Washington State Health Care Authority	**CONTRACT AMENDMENT BEHAVIORAL HEALTH – ADMINSTRATIVE SERVICES ORGANIZATION**	HCA Contract No.: K4949 Amendment No.: 05

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	**CONTRACTOR doing business as (DBA)**
North Sound Behavioral Health Organization	
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, 2022 through December 31, 2022; 2) revise contract expectations and requirements; 3) update Exhibit A, Non-Medicaid Rate Allocations; 4) update Exhibit F, Federal Awards Identification for Subrecipients; 5) update Exhibit G, Peer Bridger Program; and 6) add Schedule H, Homeless Outreach Stabilization and Transition (HOST) Program.

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

1. The total maximum consideration for this Contract is increased by $19,704,036.00 from $46,198,054.00 to $65,902,090.00.

2. Section 1, Definitions, 1.45 Contingency Management, is added as follows:

   1.45 Contingency Management

   "Contingency Management" means a type of behavior therapy in which Individuals are reinforced or rewarded for evidence of positive behavioral change.

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

3. Section 1, Definitions, 1.122 Mental Health Care Provider, is added as follows:

   1.122 Mental Health Care Provider

   "Mental Health Care Provider" means the individual with primary responsibility for implementing an individualized plan for mental health rehabilitation services. Minimum qualifications are B.A. level in a related field, A.A. level with two years' experience in the mental health or related fields." Additionally, this person would be supervised by a provider who meets the definition of a mental health professional and be an Agency Affiliated Counselor.

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

4. Section 1, Definitions, 1.192 Warm Handoff, is added as follows:

1.192 Warm Handoff

"Warm Handoff" means a transfer of care between two members of a health care team, where the handoff occurs in front of the Individual explaining why the other team member can better address a specific issue emphasizing the other team member's competence.

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

5. Section 2, General Terms and Conditions, 2.3, Report Deliverable Templates, is amended to read as follows:

2.3 Report Deliverable Templates

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 Reports

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 Crisis Stabilization Services Staff Details (King)

2.3.1.1.8 Enhanced Crisis Stabilization/Triage Services Staff Details (Beacon and Spokane)

2.3.1.1.9 Enhanced Mobile Crisis Response Report (quarterly) (Beacon and Spokane only)

2.3.1.1.10 Enhanced Mobile Crisis Response Staff Details (Beacon, King, and Spokane)

2.3.1.1.11 E&T Discharge Planner Report

2.3.1.1.12 Federal Block Grant Annual Progress Report

2.3.1.1.13 Grievance, Adverse Authorization Determination, and Appeals

2.3.1.1.14 Juvenile Court Treatment Program Reporting

2.3.1.1.15 Mental Health Block Grant (MHBG) Project Plan

2.3.1.1.16 Mobile Crisis Block Grant Stimulus Report

2.3.1.1.17 Non-Medicaid Expenditure Report

2.3.1.1.18 Peer Bridge Participant Treatment Engagement Resources Report

2.3.1.1.19 Peer Pathfinder Jail Transition Report

2.3.1.1.20 Peer Bridger Program

2.3.1.1.21 Recovery Navigator Program Quarterly Report

2.3.1.1.22 Semi-Annual Trueblood Misdemeanor Diversion Fund Report

2.3.1.1.23 Substance Abuse Block Grant (SABG) Capacity Management Form

2.3.1.1.24 Substance Abuse Block Grant (SABG) Project Plan

2.3.1.1.25 Supplemental Data Daily Submission Notification

2.3.1.1.26 Supplemental Data Monthly Certification Letter

2.3.1.1.27 Trauma Informed Counselling Services to Children and Youth in Whatcom County Schools (Whatcom only)

2.3.1.1.28 Trueblood Lifeline Connections Transportation Log (Beacon only)

2.3.1.1.29 Trueblood Quarterly Enhanced Crisis Stabilization Report (King only)

2.3.1.1.30 Trueblood Quarterly Enhanced Crisis Stabilization/Crisis Triage Report (Beacon and Spokane only)

2.3.1.1.31 Whatcom County Crisis Stabilization Center – Diversion Pilot (Whatcom only)

6. Section 10, Individuals Rights and Protections, subsection 10.3, Cultural Considerations, is renamed as "Culturally and Linguistically Appropriate Services (CLAS)."

7. Section 14, Care Management and Coordination, subsection 14.1 Care Coordination Requirements is amended to read as follows:

14.1 Care Coordination Requirements

14.1.1 The Contractor shall develop and implement protocols that promote coordination, continuity, and quality of care that address the following:

14.1.1.1 Access to crisis safety plan and coordination information for Individuals in crisis.

14.1.1.2 Use of GFS/FBG funds to care for Individuals in alternative settings such as homeless shelters, permanent supported housing, nursing homes or group homes.

14.1.1.3 Strategies to reduce unnecessary crisis system utilization as defined in the Crisis System Section of this Contract.

14.1.1.4 Care transitions and sharing of information among jails, prisons, hospitals, residential treatment centers, withdrawal management and sobering centers, homeless shelters and service providers for Individuals with complex behavioral health and medical needs.

14.1.1.5 Continuity of Care for Individuals in an active course of treatment for an acute or chronic behavioral health condition, including preserving Individual-provider relationships through transitions.

14.1.2 The Contractor will provide Care Coordination to Individuals who are named on the HCA Referral List, also known as the "high utilizer list," in the Trueblood, et al., v. Department of Social and Health Services Settlement Agreement. HCA will provide the HCA Referral List to the Contractor monthly. The Contractor will support connecting Individuals with behavioral health needs and current or prior criminal justice involvement receive Care Coordination.

14.1.3 The Contractor will report semi-annually, using the Semi-Annual Trueblood Misdemeanor Diversion Fund Report template. Reports must be submitted to HCA by January 31, for the reporting period of July through December of the previous year, and by July 31, for the reporting period of January through June of the current year.

8. Section 16, Scope of Services- Crisis System, subsection 16.4 Crisis System Operational Requirements is amended to read as follows:

16.4 Crisis System Operational Requirements

16.4.1 Crisis services shall be available 24 hours a day, seven (7) days a week.

16.4.1.1 Mobile crisis outreach shall respond within two (2) hours of the referral to an emergent crisis and within 24 hours for referral to an urgent crisis.

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 within six months of hire.

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).

16.4.3 The Contractor will have established new mobile crisis teams (MCT), or enhanced existing mobile crisis staffing for adults, as well as Youth and children prior to July 1, 2022. Each BH ASO will have a minimum of one adult mobile crisis outreach team and one children, Youth and family mobile crisis in the region and continue to work on increasing capacity.

16.4.3.1 Each mobile crisis team will consist of 11 full time equivalents (FTEs) and have the capacity to provide services in the community 24 hours per day, seven days per week, 365 days per year. The 11-member team will include one MHP supervisor.

16.4.3.2 Implementation must include the following elements:

16.4.3.2.1 Each team will adhere to the HCA crisis team model.

16.4.3.2.2 Each team will require at a minimum, an MHP to provide clinical assessment and a peer trained in Crisis Services, responding jointly. Mental Health Care Provider (MHCPs) can respond jointly with a peer in place of an MHP as long as at least one MHP is available 24/7 for any MHCP or peer to contact for consultation, this MHP does not have to be the supervisor.

16.4.3.2.3 All peers must complete the HCA sponsored peer crisis training.

16.4.3.2.4 All individuals providing mobile crisis services, whether they are new or previously existing staff, must complete the HCA training in Trauma Informed Care, De-escalation Techniques, and Harm Reduction.

16.4.3.2.5 The Contractor will work collaboratively with HCA staff in standing up the teams, coordinating service delivery, adhering to the mobile crisis outreach service model and participating in required training.

16.4.3.3 The Contractor will work with the HCA staff in developing statewide standards for the delivery of MCT services. These standards must include the following elements:

16.4.3.3.1 Align with MCT practices and values as identified in the SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit.

16.4.3.3.2 For child, Youth and family teams, the standards will minimally include the following elements of the Mobile Response and Stabilization Services (MRSS) model:

16.4.3.3.2.1 Mobile crisis outreach services are delivered in-person, whenever possible.

16.4.3.3.2.2 Services are provided in home or in community settings.

16.4.3.3.2.3 Mobile crisis services provided are available within two hours of contact for emergent, within 24 hours for an urgent crisis, and best practice is a response within 60 minutes for all call types.

16.4.3.3.2.4 The crisis is defined by the Individual, including adults, Youth, young adults and/or the parent/caregiver.

16.4.3.4 The standards for the Youth teams will incorporate the values and practices of the MRSS model and the National Association of State Mental Health Program Directors (NASMHPD) guidance on Improving the Child and Adolescent Crisis System: Shifting from a 9-1-1 to a 9-8-8 Paradigm and will include the following components:

16.4.3.4.1 Responders will provide developmentally appropriate services.

16.4.3.4.2 Responders are intentionally inclusive of family/caregivers and natural supports throughout a stabilization period.

16.4.3.4.3 Responders are able to serve children, Youth, young adults and families or caregivers in their natural environments including (but not limited to) at home or in school.

16.4.3.5 Crisis interventions will include partnerships with children, Youth, young adults and family/caregivers to identify, restore and increase family and community connections and create linkages to necessary resources.

16.4.3.6 The minimum standards for adult and Youth teams as defined in this contract section, will be incorporated into the Contractor's subcontracts by September 1, 2022.

16.4.3.7 By July 1, 2022, the Contractor will submit all mobile crisis services under the MCR transaction as delineated in the most current Behavioral Health Supplemental Data Guide.

16.4.4 Mobile Crisis Outreach goals should:

16.4.4.1 Support and maintain Individuals in their current living situation and community environment, reducing the need for out-of-home placements, which reduces the need for inpatient care and residential interventions.

16.4.4.2 Support Individuals, Youth, and families by providing trauma informed care.

16.4.4.3 Promote and support safe behavior in home, school, and community settings.

16.4.4.4 Reduce the use of emergency departments (ED), hospital boarding, and detention centers due to a behavioral health crisis.

16.4.4.5 Assist Individuals, Youth, and families in accessing and linking to ongoing support and services, including intensive clinical and in-home services, as needed.

16.4.5 The Contractor shall provide a toll-free line that is available 24 hours a day, seven (7) days a week, to provide crisis intervention and triage services, including screening and referral to a network of providers and community resources. The toll-free crisis line shall be a separate number from the Contractor's customer service line.

16.4.6 The Contractor shall ensure crisis call centers comply with the following crisis line performance standards:

16.4.6.1 Telephone abandonment rate – performance standard is 5 percent or less.

16.4.6.2 Telephone response time – performance standard is at least 90 percent of calls are answered within thirty (30) seconds.

16.4.7 Individuals shall be able to access Crisis Services without full completion of Intake Evaluations and/or other screening and assessment processes.

16.4.8 The Contractor shall establish registration processes for non-Medicaid Individuals utilizing Crisis Services to maintain demographic and clinical information and establish a medical record/tracking system to manage their crisis care, referrals, and utilization.

16.4.9 The Contractor shall establish protocols for providing information about and referral to other available services and resources for Individuals who do not meet criteria for Medicaid or GFS/FBG services (e.g., homeless shelters, domestic violence programs, Alcoholics Anonymous). Protocols shall align with the Protocols for Coordination with Tribes and non-Tribal IHCPs applicable to the Contractor's RSA.

16.4.10 The Contractor shall ensure that Crisis Service providers document calls, services, and outcomes.

9. Section 16, Scope of Services- Crisis System, subsection 16.5 Crisis System Services is amended to read as follows:

16.5 Crisis System Services

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 E&T 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 supportive housing, supported employment, 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 Assisted Outpatient Treatment (AOT) shall be provided to those who are identified as meeting the need. Each BH-ASO shall employ an assisted outpatient treatment program coordinator. The Contractor will use funding provided in FY2023 to hire and train the BH-ASO assisted outpatient treatment coordinator to oversee system coordination and legal compliance for assisted outpatient treatment under RCW 71.05.148 and RCW 71.34.755.

16.5.1.4.1 The coordinator shall work with HCA AOT program staff to develop program requirements and best practices, policy and procedures, and implement them within the BH-ASO region.

16.5.1.4.2 The program will require coordination and collaboration with superior courts, contractors providing services to persons released on assisted outpatient treatment orders, and other stakeholders within their region.

16.5.1.4.3 Requirements of this funding include developing and implementing a plan, with HCA, Regional ITA courts, AOT providers, and community stakeholders, to have a AOT program in operation by July 1, 2023.

16.5.1.4.4 The BH-ASO, must provide notice to the tribe and Indian health care provider regarding the filing of an AOT petition concerning a person who is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within the state of Washington.

16.5.1.4.5 The BH-ASO will coordinate with superior courts in their region to assure a process for the court to provide notification to the BH-ASO of petitions filed where the court has knowledge that the respondent is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within the state of Washington so that the Contractor can complete a notification of that fact to the tribe or Indian health care provider.

16.5.1.4.6 Beginning February 15, 2023, the Contractor will submit quarterly narrative reports to HCABHASO@hca.wa.gov. Reports are due: February 15 (October through December); May 15 (January through March); August 15 (April through June); and November 15 (July through September). The narrative will describe updates related to the AOT implementation progress.

16.5.1.5 Contractor will be responsible for tracking orders for less restrictive alternative treatment that are issued by a superior court within their geographic regions, including LRAs, CRs and AOT.

16.5.1.5.1 Tracking responsibility includes notification to the Individual's MCO of the LRA order so that the MCO can coordinate LRA treatment services.

16.5.1.5.1.1 The MCO is responsible to coordinate care with the Individual and the treatment provider for the provision of LRA treatment services.

16.5.1.5.1.2 The MCO is responsible to monitor or purchase monitoring services for Individuals receiving LRA treatment services.

16.5.1.5.1.3 Monitoring will include coordination with the appropriate DCR provider, including non-compliance.

16.5.1.5.2 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:

16.5.1.5.2.1 Unfunded Individuals.

16.5.1.5.2.2 Individuals who are not covered by the Medicaid fee-for-service program.

16.5.1.5.2.3 Individuals who are covered by commercial insurance.

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

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

16.5.1.5.3.2 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.

16.5.1.6 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).

16.5.2 The Contractor shall provide the following services to Individuals who meet eligibility requirements defined in this Contract but who do not qualify for Medicaid, when medically necessary, and based on Available Resources:

16.5.2.1 Crisis Stabilization Services, includes short-term assistance with life skills training and understanding of medication effects and follow up services. Services are provided in the person's own home, or another home-like setting, or a setting which provides safety for the Individual experiencing a behavioral health crisis.

16.5.2.2 SUD Crisis Services including short term stabilization, a general assessment of the Individual's condition, an interview for therapeutic purposes, and arranging transportation home or to an approved Facility for intoxicated or incapacitated Individuals on the streets or in other public places. Services may be provided by telephone, in person, in a Facility or in the field. Services may or may not lead to ongoing treatment.

16.5.2.3 Secure Withdrawal Management and Stabilization Services provided in a Facility licensed and certified by DOH to provide involuntary evaluation and treatment services to Individuals detained by the DCR for SUD ITA. Appropriate care for Individuals with a history of SUD who have been found to meet criteria for involuntary treatment includes: evaluation and assessment, provided by a SUDP; acute or subacute withdrawal management services; SUD treatment; and discharge assistance provided by SUDPs, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to LRA as appropriate

for the Individual in accordance with WAC 246-341-1104. This is an involuntary treatment which does not require authorization.

16.5.2.4 Peer-to-Peer Warm Line Services are available to callers with routine concerns who could benefit from or who request to speak to a peer for support and help de-escalating emerging crises. Warm line staff may be peer volunteers who provide emotional support, comfort, and information to callers living with a mental illness.

16.5.2.5 Supportive housing services are a specific intervention for people who, but for the availability of services, do not succeed in housing and who, but for housing, do not succeed in services. Supportive housing services help Individuals who are homeless or unstably housed live with maximum independence in community-integrated housing. Activities are intended to ensure successful community living through the utilization of skills training, cueing, modeling and supervision as identified by the person-centered assessment. Services can be provided flexibly, including in-person or on behalf of an Individual.

16.5.2.6 Supported employment services aid Individuals who have physical, behavioral, and/or long-term healthcare needs that make it difficult for the person to obtain and maintain employment. These ongoing services include individualized job coaching and training, help with employer relations, and assistance with job placement.

10. Section 18, Criminal Justice Treatment Account (CJTA), 18.2 Allowable Expenditures under CJTA, a new subsection 18.2.2 is added as follows:

18.2.2. During the 2021-23 state fiscal biennium the provision of SUD treatments services and treatment support services for non-violent offenders within a drug court program may be continued for 180 calendar days following graduation from the drug court program.

11. Section 21, Peer Pathfinders Transition from Incarceration Pilot Program, 21.3 Peer Pathfinding Program Duties, subsection 21.3.7 is amended to read as follows:

21.3.7 The Peer Pathfinder team, including Peer Pathfinder Supervisor will:

21.3.7.1 Participate in statewide Peer Pathfinder Program administrative support conference calls as applicable.

21.3.7.2 Participate in Peer Pathfinder Training events scheduled by DBHR.

21.3.7.3 Coordinate and communicate Peer Pathfinder team schedules for participating at the inpatient settings with Peer Pathfinder coordinator.

12. Section 22, Dedicated Marijuana Account (DMA) is renamed as “Dedicated Cannabis Account (DCA)” and is amended to read as follows:

22 Dedicated Cannabis Account (DCA)

22.1 DCA expenditure requirements

22.1.1 DCA funds are to be provided within the identified resources in Exhibit A.

22.1.2 DCA funds shall be used to fund SUD treatment services for youth living at or below 220 percent of the federal poverty level, without insurance coverage or who are seeking services independent of their parent/guardian.

22.1.3 DCA funds may be used for development, implementation, maintenance, and evaluation of programs that support intervention, treatment, and Recovery Support Services for middle school and high school aged students.

22.1.4 All new programs and services must direct at least 85 percent of funding to evidence-based or research-based programs and practices that produce objectively measurable results, and are expected to be cost beneficial.

22.1.5 Up to 15 percent of the funds appropriated for new programs and new services may be used to provide support to proven and tested practices, emerging best practices, or promising practices.

13. Section 24, Community Behavioral Health Enhancement (CBHE) Funds, subsection 24.1 CBHE Communication Plan Requirements is amended to read as follows:

24.1 CBHE Communication Plan Requirements

24.1.1 The CHBE funding is intended to increase funding for Behavioral Health services provided by licensed and certified community Behavioral Health agencies. The Contractor must follow the previously submitted CBHE Communication Plan ("Communication Plan") that outlines how the portion of the funding received will strengthen the Behavioral Health community and assist in recruitment and retention.

24.1.2 The Communication Plan must include the following:

24.1.2.1 Outline of how the portion of the funding received will strengthen the Behavioral Health provider community workforce.

24.1.2.2 How the Contractor will increase provider capacity, including staff retention and service delivery.

24.1.2.3 The Communication Plan must meet the intention of Engrossed Substitute Senate Bill 5092; Section 215(20); Chapter 334; Laws of 2021.

24.1.2.4 Timeframes for implementation of all planned enhancement activities.

24.1.3 The Contractor will take the following steps to ensure that providers are receiving the appropriate amount of enhancement funds:

24.1.3.1 Develop a provider Communication Plan.

24.1.3.2 In accordance with you Communication Plan, notify providers about how the Enhancement funds will be utilized in your region.

24.1.3.3 Operationalize your plan to deploy SFY 2023 (July 1, 2022 through June 30, 2023) enhancement funds.

24.1.3.4 Conduct quarterly reviews to ensure that funds are being dispersed to providers as outlined in your Communication Plan.

24.1.3.5 Contractor will notify HCA of any changes to the provider Communication Plan within ten (10) Business Days of the changes. Submit updated Communication Plans to HCABHASO@hca.wa.gov.

24.1.4 The Contractor will submit a completed CBHE Quarterly Expenditure report clearly identifying the funding mechanisms used to disperse the funding and all expenditures on a quarterly basis using the CBHE Quarterly Expenditure reporting template.

24.1.4.1 The CBHE Quarterly Expenditure report must be submitted to HCABHASO@hca.wa.gov by the last day of the month following the end of each quarterly reporting period. The SFY 2023 reports are due by: July 31, 2022 (April-June); October 31, 2022 (July-September); January 31, 2023 (October-December); and April 30, 2023 (January-March).

14. Section 27, Recovery Navigator Program, subsection 27.2 Recovery Navigators Plan is amended to read as follows:

27.2 Recovery Navigators Plan

27.2.1 Each navigator program must maintain enough appropriately trained personnel which must include individuals with lived experience with SUD to the extent possible. The SUD Regional Recovery Navigator Administrator must assure that staff conducting intake and referral services and field assessments are paid a livable and competitive wage and have appropriate training and receive continuing education.

27.2.2 The Recovery Navigator Program shall provide services to youth and adults with behavioral health conditions who are referred to the program from diverse sources including:

27.2.2.1 Community-based outreach;

27.2.2.2 Intake and referral services;

27.2.2.3 Comprehensive assessment;

27.2.2.4 Connection to services; and

27.2.2.5 Warm handoffs to treatment and recovery support services along the continuum of care.

27.2.3 Additional services to be provided as appropriate include but not limited to:

27.2.3.1 Long-term intensive case management.

27.2.3.2 Recovery coaching.

27.2.3.3 Recovery support services.

27.2.3.3.1 Flexible Participant Funds may be used to cover a participant's modest and variable needs within available funding.

27.2.3.4 Treatment.

27.2.4 The Contractor shall begin implementation planning to establish a recovery navigator program based on uniform program standards modeled upon the components of LEAD program to be implemented by November 1, 2021.

27.2.5 The Contractor must submit a progress report on development of the Contractor's plan demonstrating the ability to fully comply with the statewide program standards to HCA by September 1, 2021. The final plan must be submitted to hcabhaso@hca.wa.go by October 1, 2021 for approval. If the BH-ASO plan is not approved HCA will provide technical assistance working toward approval. Once the Contractor's plan is approved funding for program implementation will be released.

27.2.6 Each Recovery Navigator Program must submit quarterly reports to the Recovery Navigator Program Secure File Transfer site (https://sft.wa.gov) using the Recovery Navigator Program report template and the data collection workbook beginning January 31, 2022 for the quarter ending December 31, 2021. The quarterly reports are due the last day of the month following the end of each quarter. Reports are due: January 31 (October through December); April 30 (January through March); July 31 (April through June); and October 31 (July through September).

27.2.7 The Contractor shall participate in technical assistance provided by the LEAD National Support Bureau/Washington State Expansion Team for their Recovery Navigator Program. Technical assistance will depend on each Contractor's identified needs. Technical assistance can be provided virtually, by phone, email, or in-person.

27.2.8 The Contractor must participate in scheduled reviews of the Recovery Navigator Program including the following activities:

27.2.8.1 Monthly technical assistance with HCA:

27.2.8.2 Weekly meetings hosted by HCA; and

27.2.8.3 HCA hosted trainings.

15. Exhibit A-4, Non-Medicaid Funding Allocation, is replaced in its entirety with Exhibit A-5, effective July 1, 2022 through December 31, 2022 and is attached hereto and incorporated herein.

16. Exhibit F-2, Federal Award Identification for Subrecipients, is replaced in its entirety with F-3 and is attached hereto and incorporated herein.

17. Exhibit G-1, Peer Bridger Program, is replaced in its entirety with Exhibit G-2 and is attached hereto and incorporated herein.

18. A new Schedule H, Homeless Outreach Stabilization and Transition (HOST) Program is attached hereto and incorporated herein.

19. This Amendment will be effective July 1, 2022 ("Effective Date").

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

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

Exhibit A-5: 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, 2022, through December 31, 2022, of state fiscal year (SFY) 2023. Amounts can be utilized during SFY ending June 30, 2023, 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 in Table 2 is shown for the full SFY 2023.

Table 1: North Sound RSA July-December SFY 2023 GF-S Funding

Fund Source	Monthly	Total 6 Months	Amended 6 Month Amount
Flexible GF-S	$1,256,517.00	$7,539,102.00	$7,539,102.00
PACT	$86,047.00	$516,282.00	$516,282.00
Assisted Outpatient Tx	$19,737.00	$118,422.00	$118,422.00
Flexible GF-S (ASO)- Begin FY2021-Proviso (7B)	$55,385.00	$332,310.00	$332,310.00
Jail Services	$30,628.00	$183,768.00	$183,768.00
ITA - Non-Medicaid funding	$22,865.00	$137,190.00	$137,190.00
Detention Decision Review	$8,958.00	$53,748.00	$53,748.00
Long-Term Civil Commitment Court Costs	$1,552.00	$9,312.00	$9,312.00
Trueblood Misdemeanor Diversion	$18,662.00	$111,972.00	$111,972.00
Juvenile Drug Court	$11,650.00	$69,900.00	$69,900.00
DCA - Dedicated Cannabis Account	$48,441.00	$290,646.00	$290,646.00
Secure Detox	$28,913.00	$173,478.00	$173,478.00
Behavioral Health Advisory Board	$3,333.00	$19,998.00	$19,998.00
Ombuds - Agreed to 3-month funding via ASO contracts	One-Time payment (Annual)	$11,250.00	$11,250.00
Discharge Planners	One-Time payment (Six months)	$53,647.00	$53,647.00
BH Service Enhancements	One-Time payment (Six months)	$389,594.00	$389,594.00
5092(65) Added Crisis Teams/including child crisis teams	One-Time payment (Six months)	$198,507.00	$198,507.00
5073-ASO monitoring CR/LRA	One-Time payment (Annual)	$40,000.00	$40,000.00
Blake Navigator Program	One-Time payment (Annual)	$2,541,340.00	$2,541,340.00
Whatcom County Crisis Stabliz. ($300K) & Schools Support ($200K)	One-Time payment (Annual)	$500,000.00	$500,000.00

Table 1: North Sound RSA July-December SFY 2023 GF-S Funding - Continued

Blake 5476 Lead Admin	One-Time payment (Annual)	$140,000.00	$140,000.00
HB 1773 AOT LRA/LRO FTE Coordinator to ASO	One-Time payment (Annual)	$140,000.00	$140,000.00
Total	**$1,592,688.00**	**$13,570,466.00**	**$13,570,466.00**

Table 2: North Sound RSA SFY 2023 Grant Funding (12 months)

Fund Source	**Total FY2023**	**Amended 6 Month Amount**
MHBG (Full Year SFY2023) – CFDA #93.958	$1,186,032.00	$1,186,032.00
Peer Bridger (Full Year SFY2023) - CFDA #93.958	$240,000.00	$240,000.00
SABG (Full Year SFY2023) – CFDA #93.959	$3,314,438.00	$3,314,438.00
Total	**$4,740,470.00**	**$4,740,470.00**

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

Fund Source	**Total FY2023**	**Amended 6 Month Amount**
MHBG Covid (BH-ASO) Peer Pathfinders Transition from Incarceration Pilot - CFDA #93.958	$71,000.00	$0.00
MHBG Covid (BH-ASO) Treatment -Crisis Services - CFDA #93.958	$227,109.00	$0.00
MHBG Covid MH Services non-Medicaid services & individuals - CFDA #93.958	$1,037,744.00	$0.00
MHBG Covid - Peer Bridger Participant Service Funds- CFDA #93.958	$11,109.00	$0.00
MHBG Covid - Addition of Certified Peer Counselor to BHASO Mobile Crisis Response Teams- CFDA #93.958	$190,900.00	$0.00
SABG Covid BH-ASO Treatment Funding– CFDA #93.959	$2,186,014.00	$0.00
SABG Covid Peer Pathfinders Transition from Incarceration Pilot– CFDA #93.959	$71,000.00	$0.00
Total	**$3,794,876.00**	$0.00

Table 4: North Sound RSA - SFY 2023 Budgeted Program funds to be reimbursed via A-19

Fund Source	Total FY2023	Amended 6 Month Amount
FYSPRT (Full Year SFY2023)	$75,000.00	$75,000.00
5071 - Full FY amount available Provider cost of monitoring CR/LRA State Hospital discharged individual	$63,000.00	$63,000.00
Homeless Outreach Stabilization and Transition (HOST) Program	$1,205,100.00	$1,205,100.00
Governor's Housing/Homeless Initiative -Rental Voucher and Bridge Program	$50,000.00	$50,000.00
Total	**$1,393,100.00**	**$1,393,100.00**

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/1109 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 Cannabis Account (DCA):** 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.

- **HB 1773 AOT LRA/LRO FTE Coordinator to ASO** - Funds for each BH-ASO to employ or subcontract an assisted outpatient treatment program coordinator. The Contractor will use funding provided in FY2023 to hire and train the BH-ASO assisted outpatient treatment coordinator to oversee system coordination and legal compliance for assisted outpatient treatment under RCW 71.05.148 and RCW 71.34.755.

- **Governor's Housing/Homeless Initiative**- Rental Vouchers and Bridge Program Funds To create a rental voucher and bridge program and implement strategies to reduce instances where an individual leaves a state operated behavioral or private behavioral health facility directly into homelessness. Contractor must prioritize this funding for individuals being discharged from state operated behavioral health facilities.

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, and King -** 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.

- **HB 1773 AOT LRA/LRO Service and Hearing funds to King and Pierce -** Added funding for Treatment and Hearing costs specific to enhanced AOT LRA/LRO Program.

- **King County Behavioral Health Response Teams –** Funds provided for the downtown emergency service center to contract for three behavioral health response teams in King County.

- **Youth Inpatient Navigators - 3 Regions: Salish, Greater Columbia, and Beacon (SW).** Funds to contract for Youth Inpatient Navigator Services in four regions of the state.

- **Homeless Outreach Stabilization and Transition (HOST) programs in SW, Pierce, North Sound, Thurston Mason, and Spokane**. Funds for The Homeless Outreach Stabilization and Transition (HOST) program provides outreach-based treatment services to individuals with serious behavioral health challenges including substance use disorder (SUD). Multidisciplinary teams can provide SUD, medical, rehabilitative, and peer services in the field to individuals who lack consistent access to these vital services.

- **New Journey First Episode Psychosis**: Funds provided to support Non-Medicaid client's portion of provider team costs offering the New Journey First Episode Psychosis Program.

Exhibit F-3
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; (UEI)	Q48ZNDBMH554
(iii) Federal Award Identification Number (FAIN);	B08TI084681
(iv) Federal Award Date (see §200.39 Federal award date);	2/10/22
(v) Subaward Period of Performance Start and End Date;	7/1/2022-6/30/2023
(vi) Amount of Federal Funds Obligated by this action;	$3,314,438
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	$9,918,314
(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	☐ Yes ☒ 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; (UEI)	Q48ZNDBMH554
(iii) Federal Award Identification Number (FAIN);	B09SM086035
(iv) Federal Award Date (see §200.39 Federal award date);	2/4/22
(v) Subaward Period of Performance Start and End Date;	7/1/2022-6/30/2023
(vi) Amount of Federal Funds Obligated by this action;	$1,426,032
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	$4,203,096
(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	☐ Yes ☒ 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%

Exhibit G-2
Peer Bridger Program

1) Peer Bridger Program Overview

The Peer Bridger Program is intended to serve those who are currently at Western State Hospital (WSH), Eastern State Hospital (ESH) , Evaluation and Treatment centers or community hospitals with inpatient mental health beds, and have had a lengthy hospitalization or a history of frequent, multiple hospitalizations. Participation in the program is voluntary. The Peer Bridgers will attempt to engage Individuals in planning their discharge. Hospital staff and the IMC/BH-ASO Hospital Liaisons will help the Peer Bridgers identify potential participants.

The Peer Bridger will transition from spending time on social support and begin offering assistance with independent living skills, coping skills and community adjustment skills. The hand-off between the Peer Bridger and the community behavioral health provider who is providing mental health services will be gradual and based on the Individual's needs and their person-centered plan. The anticipated duration of in-community Peer Bridger services is 120 days with extensions granted by the BH-ASO on a case-by-case basis.

The Peer Bridger is not a case manager, discharge planner or a crisis worker. However, the Peer Bridger can bring the Individual's perspective into the provision of those services.

2) Peer Bridger Program Duties

a) Each Behavioral Health Service Organization is allocated a certain number of Peer Bridger FTEs by HCA/DBHR. If the regions' Peer Bridger team(s) are not fully staffed, monthly invoices will be prorated. The Peer Bridger will work with an average of six to twelve (6-12) program Individuals. Prior to hospital discharge the majority of the work will be inside the state or local psychiatric hospitals or Evaluation and Treatment facilities. Post-discharge activities will be in the community. Peer Bridgers shall routinely engage and interact with potential program participants.

b) Current allocation of Peer Bridger FTEs are detailed as follows in the outline below:

Region	Number of Peer Bridgers
Great Rivers BHASO	2
Greater Columbia BHASO	3
King BHASO	4
Pierce BHASO	3
North Central BHASO	1
North Sound BHASO	3
Salish BHASO	2
Spokane BHASO	3
Thurston/Mason BHASO	3
Southwest BHASO	3

i) The Contractor shall contract with an agency licensed as a Community Behavioral Agency by DOH to provide recovery support services.

ii) After being recruited, and prior to beginning hospital related activities, the Peer Bridger or Peer Bridger team will:

(1) Participate in statewide Peer Bridger Orientation and training.

(2) Participate in statewide specialized training as requested by the inpatient settings.

(3) Complete required non-disclosure, Acknowledgement of Health Care Screening for Contractors and other required forms, as requested by the inpatient setting.

c) The same Peer Bridger shall work directly with Individuals and potential Individuals and follow the Individuals into the community setting to ensure consistency with the "bridging" process. After discharge, the time spent between the community and the inpatient setting shall be adjusted to respond to Individuals in the hospital and Individuals in the community. In conjunction with the MCO/BH-ASO Hospital Liaisons and State Hospital Peer Bridger Liaison (identified during orientation), the Peer Bridger will work to engage potential Individuals. These Individuals may:

i) Have been on the hospital "referred for active discharge planning"; or

ii) Be individuals with multiple state hospitalizations or involuntary hospitalizations; or

iii) Be individuals with hospital stays of over one year; or

iv) Be individuals whom hospital staff and/or the Hospital Liaison have been unable to engage in their own discharge planning; or

v) Be individuals who require additional assistance to discharge and/or need support in the community.

d) Examples of Peer Bridger engagement activities may include:

i) Interacting with potential participants.

ii) Developing a trusting relationship with participants.

iii) Promoting a sense of self-direction and self-advocacy.

iv) Sharing their experiences in recovery.

v) Helping motivate through sharing the strengths and challenges of their own illness.

vi) Considering the Individual's medical issues and helping them develop wellness plans they can pursue in accordance with their physician recommendations.

vii) Helping the Individual plan how they will successfully manage their life in the community.

viii) Educating Individuals about resources in their home community.

ix) Join with the Individual (when requested by the Individual) in treatment team meetings if there are no safety concerns. Help to convey the Individual's perspectives and assist the Individual with understanding the process.

e) The Peer Bridger shall support the Individual in discharge planning to include the following:

i) Function as a member of the Individual's hospital discharge planning efforts.

ii) Identify Individual-perceived barriers to discharge, assist the Individual with working through barriers and assure the Individual that they will be supported throughout the process.

iii) Coordinating in conjunction with discharge planning efforts for the Individual to travel back to his or her community.

iv) The Peer Bridgers may conduct routine weekly hospital-based engagement groups for any individual willing to participate.

f) Peer Bridger team duties:

i) Participate in monthly statewide Peer Bridger Program administrative support conference calls.

ii) Participate in Peer Bridger Training events scheduled by HCA.

iii) Complete the current DBHR Peer Bridger report/log, submit log to HCA via secured email every month, enter program enrollment start and stop dates into Behavioral Health Data System (BHDS), and enter encounters using the rehabilitation case management code.

iv) Participate in hospital and IMC/BH-ASO Peer Bridger training.

v) Coordinate activities with the IMC/BH-ASO hospital liaison.

vi) Attend and participate in Peer Bridger team coordination meetings as directed by HCA.

vii) Meet the documentation requirements of the inpatient setting and their employer.

g) Community-based post-discharge activities will include:

i) The frequency and duration of community-based Peer Bridger services will be determined by the Individual's needs, the service level required to help the individual stay safely in the community and caseload prioritization. Peer Bridger services will be decreased when the Individual is receiving behavioral health treatment and peer services from a behavioral health agency or when the Individual no longer wants the Peer Bridger's support. The Peer Bridger shall facilitate a "warm hand-off'' to the behavioral health agency chosen by the Individual. Warm hand-off activities may include:

(1) Being present and supportive during the Individual's first appointment and during the intake evaluation, primary provider or prescriber appointments, etc.

(2) Helping the Individual complete any necessary paperwork for receiving Behavioral Health services.

(3) Supporting the Individual's self-advocacy in the development of their own community treatment plan and treatment activities.

ii) The Peer Bridger may assist the Individual in developing a crisis plan with the Individual's behavioral health service agency. The Peer Bridger may be identified as a non-crisis resource in the plan.

iii) The Peer Bridger shall:

(1) Attempt to connect the Individual with natural support resources and the local recovery community and attend meetings as allowed.

(2) Help the Individual develop skills to facilitate trust-based relationships, develop strategies for maintaining wellness and develop skills to support relationships.

(3) Assist the Individual in developing a life structure, including skills for daily living such as visits to coffee shops, use of local transportation, opening a bank account, work effectively with a payee if needed, understand benefits, budget planning, shopping and meal preparation, access leisure activities, find a church or faith home, attain and maintain housing, etc.

(4) Help the Individual develop skills to schedule, track and attend appointments with providers.

(5) Help the Individual develop skills for self-advocacy so that the Individual can better define his or her treatment plan and communicate clearly with professionals such as psychiatric prescribers, primary care doctors, etc. The Peer Bridger should also help Individuals prepare for appointments and identify questions or comments the Individual might have for the provider.

(6) Explore supported employment that addresses the following:

(a) Employment goals and how they relate to recovery.

(b) The availability of additional training and education to help the Individual become employable.

(c) The array of employment programs and supported employment opportunities available within the region.

h) Peer Bridgers should demonstrate that recovery is possible and model the ten components of recovery as defined in the SAMHSA Consensus Statement on Mental Health Recovery (http://store.samhsa.gov/shin/content/SMA05-4129/SMA05-4129.pdf).

i) The Peer Bridger team, including Peer Bridger Supervisor will:

i) Participate in monthly, statewide Peer Bridger Program administrative support conference calls.

ii) Participate in bi-annual Peer Bridger Training events scheduled by DBHR.

iii) Ensure that Peer Bridgers Complete tracking logs on a monthly basis and submit logs to DBHR via secured or encrypted emails.

iv) Coordinate and communicate Peer Bridger team schedules for participating at the inpatient settings with Peer Bridger coordinator.

j) The Peer Bridger Job Description must contain the following elements:

i) Required Qualifications

(1) Lived experience of mental health recovery and the willingness to share his/her own experiences.

(2) Ability to work flexible hours.

(3) Valid Washington Driver's license or the ability to travel via public transportation.

(4) Ability to meet timely documentation requirements.

(5) Ability to work in a cooperative and collaborative manner as a team member with Hospital staff, MCO/BH-ASO staff, and program Individuals.

(6) Strong written and verbal communication skills.

(7) General office and computer experience.

(8) Washington Certified Peer Specialist with at least two years' experience working as a peer.

(9) Dress professionally and appropriately.

ii) Desired Qualifications

(1) Ability and experience working with people from diverse cultures.

(2) Experience with state hospital system.

(3) Ability to form trusting and reciprocal relationships.

Schedule H
Homeless Outreach Stabilization and Transition (HOST) Program
Beacon, King, North Sound, Thurston-Mason and Spokane

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 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:

Performance and Payment Chart				
Goal #	**Task**	**Due Date**	**Performance Measure**	**Payment**
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 20th 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 20th 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 20th 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 HCABHASO@hca.wa.gov	Due monthly by the 20th 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.
			Total	**$1,205,100**

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Joe Valentine joe_valentine@nsbhaso.org Executive Director North Sound Behavioral Health Administrative Services Organization Security Level: Email, Account Authentication (None)		Sent: 6/21/2022 8:20:52 AM Viewed: 6/23/2022 2:27:24 PM
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HCA Financial Services FINANCIALSVC@HCA.WA.GOV Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign		

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Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/17/2022 4:43:55 PM
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Payment Events	Status	Timestamps

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