

EXHIBIT A

Statement of Work

The Contractor will provide the services and staff to perform all activities deemed necessary and appropriate to fulfill contractual obligations as described below.

1. Service Provision

The Contractor will:

- 1.1 Ensure Eligible Individuals are eligible to receive treatment services provided through funding by this grant.
- 1.2 Ensure that staff are trained on the required GPRA data collection process within ninety (90) days of the date the contract was executed.
- 1.3 Ensure that each individual receiving treatment services funded through the grant works with staff that provide various social service interventions including, but not limited to: managing referrals, completing required data collection, developing and managing recovery care plans, peer services, recovery coaching, skill development support, and discharge planning.
- 1.4 The Contractor will ensure that services to Eligible Individuals are not denied to any individual regardless of:
 - 1.4.1 The individual's drug(s) of choice;
 - 1.4.2 The fact that an individual is taking medically-prescribed medications; and
 - 1.4.3 The fact that an individual is using over the counter nicotine cessation medications or actively participating in a Nicotine Replacement Therapy regimen.
- 1.5 The Contractor will serve all Eligible Individual Washington State residents who are transient and require services, subject to available funds and service availability.
- 1.6 Regarding Services and Activities to Ethnic Minorities and Diverse Populations, the Contractor will:
 - 1.6.1 Ensure all services and activities provided under this Program Agreement will be designed and delivered in a manner sensitive to the needs of all ethnic minorities and diverse populations.
 - 1.6.2 Initiate actions to ensure or improve access, retention, and cultural relevance of treatment, prevention or other appropriate services, for ethnic minorities and other diverse populations in need of treatment and prevention services.

- 1.6.3 Take the initiative to strengthen working relationships with other agencies serving these populations.

2. Data Collection

The Contractor will:

- 2.1 Attend training provided by Health Care Authority (HCA) when requested.
- 2.2 Ensure that data is collected and submitted through SPARS on all WASEC Grant services, as required by HCA.
- 2.3 Ensure that the Government Performance and Results Act (GPRA) intake interview data is collected and entered into the SPARS as required by SAMHSA and the WASEC Grant for all individuals receiving grant funding.
- 2.4 Ensure that at least eighty percent (80%) of individuals that receive treatment services complete a six (6) month follow-up GPRA survey.
- 2.5 Ensure that all discharged individuals receive a GPRA discharge interview or administrative discharge.
- 2.6 Between monthly report submission dates, on an as needed basis, the Contractor will provide prompt responses to North Sound BH-ASO/HCA on questions about data quality and completeness.

EXHIBIT B

Performance Payment and Deliverable Table

The maximum amount is \$33,500			
Deliverable		Due Date	Maximum Payment Total
1	Submit monthly reports to the NS BH-ASO deliverables mailbox including updates on progress and items listed in Exhibit D, (\$2,000 per month x Up to 12 months = \$24,000).	Report due the 15 th of each month following the month in which services were provided.	Up to \$24,000
2	Submit provision of services and GPRA intake reports to the North Sound BH-ASO Contract Manager demonstrating progress towards the total minimum 7 unique individuals, (\$500 per month x Up to 12 months = \$6,000).	Report due by the 15 th of each month following the month in which services were provided.	Up to \$6,000
3	Submit completion of GPRA reports to the HCA Contract Manager reports to include follow-up engagement with a minimum of 80% of the 24 unique individuals identified at intake in item #4 above (\$200 per month x Up to 12 months = \$2,400).	Each GRPA follow-up will be completed six months after date of intake. To be included for the monthly report using the items in Table B	Up to \$2,400
4	Submit a year one (1) report to the HCA Contract Manager combining and summarizing the information in the regular monthly reports at the end of 12 months.	December 31, 2021	\$1,100
		Maximum Total Amount	\$33,500
DELIVERABLE #7			
Deliverable #7 is for the Contractor to recoup funds at the end of the project period that were not able to be received from Deliverables #3, #4, and #5. The total maximum amount of funds to be received by the Contractor is up to \$20,000.			
5	Submit claim for remaining unused funds that were not able to be included in prior monthly claims (from items #1, #2, and #3 above) due to insufficient timing for implementation of services (\$2,345 per month x Up to 6 months = \$14,070).	December 31, 2021	Up to \$14,070

EXHIBIT C

Federal Award Identification for Subrecipients (reference 2 CFR 200.331)

Washington State Emergency COVID-19 (WASEC) Project

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound Behavioral Health Administrative Services Organization
(ii) Subrecipient's unique entity identifier; (DUNS)	958386666
(iii) Federal Award Identification Number (FAIN);	H79FG000267
(iv) Federal Award Date (see §200.39 Federal award date);	06/29/2020
(v) Subaward Period of Performance Start and End Date;	7/1/2020 – 12/31/2020
(vi) Amount of Federal Funds Obligated by this action;	\$154,000
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$154,000
(xiii) Total Amount of the Federal Award;	\$2,000,000
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Washington State Emergency COVID-19 (WASEC) Project
(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 Keri.waterland@hca.wa.gov
(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;	93.665
(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).	10%

EXHIBIT D

North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO)
COVID-19 EMERGENCY GRANT REPORTING TABLE

Items to Include in Monthly Report: Due at the time of invoicing. Send to deliverables@nsbhaso.org	
1. Number of new clients receiving grant-funded treatment services.	
2. Number of new clients receiving grant-funded recovery support services.	
3. Number of new clients receiving any grant-funded treatment or recovery support services (unduplicated sum of 1 and 2).	
4. Number of new clients with a Serious Mental Illness (SMI) receiving any grant-funded services.	
5. Number of new clients with a Substance Use Disorder (SUD) receiving any grant-funded services.	
6. Number of new clients receiving any grant-funded services with an SUD and SMI (Co-occurring).	
7. Number of new clients under the age of 11.	