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ATTACHMENT A-3

July 1, 2025-June 30, 2026

1. Purpose

Provide Housing and Recovery through Peer Services (HARPS) services through regional supportive housing projects in Snohomish, Whatcom, Skagit, Island and San Juan Counties that:

1.1. Assist individuals transitioning from institutional settings into Permanent Supportive Housing;

1.2. Provide the basis for Supportive Housing Services; and

1.3. Provide integration opportunities between State Hospitals, Evaluation and Treatment Centers (E&T), inpatient substance use treatment services, and Behavioral Health Administrative Services Organizations (BH-ASOs).

2. Definitions

2.1. **Certified Peer Counselor (CPC)/Certified Peer Specialist (CPS)** – work with individuals and parents of children receiving mental health or Substance Use Disorder (SUD) services. They use their own lived experiences to help their peers find hope and to support their recovery.

2.2. **Continuums of Care** –the practice of providing consistent and coordinated health care for a patient over a period of time and across the spectrum of care.

2.3. **Coordinated Entry (CE)** – A program that aims to promote processes in the balance of state Continuum of Care that serves and builds power for people disproportionately impacted by homelessness and to ensure homelessness for all households is rare, brief, and one time. CE promotes system-wide coordination for a more effective and strategic response to homelessness.

2.4. **Co-occurring Disorder** – When a mental illness and Substance Use Disorder are present in an individual's diagnosis.

2.5. **Detox Center** – A facility that seeks to medically stabilize patients, minimize their withdrawal symptoms, prevent the potentially harmful effects of withdrawal, and help them transition into a substance abuse rehabilitation program or other form of continued care.

2.6. **Division of Behavioral Health and Recovery (DBHR)** - an HCA division that integrates state-funded (Medicaid) services for substance use, mental health, and problem gambling. Providing funding, training, and technical assistance to community-based providers for prevention, intervention, treatment, and recovery support services to people in need.

2.7. **Evidence Based Practice (EBP)** – a decision-making approach that integrates the best available research evidence with clinical expertise and patient values and circumstances.

2.7.1. Even though HARPS will not require high fidelity for the Permanent Supportive Housing (PSH) model, HCA encourages HARPS teams, CPCs, and CPSs to become familiar with the dimensions of EBP PSH.

2.7.2. A link to the SAMHSA PSH toolkit can be found at https://www.samhsa.gov/resource/ebp/permanent-supportive-housing-evidence-based-practices-ebp-kit

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2.8. **Evaluation and Treatment Center (E&T)** – Any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons with behavioral health needs and who may be under civil commitment.

2.9. **Fair Market Rental Housing (FMR)** – An estimate of the amount of money that would cover gross rents (rent and utility expenses) on 40% of the rental housing units in an area.

2.10. **Fidelity Review** – A cross-site learning collaborative approach to fidelity to the model as well as a continuous quality assurance.

2.11. **Foundational Community Supports (FCS)** – A program offering benefits for supportive housing and supported employment for Apple Health-eligible beneficiaries with complex needs.

2.12. **Housing and Recovery through Peer Services (HARPS)** – A program that provides Supportive Housing Services and short-term housing bridge subsidies to at risk individuals. At risk individuals are defined as people who are exiting or at risk of entering, inpatient behavioral healthcare settings and are homeless or at risk of homeless (including couch surfing).

2.13. **HARPS Housing Bridge Subsidy(ies)** – Short-term, bridge subsidies to assist individuals with costs associated with housing such as application fees, deposits, first/last month's rent, etc.

2.14. **HARPS Teams** – Three (3) full time employees (FTE), a Housing Case Manager/Supervisor and two (2) CPCs, with lived experience and who specialize in peer support and Permanent Supportive Housing

2.15. **HCA Discharge Analyst** – The HCA position responsible for coordinating State Psychiatric Hospital orientation sessions with providers and State Hospitals.

2.16. **Housing Case Manager/Supervisor** – A Housing Case Manager/Supervisor provides services to adults and at-risk youth who are homeless or otherwise in need by assisting them throughout the process of applying for program assistance and finding a safe and affordable apartment or house.

2.17. **Supportive Housing Services** –a combination of affordable housing and supportive services designed to help vulnerable individuals and families use stable housing as a platform for health, recovery, and personal growth.

2.18. **Participant(s)** – Individuals receiving services and/or subsidies related to this Contract.

2.19. **Peer Bridgers** – People, with lived experience, who deliver peer support services to individuals in State Hospitals prior to discharge and after their return to their communities. The Peer Bridger develops a relationship of trust with the Participant.

2.20. **Program Data Acquisition, Management, and Storage (PDAMS)** – HCA's online portal page where Contractor shall enter information about the Participants they serve. Information reported is included in Attachment 2, HARPS Quarterly Report.

2.21. **Permanent Supportive Housing (PSH)**

2.21.1. PSH is decent, safe, and affordable community-based housing model that provides tenants with the rights of tenancy under state and local landlord-tenant laws and is linked to voluntary and flexible support and services designed to meet tenants' needs and preferences.

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2.21.2. PSH makes housing affordable to someone on Supplemental Security Income (SSI), either through rental assistance or housing development, by providing sufficient wraparound support to allow people with significant support needs to remain in the housing they have chosen.

2.21.3. Dimensions of PSH EBP include:

2.21.3.1. Choice in housing and living arrangements;

2.21.3.2. Functional separation of housing and services;

2.21.3.3. Decent, safe, and affordable housing;

2.21.3.4. Community integration and rights of tenancy;

2.21.3.5. Access to housing and privacy; and

2.21.3.6. Flexible, voluntary, and recovery-focused services.

2.22. **Residential Treatment Center** – provides intensive, comprehensive assessment and care for individuals dealing with complex mental health and/or addiction issues.

2.23. **State Hospitals** – hospitals funded and operated by the government of a state.

2.24. **State Psychiatric Hospital** – a hospital which is responsible to evaluate and treat state residents with the most complicated mental illnesses. The goal is to stabilize the patient sufficiently so that he or she can return to the community as quickly as possible. While at the State Psychiatric Hospitals, patients live on locked wards.

2.25. **Substance Abuse and Mental Health Services Administration (SAMHSA)** – A federal government agency within the Department of Health and Human Services that leads public health efforts to improve the behavioral health of the nation.

2.26. **Substance Use Disorder (SUD)** – a problematic pattern of substance use that affects your health and quality of life and is treatable.

2.27. **Treatment Team(s)** – Interdisciplinary teams composed of individuals who work together to meet the physical, medical, psychosocial, emotional, and therapeutic needs of others. They include the person being offered or provided specific services and can include mental health counselors, case managers, doctors, Certified Peer Counselors/Certified Peer Specialists, and others.

3. Work Expectations

3.1. Staffing Strategy.

3.1.1. Create a HARPS Team to consist of:

3.1.1.1. 1 FTE, Housing Case Manager/Supervisor; and

3.1.1.2. 2 FTE, Certified Peer Counselors.

3.1.2. Work with HCA Contract Manager to finalize Certified Peer Counselor/Certified Peer Specialist job descriptions which shall include, but are not limited to the following principal duties and responsibilities:

3.1.2.1. Provide peer counseling and support with an emphasis on enhancing access to and retention in permanent supported housing;

3.1.2.2. Draw on common experiences as a peer to validate Participants' experiences and to provide empowerment, guidance, and encouragement to Participants to take responsibility for and actively participate in their own recovery;

3.1.2.3. Serve as a mentor to Participants to promote hope and empowerment;

3.1.2.4. Provide education and advocacy around understanding culture-wide stigma and discrimination against people with mental illness and develop strategies to eliminate stigma and support Participant participation in consumer self-help programs and consumer advocacy organizations that promote recovery;

3.1.2.5. Teach symptom-management techniques and promote personal growth and development by assisting Participants to cope with internal and external stresses;

3.1.2.6. Coordinate services with other behavioral health and allied providers; and

3.1.2.7. Other components, as approved by the HCA Contract Manager.

3.1.3. Verify that HARPS team members meet education, experience, and knowledge requirements.

3.1.3.1. Two (2) of the FTEs must be Certified Peer Counselors/Specialists certified by the state or must complete certification within six (6) months of hire;

3.1.3.2. The Certified Peer Counselors/Specialists must have good oral and written communication skills;

3.1.3.3. Team members must have a strong commitment to the rights and the ability of each Participant to live in normal community residences; work in competitive market-wage jobs; and have access to helpful, adequate, competent, and continuous supports and services in the community of their choice; and

3.1.3.4. It is essential the Certified Peer Counselors/Specialists have the skills and competence to establish supportive trusting relationships with persons living with severe and persistent mental illnesses and/or SUDs and respect for Participants' rights and personal preferences in treatment is essential.

3.1.3.5. Supervisor Requirements.

A. Should have supportive housing background and be able to mentor Certified Peer Counselors/Specialists in their role of peer/supportive housing specialist duties;

B. If the HARPS supervisor does not have Mental Health Professional (MHP) credentials, then the project needs to demonstrate access to a MHP for clinical supervision; and

C. This position should carry a reduced HARPS caseload.

3.2. **How Contractor shall find Participants.**

3.2.1. Contractor will accept referrals from Western State Hospital, Eastern State Hospital, and other inpatient behavioral health care settings; and

3.2.2. Marketing/outreach, as approved by HCA Contract Manager.

3.3. **Participation in Trainings, Conference Calls, and Program Meetings.**

3.3.1. HCA Contract Manager will work with Contractor to identify training dates for the following trainings:

3.3.1.1. Fidelity Review Training

A. HCA will provide fidelity reviewers' training on the SAMHSA model Evidence-Based Practice (EBP) of Permanent Supportive Housing (PSH);

B. Virtual and recorded options may be made available;

C. Contractor shall send a minimum of two (2) FTEs from the HARPS Team to attend the PSH Fidelity Review; and

D. If training is a recorded training, Contractor shall take a screen shot or print completion certification of the course and send to the HCA Contract Manager.

3.3.1.2. PSH Fidelity Review. HCA will include Contractor in the facilitation of a PSH Fidelity Review. Contractor shall send a minimum of one (1) FTE from the HARPS Team to attend and participate in a PSH Fidelity Review of another HARPS Team.

3.3.2. Monthly Administrative Conference Calls. Calls will be scheduled on the last Monday of each month.

3.3.3. Quarterly One-on-One Program Meetings. Meetings are scheduled once each quarter to review:

3.3.3.1. Housing services;

3.3.3.2. Peer services; and

3.3.3.3. Data entered into PDAMS;

3.4. **State Psychiatric Hospital Presentation.** Each HARPS Team will designate two (2) regional HARPS Peers to provide a HARPS presentation at Western State Hospital or Eastern State Hospital at a minimum of once per year.

3.4.1. Contractor shall work with HCA State Hospital Discharge Analyst to schedule and coordinate presentation;

3.4.2. Components of the presentation will include services offered such as assessment, intake, goal setting, peer services, and short-term housing subsidies and housing;

3.4.3. Contractor's invoice for presentation will be approved for payment upon confirmation by the HCA Discharge Analyst; and

3.4.4. Presentations will be for either hospital staff or hospital residents.

3.5. **Contractor Provided Services**

3.5.1. Determine Participant Eligibility

3.5.1.1. Individuals who are experiencing:

A. Serious mental illness;

B. SUD;

C. Co-occurring Disorders; and/or

D. Those who are homeless/at risk of homelessness with a broad definition of homeless (couch surfing included).

3.5.1.2. Individuals who are released from or at risk of entering:

A. Psychiatric inpatient settings; and/or

B. SUD treatment inpatient settings.

3.5.2. Caseload Size

3.5.2.1. Caseload must be such that the HARPS teams can manage and have flexibility to be able to provide the intensity of services required for each Participant, according to the medical necessity of each Participant.

3.5.2.2. HARPS Housing Specialists must have the capacity to provide multiple contacts per week with Participants exiting or recently discharged from inpatient behavioral healthcare settings, making changes in a living situation or employment, or having significant ongoing problems in maintaining housing;

A. These multiple contacts may be as frequent as two (2) to three (3) times per day, seven (7) days per week, and depend on Participant's need and a mutually agreed upon plan between the Participant and program staff; and

B. Many, if not all, staff must share responsibility for addressing the needs of all Participants requiring frequent contact.

3.5.3. Appeals and Denials. HARPS programs are encouraged to have Housing Service policies in place to address appeals and denials.

3.5.4. Response Time

3.5.4.1. HARPS Teams must have a response contact time of no later than three (3) calendar days upon a Participant's discharge from a behavioral healthcare inpatient setting, such as an Evaluation and Treatment Center, Residential Treatment Center, Detox Center, or State Psychiatric Hospital. Responses include:

A. Meetings with Participants before discharge to establish housing goals and resources, basic needs, and community integration; and

B. This may include in person, virtual, and over the phone consultation.

3.5.4.2. HARPS Teams must have the capacity to rapidly increase service intensity and frequency to a Participant when his or her status requires it or if a Participant requests it.

3.5.5. Supportive Housing Services. HCA estimates that 50% of individuals accessing HARPS Housing Bridge Subsidy funding will receive Supportive Housing Services from HARPS Teams each year. HARPS Teams must have the capability to provide support services related to obtaining and maintaining housing.

3.5.5.1. Values. Service coordination must incorporate and demonstrate basic recovery values. The Participant will have choice of their housing options, will be expected to take the primary role in their personal housing plan development, and will play an active role in finding housing and decision making;

3.5.5.2. Certified Peer Counselors/Specialist and Housing Specialist Roles. Each HARPS Participant will be assigned a Certified Peer Counselor/Specialist or Housing Specialist who will assist in locating housing, resources to secure housing, and resources for maintaining housing, as well as the following:

A. Offer information regarding options and choices in the types of housing and living arrangements;

B. Advocate for the Participant's tenancy needs, rights (including American with Disabilities Act (ADA) accommodations), and preferences to support housing stability; and

C. Coordination with community resources, including consumer self-help and advocacy organizations that promote recovery.

3.5.5.3. Assessment and Planning

A. Assess housing needs, seek out and explain the housing options in the area, and provide resources to obtain housing;

B. Assist Participants in finding and maintaining a safe and affordable place to live, apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing and decorating, and procuring necessities (telephone, furniture, utility hook-up); and

C. Identify the type and location of housing with an exploration of access to natural supports and the avoidance of triggers (such as a neighborhood where drug dealing is prolific if the Participant has a history of substance use).

D. Participant Housing Plan

i. Contractor shall collaborate with each Participant to create an individualized, strengths-based housing plan that includes action steps for when housing related issues occur; and

ii. As with the treatment planning process, the Participant will take the lead role in setting goals and developing the housing plan.

3.5.5.4. Housing Search and Placement. Services or activities designed to assist households in locating, obtaining, and retaining suitable housing, such as:

A. Tenant counseling;

B. Assisting households to understand leases;

C. Securing utilities;

D. Making moving arrangements;

E. Representative payee services concerning rent and utilities; and

F. Mediation and outreach to property owners related to locating or retaining housing.

3.5.5.5. Landlord/Property Manager Engagement and Education

A. Direct contact with landlords/property managers on behalf of Participants;

B. Ongoing support for the Participants and landlords/property managers to resolve any issues that might arise while the Participant is occupying the rental;

C. Recruit and cultivate relationships with landlords and property management agencies, leading to more housing options for HARPS Participants;

D. Make use of printed materials and in-person events, such as landlord organization or rental housing association meetings, to educate landlords and property managers about the benefits of working with supportive housing providers, individuals with treated behavioral health conditions, subsidies, housing quality and safety standards, and the Department of Commerce's Landlord Mitigation Program (https://www.commerce.wa.gov/landlord-fund);

E. Educate Participants on factors used by landlords to screen out potential tenants; and

F. Mitigate negative screening factors by working with the Participants and landlords/property managers to clarify or explain factors that could prevent the individual from obtaining housing.

3.5.5.6. Housing Stability. Includes activities for the arrangement, development, coordination, securing, monitoring, and delivery of services related to meeting the housing needs of individuals exiting or at risk of entering inpatient behavioral healthcare settings and helping them obtain housing stability.

A. Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance;

B. Referrals to Foundational Community Supports (FCS) supportive housing and supported employment services;

C. Seeking out and providing assistance applying for long-term housing subsidies;

D. Affordable Care Act (ACA) activities that are specifically linked to the household's stability plan;

E. Activities related to accessing WorkSource employment services;

F. Referrals to vocational and educational support services such as Division of Vocational Rehabilitation (DVR);

G. Monitoring and evaluating household progress;

H. Assuring that households' rights are protected; and

I. Applying for government benefits and assistance including using the evidence-based practice SSI/SSDI through Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR).

3.5.5.7. Facilitate Housing Subsidies.

A. Background. The budget for the HARPS Housing Bridge Subsidy is short-term funding to help reduce barriers and increase access to housing.

B. Region. HARPS Supportive Housing Services can be localized, but subsidies are to serve the whole region.

C. HCA will issue quarterly State General Fund payments of $81,500.00 to Contractor to utilize as short-term bridge subsidies for HARPS eligible individuals.

D. HCA will issue a one-time State General Fund payment of $100,000.00 to the Contractor to utilize as short-term bridge subsidy for HARPS SUD only eligible individuals. HARPS SUD short-term bridge subsidy funds are a direct result of 2021 ESB 5476.

E. Any unspent subsidy funds, minus administrative costs, will be returned to HCA at the end of the state fiscal year, June 30, 2026.

i. Indirect/Administrative Costs. Contractor may use 15% of quarterly payment for administrative expenses which are not reimbursed through any other source. Expenses may include, but are not limited to:

a. Staff;

b. Staff expenses relevant to issuing subsidies in a manner consistent with the HARPS Housing Bridge Subsidy Guidelines; and

c. Other expenses, as approved by the HCA Contract Manager.

ii. Direct and Indirect Cost Breakdown:

a. General Fund Subsidy

Subsidy	Direct Costs (Reimbursable to HCA if unused)	15% Indirect Costs (Kept by Contractor)	Total Subsidy
Quarterly Payment	$69,275	$12,225	$81,500.00
			x 4 quarterly payments
Total Annual Subsidy	$277,100	$48,900	$326,000.00

b. SUD Subsidy

Subsidy	Direct Costs (Reimbursable to HCA if unused)	15% Indirect Costs (Kept by Contractor)	Total Subsidy
Total Subsidy	$85,000	$15,000	$100,000.00

F. Quarter Date Range

Q#	Date Range
1	July – September
2	October – December
3	January – March
4	April – June

G. Serious Mental Illness. Contractor may provide up to $326,000.00 in subsidies for individuals with SMI. Contractor shall notify the HCA Contract Manager if quarterly subsidies provided are significantly under or over the estimated figures.

i. Contractor shall prioritize quarterly subsidy funds to serve individuals with SMI.

ii. Estimated Subsidy per Participant. HARPS Bridge Subsidies are estimated to average at $3,000 per person.

This estimation was developed for budget purposes only and regions may adjust as needed to meet Fair Market Rental Housing rates as long as the Contractor stays within contracted amount.

H. SUD. Contractor may provide up to $100,000.00 in subsidies for individuals with SUD.

I. Subsidy Time Criteria

i. HARPS Bridge Subsidies are temporary in nature and should be combined with other funding streams, whenever possible, to leverage resources to assist Participants in obtaining and maintaining a permanent residence.

ii. HARPS Teams are encouraged to work with Department of Commerce and the long-term housing subsidies available through

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the Community Behavioral Health Rental Assistance (CBRA) program.

iii. Participants exiting Detox Centers; 30, 60, and 90-day inpatient SUD treatment facilities; residential treatment facilities; State Hospitals; Evaluation and Treatment Centers; local psychiatric hospitals; and other inpatient behavioral healthcare settings could receive up to 3 months of housing 'bridge' subsidy.

J. Allowable Expenses

i. Monthly rent and utilities, and any combination of first and last months' rent for up to three (3) months. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's may be included with the first month's payment.

ii. Rental and/or utility arrears for up to three months. Rental and/or utility arrears may be paid if the payment enables the household to remain in the housing unit for which the arrears are being paid or move to another unit. The HARPS Bridge Subsidy may be used to bring the program Participant out of default for the debt and the HARPS Certified Peer Counselor/Specialist will assist the Participant to make payment arrangements to pay off the remaining balances.

iii. Security deposits and utility deposits for a household moving into a new unit.

iv. HARPS rent assistance may be used for move-in costs including but not limited to deposits and first months' rent associated with housing, including project or tenant-based housing.

v. Application fees, background and credit check fees for rental housing.

vi. Lot rent for Recreational Vehicle (RV) or manufactured home.

vii. Costs of parking spaces when connected to a unit.

viii. Landlord incentives (provided there are written policies and/or procedures explaining what constitutes landlord incentives, how they are determined, and who has approval and review responsibilities).

ix. Reasonable storage costs.

x. Reasonable moving costs such as truck rental and hiring a moving company.

xi. Hotel/Motel expenses for up to 30 days if unsheltered households are actively engaged in housing search and no other shelter option is available.

xii. Temporary absences. If a household must be temporarily away from their unit, but is expected to return (e.g., Participant violates

conditions of their Department of Corrections supervision and is placed in confinement for 30 days or re-hospitalized), HARPS may pay for the household's rent for up to 60 days. While a household is temporarily absent, Participants may continue to receive HARPS services.

xiii. Rental payments to Oxford houses or Recovery Residences on the Recovery Residence Registry located at https://hca-tableau.watech.wa.gov/t/51/views/ResidenceOxfordHouseLocations/Dashboard?:isGuestRedirectFromVizportal=y&:embed=y.

3.5.5.8. Practical Help and Supports

A. Mentoring;

B. Teaching self-advocacy;

C. Coordination of services;

D. Side-by-side individualized support;

E. Problem solving; and

F. Direct assistance and supervision to help Participants obtain the necessities of daily living including;

i. Medical and dental health care;

ii. Legal and advocacy services;

iii. Accessing financial support such as government benefits and entitlements (SSI, SSDI, veterans' benefits);

iv. Accessing housing subsidies (HUD Section 8);

v. Money-management services (e.g., payee services, budgeting, managing credit score, financial wellness); and

vi. Use of public transportation.

3.5.5.9. Hospital Liaison Coordination. The BHASO's hospital liaison must actively coordinate the transition of Participants from behavioral healthcare inpatient treatment center discharges to the HARPS Team in the community of residence in order to minimize gaps in outpatient health care and housing.

3.5.5.10. Crisis Assessment and Intervention Coordination. Behavioral Health Crisis assessment and intervention must be available 24-hours per day, seven days per week through the BHASO's crisis system.

A. Services must be coordinated with the assigned care coordinator.

B. These services include telephone and face-to-face contact.

3.5.5.11. Education Services Linkage

A. Supported education related services are for individuals whose high school, college, or vocational education could not start or was interrupted and made educational goals a part of their recovery (treatment) plan.

B. Services include providing support to apply for schooling and financial aid, enrolling and participating in educational activities, and/or linking to supported employment/supported education services.

3.5.5.12. Supported Employment - Vocational Services Linkage. Services to help individuals value, find, and maintain meaningful employment in community-based job sites.

A. Job development and coordination with employers;

B. A component of the Participant's recovery (treatment) plan or linkage to supported employment;

C. Assist with referrals to job training and supported employment services provided by Foundational Community Supports (FCS) or Division of Vocational Rehabilitation (DVR) or other supports;

D. Mentoring, problem solving, encouragement and support on and off the job site;

E. Provide work-related supportive services;

i. Assistance securing necessary clothing and grooming supplies;

ii. Wake-up calls; and

iii. Assistance with navigating public transportation.

3.5.5.13. Daily Living Services. Services to support activities of daily living in community-based settings include:

A. Individualized and ongoing assessment;

B. Goal setting;

C. Skills training/practice;

D. Side-by-side assistance, supervision, and support (prompts, assignments, encouragement);

E. Role modeling;

F. Problem solving;

G. Environmental adaptations to assist Participants in gaining and/or using the skills required to access services;

H. Direct assistance when necessary to ensure that participants obtain the basic necessities of daily life;

I. Assist and teach/support participant to organize and perform household activities, including house cleaning and laundry;

J. Assist and teach/support Participants with personal hygiene and grooming tasks;

K. Provide nutrition education and assistance with meal planning, grocery shopping, and food preparation;

L. Ensure that Participants have adequate financial support (help to gain employment and apply for benefits and entitlements);

M. Teach money-management skills (budgeting and paying bills) and assist Participants in accessing financial services (e.g., professional financial counseling, emergency loan services, and managing their credit score);

N. Help Participants to access reliable transportation:

O. Obtain a driver's license, car, and car insurance;

P. Arrange for cabs;

Q. Use of public transportation;

R. Finding rides, carpool options; and

S. Assist and teach/support Participants to have and effectively use a personal primary care physician, dentist, and other medical specialists as required.

3.5.5.14. Social and Community Integration Skills Training

A. Social and community integration skills training serve to support social/interpersonal relationships and leisure-time skill training;

B. Supportive individual therapy (e.g., problem solving, role-playing, modeling, and support);

C. Social-skill teaching and assertiveness training;

D. Planning, structuring, and prompting of social and leisure-time activities;

E. Side-by-side support and coaching; and

F. Organizing individual and group social and recreational activities to structure Participants' time, increase their social experiences, and provide them with opportunities to practice social skills, build a social support network, and receive feedback and support.

3.5.5.15. Recovery and Treatment Services

3.5.5.16. SUD Treatment Linkage. If clinically indicated, the HARPS Team may refer the individual to a DBHR-licensed SUD treatment program.

3.5.5.17. Certified Peer Counselor/Specialist Support Services

A. Validate Participants' experiences and inform, guide and encourage Participants to take responsibility for and actively participate in their own recovery.

B. Help Participants identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce individuals' self-imposed stigma.

C. Peer Support and Wellness Recovery Services include:

i. Promoting self-determination;

ii. Model and teach advocating for one's self;

iii. Encourage and reinforce choice and decision-making;

iv. Introduction and referral to individual self-help programs and advocacy organizations that promote recovery;

v. "Sharing the journey" (a phrase often used to describe individuals' sharing of their recovery experience with other peers). Utilizing one's personal experiences as information and a teaching tool about recovery; and

vi. The Certified Peer Counselor/Specialist will serve as a consultant to the Treatment Team to support a culture of recovery in which each Participant's point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, support, vocational, and community activities.

3.5.5.18. Social and Interpersonal Relationships and Leisure Time

A. Provide side-by-side support, coaching and encouragement to help Participants socialize (going with a Participant to community activities, including activities offered by consumer-run peer support organizations) and developing natural supports;

B. Assist Participants to plan and carry out leisure time activities on evenings, weekends, and holidays; and

C. Organize and lead individual and group social and recreational activities to help Participants structure their time, increase social experiences, and provide opportunities to practice social skills.

3.5.5.19. Medication. HARPS Teams will not suggest or provide prescription medication, administration, monitoring, or documentation.

3.5.5.20. Collaboration with Treatment Teams.

A. When applicable, HARPS Team members establish a peer relationship with each Participant and document services in PDAMS;

B. HARPS Team members can provide direct observation, available collateral information from the family and significant others as part of the comprehensive assessment; and

C. In collaboration with the Participant, assess, discuss, and document the Participant's housing needs and other basic needs to be addressed. Review observations with the Participant and Treatment Team.

3.5.5.21. Critical Incident Management Reporting

A. Incident Categories. Contractor will submit an individual Critical Incident Report for the following incidents that occur:

i. To a service Participant, occurred within a contracted behavioral health facility (inpatient psychiatric, behavioral health agencies), Federally Qualified Health Clinic, or by independent behavioral health provider:

a. Abuse, neglect, or sexual/financial exploitation;

b. Death; and

c. Severely adverse medical outcome or death occurring within 72 hours of transfer from a contracted behavioral facility to a medical treatment setting.

ii. By a Participant, who is currently receiving services associated with this Contract or was served within the last 60 days. Acts allegedly committed, to include:

a. Homicide or attempted homicide;

b. Arson;

c. Assault or action resulting in serious bodily harm which has the potential to cause prolonged disability or death;

d. Kidnapping; and

e. Sexual assault.

B. Unauthorized leave from a behavioral health facility during an involuntary detention.

C. Any event involving a Participant that has attracted, or is likely to attract media coverage. (Contractor shall include the link to the source of the media, as available).

D. Incident Reporting Requirements

i. The Contractor shall report critical incidents within one Business Day of becoming aware of the incident and shall report incidents that have occurred within the last thirty (30) calendar days. Media related incidents should be reported to HCA Contract Manager as soon as possible, not to exceed one Business Day, regardless of the date of the actual event described in the media;

ii. The Contractor shall enter the initial report, follow-up, and actions taken into HCA Incident Reporting System https://fortress.wa.gov/hca/ics/, using the report template within the system;

iii. If the system is unavailable the Contractor shall report Critical Incidents via encrypted email to DPC@hca.wa.gov;

iv. HCA may ask for additional information as required for further research and reporting. The Contractor shall provide information within three (3) Business Days;

v. Completing the reporting requirements of this section does not release the Contractor from notifying any other needed parties such as Department of Health, Adult Protective Services, and/or Law Enforcement.

3.6. Reports

3.6.1. Data entry into Program Data Acquisition Management and Storage (PDAMS) will be completed as follows:

3.6.1.1. In accordance with timeliness criteria referenced in Subsection 3.6.4.3;

3.6.1.2. Rates will be prorated for understaffed teams if position is not filled within three (3) months. Example as follows for a $15,000.00 monthly data submission deliverable rate:

A. If fully staffed means 3 FTEs, and all 3 FTE positions are filled, Contractor will be paid $15,000.00.

B. If Contractor only has 2 filled FTE positions out of 3, Contractor will be paid $10,000.00.

C. If Contractor only has 1 filled FTE position out of 3, Contractor will be paid $5,000.00.

3.6.2. HARPS Quarterly Report

3.6.2.1. Date Ranges in accordance with Subsection 3.5.5.7(F)

Quarter	Date Range
Quarter 1	July - September
Quarter 2	October – December
Quarter 3	January - March