

	<p align="center">CONTRACT AMENDMENT For Housing and Recovery through Peer Services</p>	<p>HCA Contract No.: K3847 Amendment No.: 01</p>
<p>THIS AMENDMENT TO THE 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.</p>		
<p>CONTRACTOR NAME North Sound BH ASO</p>	<p>CONTRACTOR doing business as (DBA)</p>	
<p>CONTRACTOR ADDRESS 301 Valley Mall Way, Suite 110 Mount Vernon, WA 98273-5462</p>	<p>WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)</p>	

WHEREAS, HCA and Contractor previously entered into a Contract for supporting Housing and Recovery through Peer Services (HARPS), and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.3 to add funding and change the Statement of Work;

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

1. **Section 3.3.1 Compensation** is amended to reflect that Schedule A: Statement of Work is replaced by Schedule A-1: Statement of Work.
2. **Section 3.4 Invoice and Payment**, subsection 3.4.1 is replaced hereto, to read:
Contractor must submit accurate invoices via email to the HCA Contract Manager and Acctspay@hca.wa.gov. Include the HCA contract number in the subject line of the email.
3. **Section 3.4 Invoice and Payment**, subsection 3.4.3.1 is amended to reflect the change in contract number from K3847 to K3847-01.
4. **Schedule A: Statement of Work** is replaced and attached hereto as Schedule A-1: Statement of Work.
5. **Schedule E: Federal Award Identification for Subrecipients** is added and attached hereto.
6. **Schedule F: HARPS SUD Participant Log for Bridge Subsidy** is added and will be sent electronically as a separate attachment.
7. This Amendment will be effective as of the last date of signature shown below (“Effective Date”).

- 8. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
- 9. 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.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
HCA SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

SCHEDULE A-1 Statement of Work

The Contractor must provide for the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth herein.

1. **Principles of Evidence-based Permanent Supportive Housing.** Permanent Supportive Housing (PSH) is decent, safe, and affordable community-based housing that provides tenants with the rights of tenancy under state and local landlord-tenant laws and is linked to voluntary and flexible support and services designed to meet tenants' needs and preferences. PSH makes housing affordable to someone on SSI, (either through rental assistance or housing development). It provides sufficient wraparound supports to allow people with significant support needs to remain in the housing they have chosen. Dimensions of PSH EBP include:
 - 1.1. Choice in housing and living arrangements
 - 1.2. Functional separation of housing and services
 - 1.3. Decent, safe, and affordable housing
 - 1.4. Community integration and rights of tenancy
 - 1.5. Access to housing and privacy
 - 1.6. Flexible, voluntary, and Recovery-focused services
 - 1.7. Even though HARPS will not require high fidelity PSH EBP, we encourage sites to become familiar with the dimensions of PSH EBP. A link to the SAMHSA PSH toolkit can be found at <http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>.
2. **HARPS Priority Populations.** Individuals who are not eligible for Medicaid Foundational Community Supports Supportive Housing Services and who are experiencing a serious mental illness, substance use disorder or Co-Occurring disorder (Mental Illness & Substance Abuse Disorder), who are released from or at risk of entering:
 - 2.1. Psychiatric Inpatient settings
 - 2.2. Substance Abuse Treatment Inpatient settings
 - 2.3. Who are Homeless/At Risk of homelessness, and it is exacerbating their symptoms
 - 2.4. Broad definition of homeless (couch surfing included)
3. **Peer Services.**
 - 3.1. The HARPs program will build from the Permanent Options for Recovery-Centered Housing (PORCH) project. PORCH is designed to transform service delivery by promoting sustainable access to evidence based Permanent Supportive Housing. PORCH provides consumers with meaningful choice and control of housing and support services, utilizes Peer Housing Specialists, reduces homelessness and supports the Recovery and resiliency of individuals with serious mental illness.
 - 3.2. SAMPLE Job Description: Peer Support Specialist II
 - 3.2.1. **Principal Duties and Responsibilities**

Provide peer counseling and support with an emphasis on enhancing access to and retention in permanent supported housing. Draw on common experiences as a peer, to validate clients' experiences and to provide empowerment, guidance and encouragement to clients to take responsibility and actively participate in their own recovery. Serve as a mentor to clients to

promote hope and empowerment. Provide education and advocacy around understanding culture-wide stigma and discrimination against people with mental illness and develop strategies to eliminate stigma and support client participation in consumer self-help programs and consumer advocacy organizations that promote recovery. Teach symptom-management techniques and promote personal growth and development by assisting clients to cope with internal and external stresses. Coordinate services with other Mental Health and allied providers.

3.2.2. Housing

Assist participants to find and maintain a safe and affordable place to live, apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing and decorating, and procuring necessities (telephone, furniture, utility hook-up). Identify the type and location of housing with an exploration of access to natural supports and the avoidance of triggers (such as a neighborhood where drug dealing is prolific if the participant has a history of substance abuse). Provide practical help and supports such as:

- mentoring,
- teaching self-advocacy,
- coordination of services,
- side-by-side individualized support,
- problem solving,
- direct assistance and supervision to help clients obtain the necessities of daily living including:
 - medical and dental health care;
 - legal and advocacy services;
 - accessing financial support such as government benefits and entitlements (SSI, SSDI, veterans' benefits);
 - accessing housing subsidies (HUD Section 8);
 - money-management services (e.g., payee services, budgeting, managing credit score, financial wellness); and
 - use of public transportation.

3.2.3. Landlord Outreach and Engagement

Recruit and cultivate relationships with landlords and property management agencies, leading to more housing options for HARPS Participants. Make use of printed materials and in-person events, such as landlord organization or rental housing association meetings, to educate landlords and property managers about the benefits of working with supportive housing providers, individuals with treated behavioral health conditions, subsidies, housing quality and safety standards, and the Department of Commerce's Landlord Mitigation Program.

3.2.4. Employment

Assist with referrals to job training and supported employment services provided by Foundational Community Supports (FCS) or Division of Vocational Rehabilitation (DVR) or other supports. Perform mentoring, problem solving, encouragement and support on and off the job site. Provide work-related supportive services, such as assistance securing necessary clothing and grooming supplies, wake-up calls, and assistance with navigating public transportation.

3.2.5. **Activities of Daily Living Services**

Provide ongoing assessment, goal setting, problem solving, side-by-side services, skill teaching, support (prompts, assignments, encouragement), and environmental adaptations to assist clients with activities of daily living. Assist and teach/support clients to organize and perform household activities, including house cleaning and laundry. Assist and teach/support clients with personal hygiene and grooming tasks. Provide nutrition education and assistance with meal planning, grocery shopping, and food preparation. Ensure that clients have adequate financial support (help to gain employment and apply for entitlements). Teach money-management skills (budgeting and paying bills) and assist clients in accessing financial services (e.g., professional financial counseling, emergency loan services, and managing their credit score). Help clients to access reliable transportation (obtain a driver's license and car and car insurance, arrange for cabs, use public transportation, and find rides). Assist and teach/support clients to have and effectively use a personal primary care physician, dentist, and other medical specialists as required.

3.2.6. **Social and Interpersonal Relationships and Leisure Time**

Provide side-by-side support, coaching and encouragement to help clients socialize (going with a client to community activities, including activities offered by consumer-run peer support organizations) and developing natural supports. Assist clients to plan and carry out leisure time activities on evenings, weekends, and holidays. Organize and lead individual and group social and recreational activities to help clients structure their time, increase social experiences, and provide opportunities to practice social skills.

3.2.7. **Education, Experience, and Knowledge Required**

Two of the FTEs must be Peer Counselors certified by the state or complete certification within six months of hire. The certified peer counselors must have good oral and written communication skills. Must have a strong commitment to the right and the ability of each person to live in normal community residences; work in competitive market-wage jobs; and have access to helpful, adequate, competent, and continuous supports and services in the community of their choice. It is essential the peer specialist have skills and competence to establish supportive trusting relationships with persons living with severe and persistent mental illnesses and/or substance use disorder and respect for clients' rights and personal preferences in treatment is essential.

4. **Compensation**

4.1. Total funding under this Statement of Work will not exceed \$566,400.

4.2. Funding breakdown and payment schedule table:

Funding Source	Amount	Payment Schedule
State Proviso	\$50,000	One lump sum payment of \$50,000 paid within one month of execution of this contract amendment
Mental Health Block Grant	\$190,440	Monthly payments
General State Funds for Short Term HARPS Bridge Subsidies	\$326,000	Quarterly payments of \$81,500 each
Total	\$566,440	

4.3. HCA Funding and Payment Criteria

4.3.1. **State Proviso.** Dedicated funds for use as bridge subsidy housing payments for people undergoing treatment for Substance Use Disorder, and eligible under the HARPS program criteria.

4.3.1.1. Contractor will submit quarterly invoices.

4.3.1.2. Contractor will fill out and submit Schedule F: HARPS Participant Log for Bridge Subsidy

4.3.2. **Mental Health Block Grant.** Contractor to submit monthly invoices.

4.3.3. **General State Funds for Short Term Bridge Subsidies**

4.3.1.1 Contractor may use 5% of the quarterly payment for administrative expenses which are not reimbursed through any other source. The administrative costs can include staff and staff expenses relevant to issuing subsidies in a manner consistent with Section 2. HARPS Housing Bridge Subsidy Guidelines below.

4.3.1.2 These additional funds are to be used for individuals meeting the Substance Use Disorder (SUD) HARPS program eligibility **only**. These eligible individuals will be exiting detox, inpatient Substance Use Disorder treatment facilities or be homeless and at risk of entering an inpatient Substance Use treatment facility or detox.

4.3.1.3 Contractor will need to complete a HARPS tracking log specific to these funds.

4.3.1.4 Deliverables Table

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. (Do NOT include any identifying personal information in the updates)	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 EBH PSH Training Event	by 6/30/2020	1 payment of \$5,000 for EBH 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 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 7/1/2019) @ \$5,000 per report received and approved	\$60,000
4	Document and submit monthly HARPS Participant Excel log report detailing HARPS enrolled participants that receive services and/or subsidies using Exhibit xxx Monthly HARPS Participant Excel Log 7.1.2017. Monthly and aggregate information is needed on	Monthly HARPS Participant Excel Log Report submitted to HCA via secure process and approved by the Program Manager	Due by the 15th of each following month	12 months (assuming full staffing and start of services 7/1/2019) @ \$5,000 per	\$60,000

	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.			monthly HARPS participant Excel log received	
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> <p>1. Describe staff development activities for reporting period (including orientation and training). Indicate:</p> <p>Any other project activities or events, including meetings with local Continuums of Care, Coordinated Entry Programs, Peer Bridgers, housing, and housing services providers meetings.</p> <ul style="list-style-type: none"> • Date(s)/duration of the training or meeting • Subject of the training or meeting • Discuss value/impact on the pilot project. • A Participant Success Story 	<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 20th</p>	Quarterly HARPS Report submitted to HCA and approved by the program manager.	4 quarterly reports (assuming start of services 7/1/2019) @ \$10,000 per report	\$40,000
6	One (1) HARPS team member shall participate as a reviewer in one (1) PSH cross-site fidelity review to be facilitated by the Department's HARPS Program Manager. Using the Permanent Supporting Housing Fidelity tool, complete a self-assessment (Exhibit xxx) and submit a report on adherence to the SAMHSA PSH Evidence-based model with scores and improvement strategies.	A copy of the consensus scored report with recommendations from the fidelity review team and travel expenditures	by 6/30/2020	Minimum of one (1) FTE participant in at least one (1) cross-site fidelity review @ \$15,840	\$15,840
TOTAL					\$190,440

5. HARPS Housing Bridge Subsidy Guidelines.

- 5.1. The budget for the HARPS Housing Bridge Subsidy is short-term funding to help reduce barriers and increase access to housing. Individuals exiting detox, 30, 60, and 90-day inpatient substance use disorder treatment facilities, residential treatment facilities, state hospitals, E&T's, local psychiatric hospitals and other inpatient behavioral healthcare settings could receive up to three (3) months of housing 'bridge' subsidy.
- 5.2. HARPS Bridge Subsidies are temporary in nature and should be combined with other funding streams, whenever possible, to leverage resources to assist individuals in obtaining and maintaining a permanent residence.
- 5.3. HARPS Bridge subsidies are estimated at \$500 per person for 3 months. Allowable expenses for HARPS Housing Bridge Subsidy:
 - 5.3.1. Monthly rent and utilities, and any combination of first and last months' rent for up to three (3) months. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's may be included with the first month's payment.

- 5.3.2. Rental and/or utility arrears for up to three months. Rental and/or utility arrears may be paid if the payment enables the household to remain in the housing unit for which the arrears are being paid or move to another unit. The HARPS bridge subsidy may be used to bring the program participant out of default for the debt and the HARPS Peer Specialist will assist the participant to make payment arrangements to pay off the remaining balances.
 - 5.3.3. Security deposits and utility deposits for a household moving into a new unit.
 - 5.3.4. HARPS rent assistance may be used for move-in costs including but not limited to deposits and first months' rent associated with housing, including project- or tenant-based housing.
 - 5.3.5. Application fees, background and credit check fees for rental housing.
 - 5.3.6. Lot rent for RV or manufactured home.
 - 5.3.7. Costs of parking spaces when connected to a unit.
 - 5.3.8. Landlord incentives (provided there are written policies and/or procedures explaining what constitutes landlord incentives, how they are determined, and who has approval and review responsibilities).
 - 5.3.9. Reasonable storage costs.
 - 5.3.10. Reasonable moving costs such as truck rental and hiring a moving company.
 - 5.3.11. Hotel/Motel expenses for up to 30 days if unsheltered households are actively engaged in housing search and no other shelter option is available.
 - 5.3.12. Temporary absences. If a household must be temporarily away from his or her unit, but is expected to return (e.g., participant violates conditions of their DOC supervision and is placed in confinement for 30 days or re-hospitalized), HARPS may pay for the households rent for up to 60 days. While a household is temporarily absent, he or she may continue to receive HARPS services.
- 5.4. HARPS Reporting. A monthly report format (see separately attached Excel Spreadsheet "HARPS Subsidy Log, which includes a worksheet for tracking Landlord Outreach and Engagement) will be submitted to DBHR HARPS Program Manager or DBHR SH/SE Behavioral Health Program Administrator by the 15th of the following month through secure (encrypted) email to the DBHR HARPS Program Manager.
- 5.5. **Housing and Recovery through Peer Services (HARPS) teams' caseload Size.** The case mix must be such that the HARPS Teams can manage and have flexibility to be able to provide the intensity of services required for each individual, according to the Medical Necessity of each individual. It is estimated that 20% of individuals accessing HARPS Housing Bridge Subsidy Funding will receive supportive housing services from HARPS teams each year. This assumes that each team will support an active caseload of 50 individuals at any one time and assumes turnover of thirty five percent (35%) per year.
- 5.5.1 HARPS Housing Specialists must have the capacity to provide multiple contacts per week with individuals exiting or recently discharged from inpatient behavioral healthcare settings, making changes in a living situation or employment, or having significant ongoing problems in maintaining housing. These multiple contacts may be as frequent as two to three times per day, seven days per week, and depend on individual need and a mutually agreed upon plan between individuals and program staff. Many, if not all, staff must share responsibility for addressing the needs of all individuals requiring frequent contact.
 - 5.5.2 HARPS Teams must have the capacity to rapidly increase service intensity and frequency to an individual when his or her status requires it or an individual requests it.
 - 5.5.3 Operating as a continuous supportive housing service, HARPS Teams must have the capability to provide support services related to obtaining and maintaining housing. This will include direct contact with landlords on behalf of the participant.

- 5.6 HARPS Teams must have a response contact time of no later than two calendar days upon Upon discharge from a behavioral healthcare inpatient setting, such as an Evaluation & Treatment Center, Residential Treatment Center, Detox, or State Psychiatric Hospital.
- 5.7 Services must minimally include the following:
- 5.7.1 Hospital Liaison Role. The BHO's hospital liaison must actively coordinate the transition of individuals from behavioral healthcare inpatient treatment center discharge to the HARPS Team in the community of residence in order to minimize gaps in outpatient health care, and housing.
 - 5.7.2 Service Coordination. Service coordination must incorporate and demonstrate basic recovery values. The individual will have choice of his or her housing options, will be expected to take the primary role in their personal Housing Plan development, and will play an active role in finding housing and decision-making.
 - 5.7.3 Crisis Assessment and Intervention. Behavioral Health Crisis assessment and intervention must be available 24-hours per day, seven days per week through the BHO or BH ASO's crisis system. Services must be coordinated with the assigned Care Coordinator. These services include telephone and face-to-face contact.
- 5.8 Services should include the following, as determined by medical necessity:
- 5.8.1 Housing Services. Assess housing needs, seek out and explain the housing options in the area, and resources to obtain housing. Educate the individual on factors used by landlords to screen out potential tenants. Mitigate negative screening factors by working with the individual and landlord/property manager to clarify or explain factors that could prevent the individual from obtaining housing. Ongoing support for both the individual and landlord/property manager to resolve any issues that might arise while the individual is occupying the rental.
 - 5.8.2 Education Services. Supported education related services are for individuals whose high school, college or vocational education could not start or was interrupted and made educational goals a part of their recovery (treatment) plan. Services include providing support to applying for schooling and financial aid, enrolling and participating in educational activities.
 - 5.8.3 Vocational Services. These services may include work-related services to help individuals value, find, and maintain meaningful employment in community-based job sites as well as job development and coordination with employers. These activities should also be part of the individual's recovery (treatment) plan. Activities of Daily Living Services. Services to support activities of daily living in community-based settings include individualized assessment, problem solving, skills training/practice, sufficient side-by-side assistance and support, modeling, ongoing supervision (e.g. prompts, assignments, monitoring, encouragement), environmental adaptations to assist to gain or use the skills required to access services, and provide direct assistance when necessary to ensure that individuals obtain the basic necessities of daily life.
 - 5.8.4 Activities of Daily Living Services. Services to support activities of daily living in community-based settings include individualized assessment, problem solving, skills training/practice, sufficient side-by-side assistance and support, modeling, ongoing supervision (e.g. prompts, assignments, monitoring, encouragement), environmental adaptations to assist to gain or use the skills required to access services, and provide direct assistance when necessary to ensure that individuals obtain the basic necessities of daily life.
 - 5.8.5 Social and Community Integration Skills Training. Social and community integration skills training serve to support social/interpersonal relationships and leisure-time skill training and include supportive individual therapy (e.g., problem solving, role-playing, modeling, and support); social-skill teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure individuals' time, increase

their social experiences, and provide them with opportunities to practice social skills, build a social support network and receive feedback and support.

- 5.8.6 Peer Support Services. These include services to validate individuals' experiences and to inform, guide and encourage individuals to take responsibility for and actively participate in their own recovery, as well as services to help individuals identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce individuals' self-imposed stigma. Peer Support and Wellness Recovery Services include:
 - 5.8.6.1 Goals
 - 5.8.6.1.1 Promote self-determination; and
 - 5.8.6.1.2 Model and teach advocating for one's self
 - 5.8.6.1.3 Encourage and reinforce choice and decision-making.
 - 5.8.6.2 Introduction and referral to individual self-help programs and advocacy organizations that promote recovery.
 - 5.8.6.3 "Sharing the journey" (a phrase often used to describe individuals' sharing of their recovery experience with other peers). Utilizing one's personal experiences as information and a teaching tool about recovery.
 - 5.8.6.4 The Peer Specialist will serve as a consultant to the Treatment team to support a culture of recovery in which each individual's point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, support, vocational and community activities.
- 5.8.7 Each HARPS Participant will be assigned a Peers Specialist or Housing Specialist who assist in locating housing, and resources to secure housing, as well as maintain housing. The primary responsibilities of the Peer Specialist are to work with the individual to find, obtain and maintain housing to promote recovery, locate and secure resources related to housing and utilities, offer information regarding options and choices in the types of housing and living arrangements, and advocate for the individual's tenancy needs, rights (including ADA Accommodations), and preferences to support housing stability. Service coordination also includes coordination with community resources, including Consumer self-help and advocacy organizations that promote recovery.
- 5.8.8 Each individual receiving HARPS Services must have an individualized, strengths-based housing plan that includes action steps for when housing related issues occur. As with the treatment planning process, the individual will take the lead role in setting goals and developing the housing plan.
- 5.8.9 Substance Use Disorder Treatment. If clinically indicated, the HARPS Team may refer the individual to a DBHR-licensed SUD treatment program. The HARPS Team shall use a LRA/AOT referral form, as provided by DBHR.
- 5.9 Housing Search and Placement. Includes services or activities designed to assist households in locating, obtaining, and retaining suitable housing. Services or activities may include: tenant counseling, assisting households to understand leases, securing utilities, making moving arrangements, representative payee services concerning rent and utilities, and mediation and outreach to property owners related to locating or retaining housing.
- 5.10 Housing Stability. Includes activities for the arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of individuals exiting or at risk of entering inpatient behavioral healthcare settings and helping them obtain housing stability. Services and activities may include developing, securing, and coordinating services including:
 - 5.10.1 Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance.

- 5.10.2 Referrals to Foundational Community Supports (FCS) supportive housing and supported employment services
- 5.10.3 Seeking out and assistance applying for long-term housing subsidies
- 5.10.4 Affordable Care Act activities that are specifically linked to the households stability plan;
- 5.10.5 Activities related to accessing Work Source employment services;
- 5.10.6 Referrals to vocational and educational support services such as Division of Vocational Rehabilitation (DVR)
- 5.10.7 Monitoring and evaluating household progress;
- 5.10.8 Assuring that households' rights are protected; and
- 5.10.9 Applying for government benefits and assistance including using the evidence-based practice SSI/SSDI through SSI/SSDI Outreach, Access, and Recovery (SOAR)
- 5.11 HARPS Teams will not suggest or provide Medication Prescription, Administration, Monitoring and Documentation.
- 5.12 The HARPS Team should work with the Treatment Team:
 - 5.12.1 Establish a peer relationship with each participant.
 - 5.12.2 Assess each individual's housing needs and provide verbal and written information about housing status. The physician or psychiatric Advanced Registered Nurse Practitioner (ARNP) will review that information with the individual, HARPS Team members and, as appropriate, with the individual's family members or significant others.
 - 5.12.3 HARPS Team Members can provide direct observation, available collateral information from the family and significant others as part of the comprehensive assessment.
 - 5.12.4 In collaboration with the individual, assess, discuss and document the individual's housing needs and behavior in response to medication and monitor and document medication side effects. Review observations with the individual and Treatment Team.
- 5.13 HARPS Team Members must participate in the HARPS Monthly Administrative Conference Call. This call occurs on the last Monday of each month from 10 AM to 11 AM.

SCHEDULE - E
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 BH ASO
(ii) Subrecipient's Data Universal Numbering System (DUNS®) unique entity identifier	958386666
(iii) Federal Award Identification Number (FAIN);	B09SM010056-19
(iv) Federal Award Date (see §200.39 Federal award date);	10/1/18
(v) Subaward Period of Performance Start and End Date;	July 1, 2019 to June 30, 2020
(vi) Amount of Federal Funds Obligated by this action;	\$190,440
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$190,440
(viii) Total Amount of the Federal Award;	\$16,048,884
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Mental Health Block Grant
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA
(xi) Catalog of Federal Domestic Assistance (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 Research & Development; and	No
(xiii) Indirect cost rate for the Federal award, including if the de minimis rate is charged per §200.414 Indirect (Facilities & Administrative) costs.	5%