

	CONTRACT AMENDMENT	HCA Contract No.: K4572 Amendment No.: 1
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.		
CONTRACTOR NAME North Sound Behavioral Health	CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 301 Valley Mall Way Ste. 110 MOUNT VERNON, WA 98273-5462	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	

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

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.3 to update deliverables table;

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

1. **Section 6. HARPS Housing Bridge Subsidy Guidelines, Sub-section 6.11** deliverables table is replaced and incorporated herein.

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. (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 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 st @ \$4,000 per report received and approved	\$48,000
4	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.	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 July 1 st @ \$4,000 per monthly HARPS participant Excel log received	\$48,000
5	Quarterly report with results of the project activities for the period including a participant success story with a signed media release. Report shall include:	Due by the 20th of the month following the quarter	Quarterly HARPS Report submitted to HCA and	4 quarterly reports (assuming start of services July 1 st @	\$32,000

	1. Describe staff development activities for reporting period (including orientation and training). Indicate:	Quarter 1, July-September, report due October 20th	approved by the program manager.	\$8,000 per report	
	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.	Quarter 2, October-December, report due January 20th			
	• Date(s)/duration of the training or meeting	Quarter 3, January-March, report due April 20th			
	• Subject of the training or meeting				
	• Discuss value/impact on the pilot project.	Quarter 4, April-June, report due July 20th			
	• A Participant Success Story				
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.	Due by the 15th of each following month	12 months (assuming full staffing and start of services July 1 st @ \$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
	TOTAL				\$190,440

1. **Section 6. HARPS Housing Bridge Subsidy Guidelines, Sub-section 6.12** Grant Cost Breakdown and Total table is replaced and incorporated herein.

Grant Funding	Grant Amount
Mental Health Block Grant	\$190,440
Short Term Bridge Subsidy Grant	\$326,000
SUD Only	\$50,000
TOTAL	\$566,440

2. This Amendment will be effective Date of Execution (“EffectiveDate”).
3. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
4. 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 both parties.

CONTRACTOR SIGNATURE		
<input type="text"/>		
HCA SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
<input type="text"/>	Contracts Administrator	