reports (assuming start of services July 1<sup>st</sup> @ \$8,000 per report</p>	<p>\$32,000</p>

Goal	• Task	Performance Measure	Due Date*	Payment	Total
6	Document expenditures of SUD only subsidies and submit monthly HARPS SUD Participant Excel log report detailing HARPS enrolled participants that receive services and/or subsidies using Monthly SUD Only Excel Log. Monthly HARPS SUD Participant Excel report of number of individuals enrolled, actively receiving supportive housing supportive services, housed and number of individuals achieving 6 months of housing retention. (Retention may consist of moving into different dwellings but continually housed). Payment will be pro-rated for unfilled positions based upon 3 FTE.	Monthly HARPS Participant SUD Excel Log Report submitted to HCA via secure process and approved by the Program Manager.  Reporting Template can be found at: <a href="https://nsbhaso.org/providers/forms">https://nsbhaso.org/providers/forms</a>	Due by the 15th of each following month	12 months (assuming full staffing and start of services July 1 <sup>st</sup> @ \$3,500 per monthly HARPS participant Excel log received and approved by DBHR Program Manager	\$42,000
7	One (1) HARPS team member shall participate as a reviewer in one (1) PSH cross-site fidelity review (in-person or virtually) to be facilitated by the Department's HARPS Program Manager.	A copy of the consensus scored report with recommendations from the fidelity review team and travel expenditures.	By 6/30/2021	Minimum of one (1) FTE participant in at least one (1) cross-site fidelity review @ \$5,840	\$5,840
	<b>TOTAL</b>				\$190,440

**EXHIBIT D**

**PEER PATH FINDER**

**PERFORMANCE AND PAYMENT**

Deliverables for Goals 1 and 2 are funded with Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response funds and are subject to all restrictions and rules associated with that funding stream.

<b>PERFORMANCE AND PAYMENT CHART</b>				
<b>GOAL #</b>	<b>TASK</b>	<b>DUE DATE</b>	<b>PERFORMANCE MEASURE</b>	<b>PAYMENT</b>
<b>1</b>	Reports on the activities of the Peer pathfinder project using the DBHR template to document the steps, successes and lessons learned. Funding will be prorated for any unfilled positions.	Report Due Quarterly by the 20 <sup>th</sup> of the following month.	Receipt of Report submitted and approved identifying training provided to SUD Peers, coordination with emergency departments, law enforcement, CoCs etc.	4 report @ \$5,000 totaling \$20,000 for this goal.
<b>2</b>	Provide outreach and engagement services to individuals who are homeless/risk of homelessness and suspected of OUD/SUD with two SUD Peer FTE positions. Assist individuals with suspected OUD/SUD to access Medicaid Assisted Treatment (MAT) Services, Out/In patient SUD treatment, access Medicaid and other governmental funding such as SNAP. Funding will be prorated for any unfilled positions	Due monthly by the 20 <sup>th</sup> of the following month.	Receipt of a monthly HMIS performance report [Service Summary] indicating the number of individuals receiving services and breakdown of type of services received during the reporting period. Payment will be prorated for FTEs	12 reports @ \$7,987 each totaling \$95,844 for this goal
<b>TOTAL</b>				<b>\$115,844.</b>

## EXHIBIT E

### Statement of Work for Peer Pathfinder Services

#### 1. PURPOSE

The Pathfinder Peer Project will build on the already established DBHR Projects for Assistance in Transition from Homelessness (PATH) program to provide peer recovery support in two environments; emergency rooms and homeless encampments. The project will link the individuals to needed MAT services and assist in navigating systems and addressing barriers to independence and recovery.

#### 2. DEFINITIONS

2.1 **“Case Management”** for pathfinder clients means:

- 2.1.1 Preparing a plan for the provision of community mental health or co-occurring Substance Use Disorder services to PATHFINDER Eligible Homeless individuals and reviewing such plan not less than once every 3 months.
- 2.1.2 Providing assistance in obtaining and coordinating social and maintenance services for PATHFINDER Eligible Homeless individuals, including services relating to daily living activities, personal financial planning, transportation, Habilitation and Rehabilitation services, prevocational and vocational services, and Housing Services.
- 2.1.3 Providing assistance to PATHFINDER Eligible Homeless individuals in obtaining income support services, including housing assistance, food stamps, supplemental security, disability income benefits, and veterans' benefits.
- 2.1.4 Referring PATHFINDER Eligible Homeless individuals for other services consistent with the PATH client's needs.

2.2 **“Opiate Use Disorder”** means individuals with unmet treatment needs including addition to prescription opioids as well as illicit drugs such as heroin.

2.3 **“SAMHSA”** means the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

2.4 **“State Opioid Response”** or **“SOR”** means an award from the Substance Abuse and Mental Health Services Administration (SAMHSA) to help DHHS and substance use disorder providers combat the opioid crisis in Washington. It is a statewide effort to address the opioid epidemic through increased access to prevention, treatment, and recovery services.

2.5 **“Medication Assisted Treatment”** or **“MAT”** is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.

2.6 **“Stimulant Use Disorder”** or **“SUD”** is a type of substance use disorder that involves the abuse of stimulants. It is defined in the DSM-5 as "the continued use of amphetamine-type substances, cocaine, or other stimulants leading to clinically significant impairment or distress, from mild to severe".

**EXHIBIT F**

**Federal Award Identification for Subrecipients (reference 2 CFR 200.331)**

**Substance Abuse Prevention and Treatment Block Grant**

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound Behavioral Health-ASO
(ii) Subrecipient's unique entity identifier; (DUNS)	071855191
(iii) Federal Award Identification Number (FAIN);	B08TI010056-19
(iv) Federal Award Date (see §200.39 Federal award date);	10/11/2019
(v) Subaward Period of Performance Start and End Date;	7/1/2020 – 9/30/2020
(vi) Amount of Federal Funds Obligated by this action;	\$10,000.00
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$10,000.00
(xiii) Total Amount of the Federal Award;	\$38,119,291
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 <a href="mailto:Keri.waterland@hca.wa.gov">Keri.waterland@hca.wa.gov</a>
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.959 Substance Abuse Prevention and Treatment Block Grant
(xii) Identification of whether the award is R&D; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	de minimus (10%)

**EXHIBIT G**

**Federal Award Identification for Subrecipients (reference 2 CFR 200.331)**

**Block Grants for Community Mental Health Services**

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound Behavioral Health-ASO
(ii) Subrecipient's unique entity identifier; (DUNS)	958386666
(iii) Federal Award Identification Number (FAIN);	3B09SM010056
(iv) Federal Award Date (see §200.39 Federal award date);	07/18/2019
(v) Subaward Period of Performance Start and End Date;	7/1/2020 – 6/30/2021
(vi) Amount of Federal Funds Obligated by this action;	\$190,440.00
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$190,440.00
(xiii) Total Amount of the Federal Award;	\$16,048,884.00
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 <a href="mailto:Keri.waterland@hca.wa.gov">Keri.waterland@hca.wa.gov</a>
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.958 Block Grants for Community Mental Health Services
(xii) Identification of whether the award is R&D; and	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	FED FINANCIAL REPORTING SECTION MANAGER,



## EXHIBIT H

**Federal Award Identification for Subrecipients**  
(reference 2 CFR 200.331)  
**Washington State Opioid Response II (SOR II) Grant**

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound BH-ASO
(ii) Subrecipient's unique entity identifier; (DUNS)	958386666
(iii) Federal Award Identification Number (FAIN);	H79TI083286
(iv) Federal Award Date (see §200.39 Federal award date);	08/27/2020
(v) Subaward Period of Performance Start and End Date;	10/1/2020 – 9/30/2021
(vi) Amount of Federal Funds Obligated by this action;	\$115,844.
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$115,844.
(xiii) Total Amount of the Federal Award;	\$27,173,792.
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 <a href="mailto:Keri.waterland@hca.wa.gov">Keri.waterland@hca.wa.gov</a>
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.788
(xii) Identification of whether the award is R&D; and	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	de minimis (10%)

## EXHIBIT I

### Department of Commerce Long Term Subsidies

Contractor will utilize funding under this contract for the purpose of paying ongoing rental assistance on behalf of members of the priority population described below, after subsidies allowable under Housing and Recovery through Peer Services (HARPS) funds are exhausted.

#### Priority Populations for Housing Services funded under this Contract:

Individuals assessed as homeless or in imminent risk of homelessness who meet at least one of the following populations must be served:

1. Individuals discharging from state psychiatric hospitals OR
2. Individuals discharging from community psychiatric inpatient beds OR
3. Individuals discharging from intensive substance use treatment facilities

#### Supportive Services

All individuals who receive housing services funded under this Contract must be enrolled/authorized to receive outpatient supportive services in the public behavioral health system, including the Foundational Community Supports program. These outpatient supportive services may include but are not limited to the following supportive services:

- Case management
- Care coordination
- Clinical supervision
- Behavioral health services
- Substance use treatment
- Vocational support services
- Supportive Housing services

Supportive Housing Services are administered by DSHS and carried out through other funding sources, and are provided in partnership with MCOs, BHOs, BH-ASOs, or state hospitals through programs like HARPS, PORCH, BRIDGES or PATH or the Foundational Community Supports Program.

#### Use of Contract Funds:

These contract funds are intended solely for housing rental subsidies to help qualified individuals secure and maintain housing. Allowable costs are rent (including past-due rent), security deposits, application fees, and moving costs). Funds can be braided with other housing assistance (deposits, application fees, etc.), but not duplicated.

**EXHIBIT I**  
Department of Commerce  
Long Term Subsidies

Eligible Housing Types and Maximum Costs

Examples of eligible housing types include master leasing agreements, multiple or scattered units in existing public or nonprofit housing and units in privately owned properties. If rents exceed 120 percent of applicable Fair Market Rents, Contractor must submit the rationale to Commerce for approval.

Data and Reporting Requirements:

- Monthly participant HARPS logs
- Commerce Monthly Subsidy logs. Commerce reserves the right to modify reporting requirements.