

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC  
(NORTH SOUND BH-ASO)  
CONTRACT AMENDMENT #7**

**CONTRACT #NORTH SOUND BH-ASO-EVERGREEN RECOVERY CENTERS ICN 19-23**

Based on the Agreement of the parties to the above-referenced Contract between the North Sound Behavioral Health Administrative Services Organization, LLC (North Sound BH-ASO) and Evergreen Recovery Centers (Provider) dated March 11, 2019, (as amended by North Sound BH-ASO and Provider dated March 25, 2022, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to provide \$956,080 in annual GFS Proviso funding for the HOST program, and to provide ongoing funding for the period of July 1, 2022, through December 31, 2022.

By mutual agreement of the parties, the following Exhibit and language is added to the agreement:

1. Replace NS BH-ASO-ERC-budget 2022-E with NS BH-ASO-ERC-Budget 2022-F
2. Add Exhibit B - HOST Statement of Work 2022
3. Add Exhibit C - Example HOST Staffing Model DESC
4. Add Exhibit D - Schedule H HOST Program

ALL TERMS AND CONDITIONS OF CONTRACT SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

THIS AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF FINAL SIGNATURE BY THE PARTIES.

**NORTH SOUND BH-ASO, LLC**

**EVERGREEN RECOVERY CENTERS**

\_\_\_\_\_  
Joe Valentine  
Executive Director

Date

\_\_\_\_\_  
Linda Grant  
CEO

Date

**North Sound Behavioral Health Administrative Services Organization  
PPW Housing Supports Program  
Cost Reimbursement Budget  
Evergreen Recovery Services  
July 1, 2022 to December 31, 2022**

**Revenues**

SABG	\$	72,000
SABG add on	\$	57,750
Total	\$	<u>129,750</u>

**Expenses**

PPW Program Expenses	\$	72,000
PPW Program add on	\$	57,750
Total	\$	<u>129,750</u>

**North Sound Behavioral Health Administrative Services Organization  
Withdrawal Management  
Cost Reimbursement Budget  
Evergreen Recovery Services  
July 1, 2022 to December 31, 2022**

**Revenues**

SABG	\$	40,627
Total	<u>\$</u>	<u>40,627</u>

**Expenses**

Withdrawal Management	\$	40,627
Total	<u>\$</u>	<u>40,627</u>

**North Sound Behavioral Health Administrative Services Organization  
Mental Health Infant Specialist  
Cost Reimbursement Budget  
Evergreen Recovery Services  
July 1, 2022 to March 31, 2023**

**Revenues**

MHBG	\$	75,000
Total	\$	75,000

**Expenses**

Mental Health Infant Specialist	\$	75,000
Total	\$	75,000

**North Sound Behavioral Health Administrative Services Organization  
Homeless Outreach Stabilization Team (HOST)  
Cost Reimbursement Budget  
Evergreen Recovery Services  
July 1, 2022 to June 30, 2023**

**Revenues**

GFS Proviso	\$	956,080
Total	\$	<u>956,080</u>

**Expenses**

HOST	\$	956,080
Total	\$	<u>956,080</u>

**North Sound Behavioral Health Administrative Services Organization  
Behavioral Health Enhancement Funds  
Cost Reimbursement Budget  
Evergreen Recovery Services  
July 1, 2022 to December 31, 2022**

**Revenues**

BHEF	\$	48,642
SABG Covid Funds	\$	24,858
Total	\$	73,500

**Expenses**

Lynnwood Withdrawal Mgmt Retention and Recruitment	\$	73,500
Total	\$	73,500

## **North Sound Behavioral Health Administrative Service Organization**

### **Homeless Outreach Stabilization Team**

#### **Statement of Work**

#### **Purpose**

Homeless Outreach Stabilization Teams (HOST) serves people who are living with serious substance use disorders or co-occurring substance use disorders and behavioral health conditions, are experiencing homelessness, and whose severity of behavioral health symptom acuity level creates a barrier to accessing and receiving conventional behavioral health services and outreach models

1. Provide field-based outreach services and intensive case management support to engage the most vulnerable individuals into services with the ultimate goals of addressing their behavioral and physical health needs, increasing stability, obtaining housing, and transitioning them into long-term services for their substance use disorders or co-occurring substance use disorders and behavioral health conditions
2. HOST programs will utilize the principles consistent with modified Assertive Community Treatment (ACT) model that will best serve targeted population.

#### **Services**

HOST programs employ a multidisciplinary team to include but not limited to licensed Mental Health Professionals (MHPs), Substance Use Disorder Professionals (SUDPs), Advanced Registered Nurse Practitioners (ARNPs), SUD Peer Specialists who:

1. Provide outreach and engagement activities in locations typically outside of a traditional office setting and include making initial contact with the individual and building rapport.
2. Complete an assessment of basic needs, including behavioral health and substance use disorder conditions, medical, housing, benefits, legal, safety and cultural needs, as appropriate
3. Provide ongoing field-based outreach case management support, intensive case management and other comprehensive employment and housing supportive services.
4. Provide prescribing and medication management.
5. Employ field-based strategies to identify individuals with substance use disorders and other behavioral health needs in a culturally competent, harm reduction, recovery oriented, trauma sensitive manner.
6. Maintain referral pathways for community members, emergency services, treatment providers and other community-based entities.

7. Support direct linkages to treatment supports to include short and long-term housing, facility-based stabilization, withdrawal management, outpatient, medical services or other behavioral health or community-based care as appropriate.
8. Create transition plan for individuals exiting program to include information about referrals made, linkage to services, as well as any future made with the individual to address their ongoing needs.
9. Maintain individual service records to include assessments, determination of eligibility, service plan that includes individualized goals utilizing person centered approach and progress notes.

### **Staffing & Supervision**

HOST program will employ a multidisciplinary team to included licensed professionals. Programs will have established lines of appropriate supervision. Case Loads will range from 10-15 for specialist staff (MHPs, SUDPs), 15-20 for Intensive Case Managers and 20-30 for Outreach Case Managers.

### **Priority Populations**

Priority populations should focus serving individuals who are living with serious substance use disorders or co-occurring substance use disorders and behavioral health conditions, are experiencing homelessness, and whose severity of behavioral health symptom acuity level creates a barrier to accessing and receiving conventional behavioral health services and outreach models.

Homeless means lacking fixed, regular and adequate night-time residence, or having a primary night-time residence that is:

1. A supervised publicly or privately operated shelter designed to provide temporary living accommodations;
2. An institution that provides a temporary residence for individuals; and
3. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings

### **Coordination**

1. HOST programs will coordinate closely with parallel outreach program in the service area, crisis services and/or community-based diversion programs.
2. HOST programs will coordinate closely with emergency services, criminal justice systems, inpatient/residential service providers, tribal governments, Indian Health



Care Providers (IHCP) and outpatient providers to ensure access to timely and appropriate behavioral health treatment.

### **Training**

HOST programs shall develop and provide or arrange for training necessary for staff to operate successfully and provide professionals who are working in partnership with law enforcement or first responders' tools sufficient to provide for the safety of the professionals, partnered law enforcement officers, and members of the public.

Agencies are required to ensure licensed professionals who are conducting outreach and engagement services have access to training, such as the following:

1. Motivational interviewing
2. Strength-based and harm reduction interventions
3. Trauma-informed practices
4. Cultural humility
5. Mental Health First Aid
6. Conflict resolution and de-escalation techniques
7. Suicide risk assessment and prevention
8. Overdose prevention, recognition, and response
9. Law enforcement or first responder sponsored trainings.

### **Reporting**

Reporting may include but are not limited to: Monthly status reports pertaining to outreach and engagement services provided by the HOST team. Reporting will include number of individuals served, outcomes of services provided and a narrative describing successes and challenges.

Program services and contact interactions between a HOST-funded worker or workers and an individual who is potentially HOST eligible or enrolled in HOST. Contacts should be recorded in HMIS throughout the entire process of outreach, engagement, enrollment and services.



# Example HOST Staffing Model (DESC)

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Base Staffing Level of a HOST Team would be 7.5 FTE (in order of importance)

- 1.0 FTE Clinical Supervisor (Mental Health Professional)
- 1.0 FTE Registered Nurse
- 0.5 FTE Psych ARNP/MD (Comfortable prescribing Suboxone and Vivitrol)
- 1.0 FTE SUDP(t)/Case Manager (Must have first 50 hours of observation completed\*)
- 1.0 SUD Peer Specialist (Certified or attests to certify within one year of employment)
- 1.0 Outreach Case Manager (ORCM) (Does new referral assessments and rapport building/initial work)
- 1.0 Intensive Case Manager (ICM) (More intensive work and identifying long-term options)

*\*SUDPTs before they've shadowed 50 hours are unable to do any assessment, so in order to function in that role, that is needed.*

## More Flexible Roles

Depending on Population, Complexity, and Scale (not in any particular order)

- Occupational Therapist \*\* (Exp w/ psych, aging, etc.)
- Housing Navigator
- Supportive Employment Specialist
- Add ORCM FTEs
- Add ICM FTEs
- Add Peer FTEs (including varying lived experiences)
- Add SUDPT/Case Manager SUDPT
- Add Provider time

*\*\* This is specifically more helpful for complex developmental needs, medical needs and chronic homelessness to help with ensuring spaces are accommodating and the transition from living outdoors to inside is as smooth as possible.*

## Lines of Supervision

Must build in adequate supervision time for each discipline. For ex: if have SUDP(t), need to make sure there is an approved SUDP supervisor to review and sign off on work. MHPs have often supervised Peers, but if there are many Peers, could look at adding a Peer Supervisor. Some MHPs may still need Licensed Supervision. This is often overlooked in contracts and is critical to be included as it significantly impacts professionals in being able to carry out the work or not.

## Case Load Scale Ranges by Position

- 10-15:1 for Specialty Roles (SUDP, OT)
  - 15-20:1 for ICM and Peer Roles
  - 20-30:1 for ORCM Roles
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**Schedule H**  
**Homeless Outreach Stabilization and Transition (HOST) Program**

## 1) Definitions

In addition to the definitions set out this Contract the definitions below apply to this Schedule.

- a) **“Co-Occurring”** or **“Co-Occurring Serious Mental Illness and Substance use Disorder”** means an Individual’s Serious Mental Illness (SMI) and Substance Use Disorder (SUD) can be diagnosed independently of one another.
- b) **“Contact”** means an interaction between a HOST-funded worker or workers and an Individual who is potentially HOST eligible or enrolled in HOST.
- c) **“HOST”** means the program that serves Individuals who are living with serious SUDs or co-occurring SUDs and behavioral health conditions, are experiencing homelessness, and whose severity of behavioral health symptom acuity level creates a barrier to accessing and receiving conventional behavioral health services and outreach models.
- d) **“Homeless”** means homeless or at imminent risk of becoming homeless, lacking fixed, regular, and adequate night-time residence, or having a primary night-time residence that is:
  - i) A supervised publicly or privately operated shelter designed to provide temporary living accommodations.
  - ii) An institution that provides a temporary residence for individuals; and
  - iii) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- e) **“Services,” in a data entry context** means outreach and engagement activities in locations such as a social service program, such as a drop-in center or shelter where the Individual is living the night before contact.
- f) **“Technical Assistance Provider”** mean the organization contracted with HCA who will be providing technical assistance to agencies and staff around implementing and supporting the HOST program.

## 2) Services

The Contractor will provide the services and staff, and otherwise do all the thing necessary for the implementation of the HOST program within the identified RSA. The HOST program serves Individuals who are living with serious SUDs or co-occurring SUDs and behavioral health conditions, are experiencing homelessness, and whose severity of behavioral health symptom acuity level creates a barrier to accessing and receiving conventional behavioral health services and outreach models.

The Contractor will provide the services and staff, and otherwise do all things necessary for the performance of work, as set forth below:

- a) Submit a finalized project plan to [HCABHASO@hca.wa.gov](mailto:HCABHASO@hca.wa.gov) by July 31, 2022, developed in conjunction with HOST service providers and consistent with the contract, for consideration and approval by HCA Contract Manager. Project plan should include steps for staff retention, community-based collaborative partnerships, and client service delivery with clear, obtainable goals and timelines. Contractor shall be required to carry out and complete the activities set forth in its approved project plan.
- b) Contractor will hire and maintain a multidisciplinary team that aligns with the staffing model provided by the HCA.
- c) HOST teams work throughout the region to outreach and engage the most vulnerable Individuals into services with the ultimate goals of addressing their behavioral and physical health needs, increasing stability, obtaining housing, and transitioning them into long-term services for their SUDs or co-occurring SUDs and behavioral health conditions.
- d) HOST teams will utilize the HOST principles provided by the HCA, that will best serve intended and eligible populations.
- e) HOST teams are to participate in training and technical assistance activities as prescribed by HCA.
- f) Complete an assessment of each HOST Individuals' basic needs, including behavioral health and SUD conditions, medical, housing, benefits, legal, safety and cultural needs, as appropriate.
- g) HOST staff will engage eligible Individuals, provide intensive case management and stabilization services with a range of treatment options, develop and maintain linkages to critical resources, and transition stabilized Individuals to long-term behavioral health or other appropriate ongoing services.

- h) Maintain individual service records for enrolled Individuals. Each service record will contain at a minimum: completed assessment, determination of eligibility, service plan that includes individualized goals utilizing person-centered approach, progress notes, and discharge plan. These service records will only be accessed by employees of the Contractor. Contractor will provide HCA aggregate data of service records upon request.
- i) Reports may include but are not limited to monthly status reports pertaining to HCA approved project plan and outreach and engagement services provided by the HOST team. Reports to be submitted to HCA at HCABHASO@hca.wa.gov.
- 3) Capital Purchases made for this program are to be utilized for this program explicitly. Assets for this program will be used at the level of 90 percent specifically. De minimus use will be allowed. If the program funding is discontinued, the state of Washington can decide to re-purpose assets for the benefit of this or other programs.

Performance and payment table is below. Payment will not be made to Contractor until HCA has received and approves each deliverable:

<b>Performance and Payment Chart</b>				
<b>Goal #</b>	<b>Task</b>	<b>Due Date</b>	<b>Performance Measure</b>	<b>Payment</b>
1	Develop and submit a project plan, consistent with the contract Sections (1) and (2) above, for consideration and approval by HCA Contract Manager. Contractor shall be required to carry out and complete the activities set forth in its approved project plan.	July 31, 2022	Receipt of HCA reviewed and approved project plan.	\$52,590
2	Contractors and HOST service providers must participate in scheduled reviews of the HOST program at a minimum of once per month, or as needed. Contractors and HOST service providers shall participate in training and technical assistance provided by HCA/DESC in developing regional HOST programs.	Due by the 20 <sup>th</sup> of the following month	Receipt of list of meetings attended.	12 individual payments at \$21,000 for a maximum amount of \$252,000

Performance and Payment Chart				
Goal #	Task	Due Date	Performance Measure	Payment
3	Administrative cost	Due by the 20 <sup>th</sup> of the following month	Receipt of invoice	12 individual payments at \$10,042.50 for a maximum amount of \$120,510
4	Maintain a multidisciplinary team that aligns with the staffing model provided by the HCA.	Due by the 20 <sup>th</sup> of the following month.	List of current staff and their individual credentials, position titles, and assigned FTEs, demonstrating alignment with the provided staffing model.	12 individual payments at \$45,000 each for a maximum amount of \$540,000.00.
5	Complete monthly status reports: To include but not limited to, narrative pertaining to project progress, # of outreach contacts, # of enrollments, and a breakdown of type of behavioral health services received. Submit completed reports to <a href="mailto:HCABHASO@hca.wa.gov">HCABHASO@hca.wa.gov</a>	Due monthly by the 20 <sup>th</sup> of the following month.	Receipt of a monthly HCA outcome reporting template.	12 individual payments at \$20,000 each for a maximum amount of \$240,000.00.
			<b>Total</b>	<b>\$1,205,100</b>