

	CONTRACT AMENDMENT BEHAVIORAL HEALTH – ADMINISTRATIVE SERVICES ORGANIZATION	HCA Contract No.: K4949 Amendment No.: 3
THIS AMENDMENT TO THE BEHAVIORAL HEALTH – ADMINISTRATIVE SERVICES ORGANIZATION CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.		
CONTRACTOR NAME North Sound Behavioral Health Organization	CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 2021 E. College Way, Suite 101 Mount Vernon, WA 98273	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 603-583-336	

WHEREAS, HCA and Contractor previously entered into a Contract for behavioral health services, and;

WHEREAS, HCA and Contractor wish to amend the Contract to: 1) add funding for July 1, 2021 through December 31, 2021; 2) revise contract expectations and requirements; 3) update Exhibit A, Non-Medicaid Rate Allocations; 4) update Exhibit F, Federal Award Identification for Subrecipients; 5) add Schedule F, Whatcom County Crisis Stabilization Center-Diversion Pilot; and 6) add Schedule G – Trauma Informed Counseling Services to Children and Youth in Whatcom County Schools;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. The total maximum consideration for this Contract is increased by \$6,027,180.00, from \$31,030,155.00 to \$37,057,335.00.
2. Section 2, General Terms and Conditions, 2.3, Report Deliverable Templates, subsection 2.3.1, is amended to read as follows:
 - 2.3.1 Templates for all reports that the Contractor is required to submit to HCA are hereby incorporated by reference into this Contract. HCA may update the templates from time to time, and any such updated templates will also be incorporated by reference into this Contract. The report templates are located at: <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/model-managed-care-contracts>. The Contractor may email HCA at any time to confirm the most recent version of any template to HCABHASO@hca.wa.gov.
 - 2.3.1.1 Report templates include:
 - 2.3.1.1.1 Community Behavioral Health Enhancement (CBHE) Funds Quarterly Report
 - 2.3.1.1.2 Criminal Justice Treatment Account (CJTA) Quarterly Progress Report
 - 2.3.1.1.3 Crisis Housing Voucher Log (King only)
 - 2.3.1.1.4 Crisis System Metrics Report

- 2.3.1.1.5 Crisis Triage/Stabilization and Increasing Psychiatric Bed Capacity report
- 2.3.1.1.6 Data Shared with External Entities Report
- 2.3.1.1.7 Enhanced Mobile Crisis Response Report (quarterly) (Beacon and Spokane only)
- 2.3.1.1.8 E&T Discharge Planner Report
- 2.3.1.1.9 Federal Block Grant Annual Progress Report
- 2.3.1.1.10 Grievance, Adverse Authorization Determination, and Appeals
- 2.3.1.1.11 Juvenile Court Treatment Program Reporting
- 2.3.1.1.12 Mental Health Block Grant (MHBG) Project Plan
- 2.3.1.1.13 Mobile Crisis Block Grant Stimulus report
- 2.3.1.1.14 Non-Medicaid Expenditure Report
- 2.3.1.1.15 Peer Bridger Participant Treatment Engagement Resources report
- 2.3.1.1.16 Peer Bridger Program
- 2.3.1.1.17 Semi-Annual Trueblood Misdemeanor Diversion Fund Report
- 2.3.1.1.18 Substance Abuse Block Grant (SABG) Capacity Management Form
- 2.3.1.1.19 Substance Abuse Block Grant (SABG) Project Plan
- 2.3.1.1.20 Trauma Informed Counselling Services to Children and Youth in Whatcom County Schools (Whatcom only)
- 2.3.1.1.21 Trueblood Lifeline Connections Transportation log (Beacon only)
- 2.3.1.1.22 Trueblood Quarterly Enhanced Crisis Stabilization/Crisis Triage Report (Beacon, Spokane and King only)
- 2.3.1.1.23 Whatcom County Crisis Stabilization Center – Diversion Pilot (Whatcom only)

3. Section 7, Quality Assessment and Performance Improvement, 7.6 Required Reporting for Behavioral Health Services, subsection 7.6.4, is amended to read as follows:

- 7.6.4 The Contractor shall continue to report to HCA data related to ITA investigations and detentions under Chapter 71.05 and 71.34 RCW within 24 hours.
 - 7.6.4.1 When reporting ITA investigations, the Contractor will report to HCA the NPI of the facility to which the Individual was detained. This will include both mental health and substance use disorder detentions.
 - 7.6.4.2 For Individuals on a Single Bed Certification the ASO will report the NPI of the hospital accepting the Single Bed Certification.

7.6.4.3 When reporting commitment data, the BH ASO will include the NPI of the facility to which the Individual was committed. This also applies to Individuals who have had a revocation hearing and are returned to a secure inpatient facility.

4. Section 14, Care Management and Coordination , 14.4 Care Coordination and Continuity of Care: State Hospitals and Community Hospital and Evaluation Treatment 90/180 Civil Commitment Facilities, subsection 14.4.7 is amended to read as follows:

14.4.7 The Contractor shall respond to requests for participation, implementation, and monitoring of Individuals receiving services on conditional release consistent with requirements for LRA treatment services as described in RCW 71.05.585.

14.4.7.1 If the individual is enrolled in managed care plan, the MCO will purchase the services.

14.4.7.2 If the individual is Medicaid fee-for-service, Medicaid will cover the services.

14.4.7.3 If the Individual is covered by commercial insurance, the insurance provider will purchase the care.

14.4.7.4 If the Individual is non-funded, the BH ASO will be responsible for purchasing the LRA treatment services.

5. Section 14, Care Management and Coordination , 14.4 Care Coordination and Continuity of Care: State Hospitals and Community Hospital and Evaluation Treatment 90/180 Civil Commitment Facilities, 14.4.9 Peer Bridger Program, is amended to read as follows:

14.4.9 Peer Bridger Program

14.4.9.1 The Contractor shall develop and implement a Peer Bridger program staffed by at least one or more Peer Bridger(s) based on FTE allocation table in Exhibit A in each region and in collaboration with the MCOs in the region to facilitate and increase the number of State Hospital discharges and promote continuity of services when an Individual returns to the community. Services shall be delivered equitably to Individuals assigned to the MCOs and the Contractor. BH-ASO regions may begin utilizing Peer Bridgers for local psychiatric inpatient discharges. The program shall follow Peer Bridger program standards found in Peer Bridger, Exhibit G.

14.4.9.2 The Contractor shall ensure that the Peer Bridger is allowed to attend treatment activities with the Individual during the one hundred twenty (120) day period following discharge if requested by the Individual. Examples of activities include but are not limited to: intake evaluations, prescriber appointments, treatment planning, etc. This may be extended on a case-by-case basis.

14.4.9.3 Contractor may utilize Peer Bridger Participants Relief Funds to assist Individual's with engaging, re-engaging, and service retention with services aligned/associated with continuing in treatment for mental health and/or SUD.

14.4.9.4 Contractor shall track Peer Bridger Participants Relief Funds. Contractor shall submit the Peer Bridger Participant Treatment Engagement Resources report to HCABHASO@hca.wa.gov by the 15th of the following month.

14.4.9.4.1 Peer Bridger Participant Relief Funds may be used to purchase, but are not limited to the following items:

14.4.9.4.1.1 Bus passes for Individual's transportation to treatment;

14.4.9.4.1.2 Individual's clothing for employment interviews; and

14.4.9.4.1.3 Individual's data minutes for pay-as-you go mobile phone or device.

14.4.9.5 Data reporting. The Contractor shall:

14.4.9.5.1 Submit to HCA the Peer Bridger Monthly Report by the 15th of the month following the month being reported, for each region, on the template provided by HCA;

14.4.9.5.2 When reporting service encounters, use the Rehabilitation Case Management Services code for services within inpatient settings or other appropriate outpatient modalities ensuring no duplication of services occur; and

14.4.9.5.3 When reporting Behavioral Health Supplemental Transactions into BHDS, ensure the "Program ID – 42" start/stop date is recorded.

6. Section 16, Scope of Services – Crisis System, 16.4 Crisis Operational Requirements, a new subsection 16.4.2 is added as follows:

16.4.2 Through the use of FBG stimulus funds the Contractor, will enhance mobile crisis services by adding CPC.

16.4.2.1 Contractor will issue funds to existing mobile crisis response (MCR) teams to add a minimum of one CPC.

16.4.2.1.1 CPCs will be required to complete the HCA CPC continuing education curriculum for peer services in crisis environments.

16.4.2.1.2 MCR team supervisors of CPCs must complete the HCA sponsored Operationalizing Peer Support training for supervisors by June 1, 2022.

16.4.2.2 The Contractor will submit a quarterly Mobile Crisis Block Grant Stimulus report. The first report is due January 31, 2022 (October -December) and quarterly thereafter April 30 (January-March), July 31 (April-June), and October 31 (July-September). Submit reports to hcabhaso@hca.wa.gov. The Contractor will include in the report:

16.4.2.2.1 A description of the aggregate number of Individuals served by CPC; and

16.4.2.2.2 A narrative describing successes and challenges.

16.4.2.3 Each BH-ASO will receive additional funding for up to two CPCs per RSA, training costs and associated administration (10 percent).

All remaining subsections are subsequently renumbered and internal references updated accordingly.

7. Section 16, Scope of Services – Crisis System, 16.5 Crisis System Services, subsection 16.5.1 is amended to read as follows:

- 16.5.1 The Contractor shall make the following services available to all Individuals in the Contractor's RSAs, in accordance with the specified requirements:
 - 16.5.1.1 Crisis Triage and Intervention to determine the urgency of the needs and identify the supports and services necessary to meet those needs. Dispatch mobile crisis or connect the Individual to services. For Individuals enrolled with a MCO, assist in connecting the Individual with current or prior service providers. For Individuals who are AI/AN, assist in connecting the Individual to services available from a Tribal government or IHCP.
 - 16.5.1.2 Behavioral Health ITA Services shall be provided in accordance with WAC 246-341-0810. Services shall include investigation and evaluation activities, management of the court case findings and legal proceedings in order to ensure the due process rights of the Individuals who are detained for involuntary treatment. The Contractor shall reimburse the county for court costs associated with ITA and shall provide for evaluation and treatment services as ordered by the court for Individuals who are not eligible for Medicaid, including Individuals detained by a DCR.
 - 16.5.1.3 Services provided in Involuntary Treatment facilities such as Evaluation and Treatment Facilities and Secure Withdrawal Management and Stabilization facility, must be licensed and certified by DOH. These facilities must have adequate staff to provide a safe and secure environment for the staff, patients and the community. The facilities will provide evaluation and treatment services to limit the duration of involuntary treatment until the person can be discharged back to their home community to continue their treatment without the loss of their civil liberties. The treatment shall be evidence-based practices to include Pharmacological services, psycho-social classes, withdrawal management as needed, discharge planning, and warm handoff to follow-up treatment including any less restrictive alternative care ordered by the court.
 - 16.5.1.4 Contractor will be responsible for tracking less restrictive alternative orders that are issued by a superior court within their geographic regions.
 - 16.5.1.4.1 Tracking responsibility includes notification to the Individual's MCO of the LRA order so that the MCO can coordinate LRA treatment services.
 - 16.5.1.4.1.1 The MCO is responsible to coordinate care with the Individual and the treatment provider for the provision of LRA treatment services.
 - 16.5.1.4.1.2 The MCO is responsible to monitor or purchase monitoring services for Individuals receiving LRA treatment services.
 - 16.5.1.4.1.3 Monitoring will include coordination with the appropriate DCR provider, including non-compliance.
 - 16.5.1.4.2 For individuals not enrolled in a managed care plan, BH-ASO is responsible for coordinating LRA treatment services with the Individual and the LRA treatment provider for the following:
 - 16.5.1.4.2.1 Unfunded Individuals.
 - 16.5.1.4.2.2 Individuals who are not covered by the Medicaid fee-for-service program.
 - 16.5.1.4.2.3 Individuals who are covered by commercial insurance.

16.5.1.4.3 The BH-ASO will monitor or purchase monitoring services for Individuals receiving LRA treatment services.

16.5.1.4.3.1 Monitoring will include reporting non-compliance with the appropriate DCR provider.

16.5.1.4.3.2 For out of region Individuals who will be returning to their home region, upon notification from the regional superior court, the BH-ASO will notify the home region BH-ASO of the Less Restrictive Order. The home region ASO will then be responsible for notifying the appropriate MCO (if applicable), tracking the LRA, coordinating with the Individual and the LRA treatment provider, and purchasing or providing LRA monitoring service.

16.5.1.5 Authority for treatment of services for individuals released from a state hospital in accordance with RCW 10.77.086(4), competency restoration. BH-ASO may submit an A-19, not to exceed \$9,000 without prior written approval from HCA, for transition teams services and treatment services provided to non-Medicaid individuals released from a state hospital in accordance with RCW 71.05.320 or who are found not guilty by reason of insanity (NGRI).

8. Section 16, Scope of Services – Crisis System, 16.6 Coordination with External Entities, a new subsection 16.6.9 is added as follows:

16.6.9 Contractor shall submit a co-responder implementation plan on how they will issue funds solely for grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within the region by January 1, 2022.

16.6.9.1 Each region shall submit a timeline to hcabhaso@hca.wa.gov for implementation of services by January 1, 2022.

16.6.9.2 Co-responder funds can be used for first responder programs like fire, EMTs as well as law enforcement.

16.6.9.3 BH-ASOs will submit a co-responder implementation report describing the aggregate number of Individuals served by the co-responder and a narrative describing successes and challenges. The first report is due April 30, 2022, for the quarter ending March 31 and quarterly thereafter on July 31 (April-June), October 31 (July-September), and January 31 (October 31-December 31). Submit the report to hcabhaso@hca.wa.gov.

9. Exhibit A-3, Non-Medicaid Funding Allocation, is effective July 1, 2021 through December 31, 2021 and supersedes and replaces Exhibit A-2, and is attached hereto and incorporated herein.

10. Exhibit F-2, Federal Award Identification for Subrecipients, is effective July 1, 2021 through December 31, 2021 and supersedes and replaces Exhibit F-1, and is attached hereto and incorporated herein.

11. Schedule F, Whatcom County Crisis Stabilization Center- Diversion Pilot, is effective July 1, 2021 through December 31, 2021, and is attached hereto and incorporated herein.

12. Schedule G, Trauma Informed Counseling Services to Children and Youth in Whatcom County Schools, is effective July 1, 2021 through December 31, 2021, and is attached hereto and incorporated herein

13. This Amendment will be effective November 1, 2021 (“Effective Date”).

14. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.

15. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by HCA.

	PRINTED NAME AND TITLE Joe Valentine, Executive Director	DATE SIGNED
HCA SIGNATURE	PRINTED NAME AND TITLE Annette Schuffenhauer, Chief Legal Officer	DATE SIGNED

**Exhibit A-3: Non-Medicaid Funding Allocation
North Sound BH-ASO**

This Exhibit addresses non-Medicaid funds in the North Sound RSA for the provision of crisis services and non-crisis behavioral health services for July 1, 2021 through December 31, 2021, of state fiscal year (SFY) 2022. Amounts can be utilized during SFY ending June 30, 2022, unless otherwise noted.

MHBG and SABG funds will be administered by the BH-ASO in accordance with the plans developed locally for each grant. Block grant funding is shown for the full SFY 2022, and spending in July-December 2021 is also counted out of these totals.

Table 1: North Sound RSA July-December 2021 (SFY22) GF-S Funding

Fund Source	Monthly	Total 6 Months
Flexible GF-S	\$1,117,711.00	\$6,706,266.00
PACT	\$23,166.00	\$138,996.00
Assisted Outpatient Tx	\$19,737.00	\$118,422.00
1109 PACT	\$19,477.00	\$116,862.00
Flexible GF-S (ASO)- Begin FY2021- Proviso (7B)	\$55,385.00	\$332,310.00
Jail Services	\$30,628.00	\$183,768.00
ITA - Non-Medicaid funding	\$22,865.00	\$137,190.00
Detention Decision Review	\$8,958.00	\$53,748.00
Long-Term Civil Commitment Court Costs	\$402.00	\$2,412.00
Trueblood Misdemeanor Diversion	\$18,662.00	\$111,972.00
Island County Crisis Stabilization	\$0.00	\$0.00
Juvenile Drug Court	\$11,650.00	\$69,900.00
DMA	\$48,441.00	\$290,646.00
Secure Detox	\$28,913.00	\$173,478.00
Behavioral Health Advisory Board	\$3,333.00	\$19,998.00
Ombuds	\$3,750.00	\$22,500.00
Discharge Planners	One-Time payment (Six months)	\$53,647.00
BH Service Enhancements	One-Time payment (Six months)	\$389,594.00
SB 5092(65) Added Crisis Teams/including child crisis teams	One-Time payment (Annual)	\$2,496,794.00
SB 5073-ASO monitoring CR/LRA	One-Time payment (Annual)	\$40,000.00
Blake Navigator Program	One-Time payment (Annual)	\$2,619,377.00
Whatcom County Crisis Stabilization Diversion Pilot (\$300K)and Trauma Informed School Counselling (\$200K)	One-Time payment (Annual)	\$500,000.00
SB 5476 Blake decision Lead Admin	One-Time payment (Annual)	\$140,000.00
Total	\$1,413,078.00	\$14,717,880.00

Table 2: North Sound RSA FY 2022 Grant Funding (12 months)

Fund Source	Total FY2022
MHBG (Full Year SFY2022)	\$1,186,032
Peer Bridger (Full Year SFY2022)	\$240,000
FYSPRT (Full Year SFY2022)	\$75,000
SABG (Full Year SFY2022)	\$3,314,438
Total	\$ 4,815,470

Table 3: North Sound RSA Covid Grant Funding (Utilization until March 2023)

Fund Source	Total FY2022
MHBG Covid (BH-ASO) Peer Pathfinders Transition from Incarceration Pilot	\$71,000
MHBG Covid (BH-ASO) Treatment -Crisis Services	\$227,109
MHBH Covid MH Services non-Medicaid services & individuals	\$1,037,744
MHBG Covid - Peer Bridger Participant Relief Funds	\$11,109
MHBG Covid - Addition of Certified Peer Counselor to BHASO Mobile Crisis Response Teams	\$190,900
SABG Covid BH-ASO Treatment Funding	\$2,186,014
SABG Covid Peer Pathfinders Transition from Incarceration Pilot	\$71,000
Total	\$ 3,794,876

Table 4: North Sound RSA - Funds available Statewide to bill up to - Full FY 2022 amount

Fund Source	Total FY2022
SB 5071 - Full FY amount is available to Providers for the cost of monitoring CR/LRA State Hospital discharged Individuals.	\$69,000

Explanations

All proviso dollars are GF-S funds. Outlined below, are explanations of the provisos and dedicated accounts applicable **to all regions that receive the specific proviso**:

- **Juvenile Drug Court:** Funding to provide alcohol and drug treatment services to juvenile offenders who are under the supervision of a juvenile drug court.
- **State Drug Court:** Funding to provide alcohol and drug treatment services to offenders who are under the supervision of a drug court.
- **Jail Services:** Funding to provide mental health services for mentally ill offenders while confined in a county or city jail. These services are intended to facilitate access to programs that offer mental health service upon mentally ill offenders' release from confinement. This includes efforts to expedite applications for new or re- instated Medicaid benefits.
- **WA - Program for Assertive Community Treatment (WA - PACT)/Additional PACT:** Funds received per the budget proviso for development and initial operation of high-intensity programs for active community treatment WA- PACT teams.
- **1109 PACT Startup:** Funding to ensure the productive startup of services while maintaining fidelity to the PACT model. These funds are provided for provider startup expenses.
- **Detention Decision Review:** Funds that support the cost of reviewing a DCR's decision whether to detain or not detain an individual under the State's involuntary commitment statutes.
- **Criminal Justice Treatment Account (CJTA):** Funds received, through a designated account in the State treasury, for expenditure on: a) SUD treatment and treatment support services for offenders with an addition of a SUD that, if not treated, would result in addiction, against whom charges are filed by a prosecuting attorney in Washington State; b: the provision of drug and alcohol treatment services and treatment support services for nonviolent offenders within a drug court program.
- **CJTA Therapeutic Drug Court:** Funding to set up of new therapeutic courts for cities or counties or for the expansion of services being provided to an already existing therapeutic court that engages in evidence-based practices, to include medication assisted treatment in jail settings pursuant to RCW 71.24.580.
- **Assisted Outpatient Treatment:** Funds received to support Assisted Outpatient Treatment (AOT). AOT is an order for Less Restrictive Alternative Treatment for up to ninety days from the date of judgment and does not include inpatient treatment.
- **Dedicated Marijuana Account (DMA):** Funding to provide a) outpatient and residential SUD treatment for youth and children; b) PPW case management, housing supports and residential treatment program; c) contracts for specialized fetal alcohol services; d) youth drug courts; and e) programs that support intervention, treatment, and recovery support services for middle school and high school aged students. All new program services must direct at least eighty-five percent of funding to evidence-based on research-based programs and practices.
- **ITA Non-Medicaid – Mobile Crisis (5480 Proviso):** Funding that began in 2013, to provide additional local mental health services to reduce the need for hospitalization under the Involuntary Treatment Act in accordance with regional plans approved by DBHR.

- **Secure Detoxification:** Funding for implementation of new requirements of RCW 71.05, RCW 71.34 and RCW 71.24 effective April 1, 2018, such as evaluation and treatment by a SUDP, acute and subacute detoxification services, and discharge assistance provided by a SUDP in accordance with this Contract.
- **Crisis Triage/Stabilization and Step-Down Transitional Residential:** Funding originally allocated under SSB 5883 2017, Section 204(e) and Section 204(r) for operational costs and services provided within these facilities.
- **Behavioral Health Enhancements (one-time payment):** Funding for the implementation of regional enhancement plans originally funded under ESSB 6032 and continued in ESHB 1109.SL Section 215(23).
- **Discharge Planners (one-time payment):** These are funds received for a position solely responsible for discharge planning.
- **Trueblood Misdemeanor Diversion Funds:** These are funds for non-Medicaid costs associated with serving individuals in crisis triage, outpatient restoration, Forensic PATH, Forensic HARPS, or other programs that divert individuals with behavioral health disorders from the criminal justice system.
- **Ombuds:** Specific General Fund allocation to support a regional ombuds.
- **Behavioral Health Advisory Board (BHAB):** Specific General Fund allocation to support a regional BHAB.
- **SB 5092(65) Added Crisis Teams/including Child Crisis Teams:** Funds to support the purchase of new mobile crisis team capacity or enhancing existing mobile crisis staffing and to add or enhance youth/child Mobile crisis teams.
- **SB 5476 Blake decision – SUD Regional Administrator:** Funds to support the regional administrator position responsible for assuring compliance with the recovery navigator program standards, including staffing standards.
- **SB 5476 Blake decision Navigator Program –** Funds available to implement the recovery navigator plan that meets program requirements including demonstrating the ability to fully comply with statewide program standards.
- **SB 5073 - ASO monitoring Conditional Release/Less Restrictive Alternative –** Funds to support resources needed to coordinate and manage Non-Medicaid Conditional Release Individuals in transitional status who will transfer back to the region they resided in prior to entering the state hospital upon completion of transitional care.
- **SB 5071 - Full FY amount available - Provider cost of monitoring CR/LRA State Hospital discharged individual –** Funds to support the treatment services for individuals released from a state hospital in accordance with RCW 10.77.086(4), competency restoration. BH-ASOs may submit an A-19, not to exceed \$9,000 per Individual. Amounts are statewide pooled funds and are limited to funds available.

- **MHBG Covid (BH-ASO) Peer Pathfinders Transition from Incarceration Pilot** – Funds to support the Peer Pathfinders Transition from Incarceration Pilot Program intended to serve Individuals exiting correctional facilities in Washington state who have either a serious mental illness or co-occurring conditions.
- **MHBG Covid Enhancement Treatment - Crisis Services** – Funds to supplement non-Medicaid individuals and non-Medicaid crisis services and systems.
- **MHBG Covid Enhancement Mental Health Services non - Medicaid services and individuals** - Funds to supplement non-Medicaid individuals and non-Medicaid mental health services that meet MHBG requirements.
- **MHBG Co-Responder funds** - Funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions.
- **SABG Co-Responder funds** - Funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions.
- **MHBG Covid Enhancement - Peer Bridger Participant Relief Funds** – Peer Bridger Participants Relief Funds to assist Individual's with engaging, re-engaging, and supporting service retention aligned/associated with continuing in treatment for mental health and/or SUD.
- **MHBG Covid Enhancement - Addition of Certified Peer Counselor to BHASO Mobile Crisis Response Teams** – FBG stimulus funds for Contractor to enhance mobile crisis services by adding certified peer counselors.
- **SABG Covid Enhancement BH-ASO Treatment Funding** - Funds to supplement non-Medicaid individuals and non-Medicaid Substance Use Disorder services that meet federal block grant requirements.
- **SABG Covid Enhancement Peer Pathfinders Transition from Incarceration Pilot** - Funds to support Funds to support the Peer Pathfinders Transition from Incarceration Pilot Program intended to serve Individuals who are exiting correctional facilities in Washington state who have a substance use disorder or co-occurring condition.

Outlined below are explanation for provisos applicable to specific regions:

- **ITA 180 Day Commitment Hearings:** Funding to conduct 180 day commitment hearings.
- **Assisted Outpatient Treatment (AOT) Pilot:** Funding for pilot programs in Pierce and Yakima counties to implement AOT.
- **Spokane: Acute Care Diversion:** Funding to implement services to reduce the utilization and census at Eastern State Hospital.
- **MH Enhancement – Mt Carmel (Alliance):** Funding for the Alliance E&T in Stevens County.
- **MH Enhancement-Telecare:** Funding for the Telecare E&T in King County.

- **Long-Term Civil Commitment Beds:** This funding is for court costs and transportation costs related to the provision of long-term inpatient care beds as defined in RCW 71.24.025 through community hospitals or freestanding evaluation and treatment centers.
- **Enhanced Mobile Crisis Response Funding – Spokane, Beacon** - Trueblood funding – to enhance crisis services for identified Trueblood population to provide expedited crisis services and other enhancements.
- **Enhanced Crisis Stabilization/Crisis Triage Spokane, Beacon, and King** - Trueblood funding – Amounts are for enhancing services in Stabilization/Crisis Triage facility for identified Trueblood population.
- **Trauma Informed Counseling services to children and youth in Whatcom County schools, North Sound** – Coordinate the provision of trauma informed counselling services to children and youth in Whatcom County schools.
- **Whatcom County Crisis Stabilization Center – Diversion Pilot, North Sound** - Coordinate the establishment of a Whatcom County Crisis Stabilization Center Pilot Project for diversion from the criminal justice system to appropriate community-based treatment.
- **King County ASO - CCORS** -Funding to maintain children’s crisis outreach response system services previously funded through DCYF.

Exhibit F-2**Federal Award Identification for Subrecipients (reference 2 CFR 200.331) Substance Abuse Block Grant**

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound Behavioral Health Organization
(ii) Subrecipient's unique entity identifier; (DUNS)	958386666
(iii) Federal Award Identification Number (FAIN);	B08TI083486
(iv) Federal Award Date (see §200.39 Federal award date);	10/1/2020
(v) Subaward Period of Performance Start and End Date;	1/1/2021 – 12/31/2022
(vi) Amount of Federal Funds Obligated by this action;	\$25,000
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$6,603,876
(viii) Total Amount of the Federal Award;	\$37,788,257
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Block Grant for Prevention and Treatment of Substance Abuse
(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;	93.959
(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).	10%

Federal Award Identification for Subrecipients (reference 2 CFR 200.331) Substance Abuse Block Grant Covid Supplemental

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound Behavioral Health Organization
(ii) Subrecipient's unique entity identifier; (DUNS)	958386666
(iii) Federal Award Identification Number (FAIN);	B08TI083519
(iv) Federal Award Date (see §200.39 Federal award date);	3/15/21
(v) Subaward Period of Performance Start and End Date;	7/1/2021 – 3/14/2023
(vi) Amount of Federal Funds Obligated by this action;	\$2,257,014
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$2,257,014
(viii) Total Amount of the Federal Award;	\$35,415,872
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Block Grant for Prevention and Treatment of Substance Abuse (Covid Enhancement)
(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;	93.959
(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).	10%

**Federal Award Identification for Subrecipients (reference 2 CFR 200.331)
Mental Health Block Grant**

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound Behavioral Health Organization
(ii) Subrecipient's unique entity identifier; (DUNS)	958386666
(iii) Federal Award Identification Number (FAIN);	B09SM083998
(iv) Federal Award Date (see §200.39 Federal award date);	10/1/2020
(v) Subaward Period of Performance Start and End Date;	1/1/2020 – 12/31/2022
(vi) Amount of Federal Funds Obligated by this action;	\$75,000
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$2,852,064
(viii) Total Amount of the Federal Award;	\$ 16,726,128
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Block Grant for Community Mental Health Services
(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;	93.958
(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).	10%

**Federal Award Identification for Subrecipients (reference 2 CFR 200.331)
Mental Health Block Grant Covid Supplemental**

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound Behavioral Health Organization
(ii) Subrecipient's unique entity identifier; (DUNS)	958386666
(iii) Federal Award Identification Number (FAIN);	B09SM083829
(iv) Federal Award Date (see §200.39 Federal award date);	3/15/2021
(v) Subaward Period of Performance Start and End Date;	7/1/2021 – 3/14/2023
(vi) Amount of Federal Funds Obligated by this action;	\$202,009
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$1,537,862
(viii) Total Amount of the Federal Award;	\$19,222,372
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Block Grant for Community Mental Health Services (Covid Enhancement)
(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;	93.958
(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).	10%

Schedule F

Whatcom County Crisis Stabilization Center – Diversion Pilot

North Sound Behavioral Health Administration Services Organization (BH-ASO)

Purpose: Contractor will coordinate the establishment of a Whatcom County Crisis Stabilization Center Pilot Project for diversion from the criminal justice system to appropriate community-based treatment.

The Pilot Project shall allow for police officers to place involuntary holds for up to 12 hours for persons placed at the facility in accordance with RCW 10.31.110.

This funding must be used to pay for the cost of services at the site not covered under the Medicaid program.

Contractor will ensure that the enhancement to crisis triage/stabilization services are in line with the language contained in the current BHASO contract with the North Sound BH-ASO.

Contractor will submit a quarterly report to HCA at HCABHASO@hca.wa.gov using the Whatcom County Crisis Stabilization Diversion Pilot report template for the remainder of SFY 2022 and SFY 2023 that includes the following information:

- a. The total number of Individuals served in the crisis stabilization center broken out by those served on a voluntary basis versus those served under involuntary treatment holds placed pursuant to RCW 10.31.110.
- b. A summary of the outcomes for each of the groups identified in (a) of this subsection; and
- c. Identification of methods to incentivize or require managed care organizations to implement payment models for crisis stabilization providers that recognize the need for the facilities to operate at full staffing regardless of fluctuations in daily census.

The first report is due January 31, 2022, for October through December 2021 and quarterly thereafter on April 30 (January - March), July 31 (April - June), and October 31 (July – September).

Schedule G

Trauma Informed Counseling Services to Children and Youth in Whatcom County Schools

North Sound Behavioral Health Administration Services Organization (BH-ASO)

Purpose: Contractor will coordinate the provision trauma informed counseling services to children and youth in Whatcom County schools.

Contractor shall:

1. Ensure and verify that these services are provided by licensed behavioral health professionals with training in the provision of trauma-informed care.
2. Request from the Office of the Superintendent of Public Instruction a list of the Whatcom County schools that are eligible for high-poverty allocations from the learning assistance program and prioritize services in these schools.
3. Identification of methods to incentivize or require managed care organizations to implement payment models for crisis stabilization providers that recognize the need for the facilities to operate at full staffing regardless of fluctuations in daily census.
4. The Contractor will submit a quarterly report to HCABHASO@hca.wa.gov using the Trauma Informed Counseling Youth/Children report template for the remainder of SFY 2022 and SFY 2023 that includes the following information:
 - a. The number of students receiving trauma-informed services within this project;
 - b. Which school students receiving those services attend; and
 - c. Verification that providers are licensed behavioral health professionals.

The first report is due January 31, 2022, for October through December 2021 and quarterly thereafter on April 30 (January - March), July 31 (April - June), and October 31 (July – September).