

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC
(NORTH SOUND BH-ASO)
CONTRACT AMENDMENT #4**

CONTRACT # NORTH SOUND BH-ASO-LIFELINE CONNECTIONS-MHBG-20-23

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 Lifeline Connections (Provider) November 10, 2020, (as amended by North Sound BH-ASO and Provider December 15, 2021, collectively the “Contract”) is hereby amended as follows:

The purpose of this amendment is to provide funding for the period of July 1, 2022 to December 31, 2022

By mutual agreement of the parties, the following documents are added to the agreement:

1. Replace Exhibit A-iii Lifeline Budget with Exhibit A-iv Lifeline Budget
2. Replace Exhibit C-i with C-ii
3. Replace Exhibit F-i with F-ii
4. Replace Exhibit G-I with G-ii
5. Add Exhibit K – HARPS Quarterly Report Template

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

LIFELINE CONNECTIONS

Joe Valentine Date
Executive Director

Joe Foster Date
VP of Finance and Operations

**North Sound Behavioral Health Administrative Services Organization
HARPS**

Cost Reimbursement Budget

Lifeline Connections

July 1, 2022 to December 31, 2022

Revenues

HARPS Housing Subsidies	145,451
SABG Housing Subsidies	47,619
5% Admin on Subsidies	9,654
MHBG Deliverables	95,220
General State Funds *	47,047
Additional Subsidies (added in June)	100,000
Total	\$ 444,991

Expenses

Housing Subsidies	193,070
HARPS Program Expenses	151,921
Additional Subsidies	100,000
Total	\$ 444,991

* Can increase depending on subsidies actually spent and/or deliverables earned

North Sound Behavioral Health Administrative Services Organization

DOC - CBRA

Cost Reimbursement Budget

Lifeline Connections

July 1, 2022 to June 30, 2023

Revenues

DOC Rental Assistance	179,902
Program Operations	55,355
Administration	41,515
	<hr/>
Total	\$ 276,772

Expenses

Rental Assistance	179,902
Program Operations	55,355
Administration	41,515
	<hr/>
Total	\$ 276,772

**North Sound Behavioral Health Administrative Services Organization
SABG**

Cost Reimbursement Budget

Lifeline Connections

July 1, 2022 to December 31, 2022

Revenues

SABG Recovery Housing		159,000
	Total	<u>\$ 159,000</u>

Expenses

Whatcom County Recovery House		159,000
	Total	<u>\$ 159,000</u>

North Sound Behavioral Health Administrative Services Organization
Peer Pathfinder Transition from Incarceration Pilot
Cost Reimbursement Budget
Lifeline Connections
 July 1, 2022 to March 30, 2023

Revenues

MHBG Covid Peer Pathfinders Transition from Incarceration Pilot	71,000
SABG Covid Peer Pathfinders Transition from Incarceration Pilot	71,000
Total	\$ 142,000

Expenses

Peer Pathfinders Transition from Incarceration Pilot	142,000
Total	\$ 142,000

HARPS Quarterly Reports

(Quarter 1 is July – September, Quarter 2 is October – December, Quarter 3 is January – March,
Quarter 4 is April – June)

AGENCY _____ COMPLETED BY _____

DATE _____ DATE RANGE _____

Quarterly report with results of the project activities for the period including a participant success story with a signed media release. Report should include:

1. Please describe procurement, hiring and implementation activities to date:
2. Describe staff development activities for this reporting period (including orientation and training). Please indicate:
 - Date(s)/duration of the training or meeting
 - Subject of the training or meeting
 - Discuss value/impact on the pilot project.
3. Discuss any other project activities or events, including meetings with local Continuums of Care, Coordinated Entry Programs, housing, and housing services providers meetings.
 - Date(s)/duration of the training or meeting
 - Subject of the training or meeting
 - Discuss value/impact on the pilot project.
4. The number of individuals discharged from the state psychiatric hospitals (WSH and ESH) the HARPS team has enrolled this quarter?
5. The number of individuals discharged from the state psychiatric hospitals (WSH and ESH) the HARPS team has assisted in obtaining housing this quarter?
6. Number of landlord outreach and engagement contacts made by the HARPS Team this quarter?

HARPS Quarterly Reports

(Quarter 1 is July – September, Quarter 2 is October – December, Quarter 3 is January – March,
Quarter 4 is April – June)

7. Number of participants referred to DVR?
8. Number of participants referred to IPS Supported Employment Programs?
9. Number outreach activities to potential employers for program participants?
10. Number of enrolled individuals referred to other healthcare providers, including primary care, dental care, eye care?
11. Number of enrolled individuals referred to other community-based supports, such as long-term care services, meals on wheels, chore services, transportation assistance, shopping assistance or companion services?
12. Number of individuals enrolled that required modifications to their home to make it accessible?
13. Number of individuals currently receiving disability benefits?
14. Number of individuals assisted in applying for disability benefits?
15. Number of individuals enrolled that have no monthly income?

EXHIBIT C-ii
Harps Housing Bridge Subsidy Guidelines
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 a 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 6/30/2023	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 7/1/2022) @ \$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 A, Monthly HARPS Participant Excel Log 7.1.2022. 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	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 7/1/2022) @ \$5,000 per monthly HARPS participant	\$60,000

Goal	Task	Performance Measure	Due Date*	Payment	Total
	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.			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> <ol style="list-style-type: none"> 1. Describe staff development activities for reporting period (including orientation and training). Indicate: 2. Any other project activities or events, including meetings with local Continuums of Care, Coordinated Entry Programs, Peer Bridgers, housing, and housing services providers meetings. 3. Date(s)/duration of the training or meeting 4. Subject of the training or meeting 5. Discuss value/impact on the pilot project. 6. 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>	<p>Quarterly HARPS Report submitted to HCA and approved by the HCA program manager.</p>	<p>4 quarterly reports (assuming start of services 7/1/2022) @ \$13,960 per report</p>	\$55,840
6	Hire an additional CPC with experience in recovery from Substance Use Disorder as a 4th member of the HARPS Team	Submit letter of hire to HCA HARPS Program Manager	6/15/2022	Total of \$20,000	\$20,000
7	Provide a Copy of Letter of peer certification by Division of Behavioral Health and Recovery for the newly hired CPC.	Letter of certification confirming individual successfully completed peer certification and testing sent to HCA HARPS Program Manager	7/1/2022	Total of \$20,000	\$20,000
8	The additional SUD CPC from the HARPS team will attend a 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 sent to HCA HARPS Program Manager	3/14/2023	1 payment of \$20,000 for EBP PSH Training	\$20,000

Goal	Task	Performance Measure	Due Date*	Payment	Total
9	The additional SUD CPC will complete the four (4) PSH Training Modules on Pathways to Housing website under Peer Training tab and send the certificates of completion to the HCA HARPS Program Manager.	Certificates of Completion sent to HCA HARPS Program Manager from pathwaystohousing.wa.gov	3/14/2023	Total of \$20,000	\$20,000
10	Develop a plan for how you will spend the client support services funding and submit to HCA by 3/14/2023. Plan must be based on guidance supplied in Statement of Work. Plan must describe how these funds will support HARPS participants with serious mental illness and substance use disorders. *	Written plan was submitted to HCA and HCA approve the plan.	3/14/2023	1 report @ \$10,000 totaling \$10,000 for this goal.	\$10,000
				TOTAL	\$280,440

Grant Cost Breakdown and Total Grant Funding

Grant Amount Mental Health Block Grant	\$280,440
Short Term Bridge Subsidy Grant	\$426,000
SUD Short Term Bridge Subsidy Amount (ESB 5476 + Maintenance budget)	\$100,000

HARPS Quarterly Reports

(Quarter 1 is July – September, Quarter 2 is October – December, Quarter 3 is January – March,
Quarter 4 is April – June)

16. Number of individuals enrolled that have received a housing voucher?

17. Number of individuals enrolled receiving HEN or ABD?

Share a success story below – do not use PHI

Exhibit F-ii
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 BH ASO
(ii) Subrecipient's unique entity identifier; (UEI)	104266882
(iii) Federal Award Identification Number (FAIN);	B08TI083519?
(iv) Federal Award Date (see §200.39 Federal award date);	03/11/2021-3/15/2023
(v) Subaward Period of Performance Start and End Date;	DOE-3/14/2023
(vi) Amount of Federal Funds Obligated by this action;	\$5,000
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$280,440
(xiii) 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);	Housing and Recovery Support 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;	93.959 Substance Abuse Prevention and Treatment Block Grant
(xii) Identification of whether the award is R&D; and	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).	de minimus (10%)

EXHIBIT G-ii

Federal Award Identification for Subrecipients (reference 2 CFR 200.331)

Block Grants for Community Mental Health Services

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound BH ASO
(ii) Subrecipient's unique entity identifier; (UEI)	958386666
(iii) Federal Award Identification Number (FAIN);	B09SM086035
(iv) Federal Award Date (see §200.39 Federal award date);	03/11/2021-3/15/2023
(v) Subaward Period of Performance Start and End Date;	DOE-3/14/2023
(vi) Amount of Federal Funds Obligated by this action;	\$5,000
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$280,440
(xiii) Total Amount of the Federal Award;	\$35,415,872
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(xii) Identification of whether the award is R&D; and	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	de minimus (10%)

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