

CONTRACT AMENDMENT SUD Peer Services for HARPS Program

HCA Contract No.: K6754 Amendment No.: 1

THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below. CONTRACTOR NAME CONTRACTOR doing business as (DBA) Salish Behavioral Health Administrative Service Kitsap County Organization (BH-ASO) **CONTRACTOR ADDRESS** CONTRACTOR CONTRACT MANAGER 614 Division Street, MS 23 Name: Jolene Kron Port Orchard, WA 98366 Email: jkron@co.kitsap.wa.us CONTRACT END DATE AMENDMENT START DATE March 15, 2024 March 14, 2025 **Prior Maximum Contract Amount Amount of Increase Total Maximum Compensation** \$109.996 \$109,996 \$219,992

WHEREAS, HCA and Contractor previously entered into a Contract for SUD Peer services for the Housing and Recovery through Peer Services (HARPS) program, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.4 to add funding and deliverables for SFY2025;

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

- 1. Section 3.2, Term, is amended to extend the Contract End Date to March 14, 2025.
- 2. Section 3.3, Compensation, is amended to increase the Contract Total Maximum Compensation by \$109,996 from \$109,996 to \$219,992.
- 3. Section 3.7. Incorporation of Documents and Order of Precedence, is amended to read as follows:

3.7 INCORPORATION OF DOCUMENTS AND ORDER OF PRECEDENCE

Each of the documents listed below is by this reference incorporated into this Contract. In the event of an inconsistency, the inconsistency will be resolved in the following order of precedence:

- 3.7.1 Applicable Federal and State of Washington statutes and regulations;
- 3.7.2 Recitals:
- 3.7.3 Special Terms and Conditions;
- 3.7.4 General Terms and Conditions;
- 3.7.5 Attachment 3: SAMHSA Award Standard Terms;
- 3.7.6 Attachment 4: Federal Compliance, Certifications and Assurances;

- 3.7.7 Attachment 1-1: Statement of Work;
- 3.7.8 Attachment 1: Statement of Work;
- 3.7.9 Attachment 2-1: Monthly Participant Excel Log;
- 3.7.10 Attachment 2: Monthly Participant Excel Log; and
- 3.7.11 Any other provision, term or material incorporated herein by reference or otherwise incorporated.
- 4. Attachment 1-1, Statement of Work, is attached hereto and incorporated herein.
- 5. Attachment 5-1, Federal Subaward Identification, is attached hereto and incorporated herein.
- 6. This Amendment will be effective March 15, 2024 ("Effective Date").
- 7. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
- 8. 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
Katherine T. Walker	Katherine Walters, chair	5-13-24
HCA SIGNATURE Docusigned by:	PRINTED NAME AND TITLE Andria Howerton	DATE SIGNED
Andria Howerton	Deputy Contracts Administrator	3/1/2024

ATTACHMENT 1-1: STATEMENT OF WORK

1. Purpose

Provide a framework for SUD Peers on HARPS teams within the State of Washington, consistent with funding provided under <u>American Rescue Plan Act</u> (ARPA) and the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Block Grant (SABG).

Increase the bandwidth and integration for providers by adding a designated certified peer with SUD lived experience. Engagement at inpatient SUD facilities so upon discharge the HARPS SUD Peer can assist with Permanent Supportive Housing (PSH) services and short-term bridge subsidies and barrier removal supports.

2. Definitions

- 2.1. Housing First Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the understanding that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.
- 2.2. Housing and Recovery through Peer Services (HARPS) An <u>HCA program</u> to reduce homelessness through peer support and assistance for housing and support services.
- 2.3. Permanent Supportive Housing Principles
 - 2.3.1. Choice in housing (including location and composition)
 - 2.3.2. Access to housing (Housing First)
 - 2.3.3. Integrated housing (Scattered throughout the community)
 - 2.3.4. Separation of housing and services
 - 2.3.5. Rights of Tenancy
 - 2.3.6. Flexible and voluntary services (varying frequency and intensity)
 - 2.3.7. Safe, decent, and affordable housing
- 2.4. SUD Peer A person with lived experience in recovery from Substance Use Disorder (SUD) and who has passed the Certified Peer Counselor Training.

3. Work Expectations

- 3.1. Collaborate with HCA program manager in a timely, accurate and informed communications style.
- 3.2. Partake in assigned trainings pertaining to evidence-based and/or promising practices identified by HCA Program Manager. (This includes trainings for both supervisor and direct line staff.)
- 3.3. Perform services with equity ensuring programs are impartial, fair and provide equal possible outcomes for every individual served.
- 3.4. Contractor shall attend quarterly meetings with HCA/DBHR Program Manager to review SUD Peer reports and discuss program progress and barriers. Punctual attendance and at minimum a supervisor should attend all meetings.
- 3.5. Contractor shall attend Monthly HCA/DBHR Administrative calls, punctual attendance and at minimum a supervisor should attend all meetings.
- 3.6. Screen for eligibility, Individuals experiencing SUD who are homeless or at risk of homelessness and individuals discharging from or at risk of entering inpatient SUD treatment facilities.
- 3.7. Document eligibility in recovery plans and case notes. Eligibility may include self-report and direct line staff observation. Updated documentation should be added as new information has been gathered. This may include such items as medical documentation, social security letter, and other state records.
- 3.8. Staffing levels is as follows: One FTE SUD Peer. Any unfilled positions for three months or more are subject to reduction of compensation.
- 3.9. SUD Peer shall enroll a minimum of 30 new participants each program year.
- 3.10. Provision of high-quality services. (All agencies are subject to HCA performance-based site reviews on a yearly basis)
- **4. Monthly Participant Excel Log.** HCA Contract Manager shall provide Attachment 2-1, Monthly Participant Excel Log, revised from the previous fiscal year to include new peer information, within 10 business days of contract execution.
 - 4.1. HCA Contract Manager shall provide revised templates as needed.
 - 4.2. Contractor shall use the most current template.
 - 4.3. Contractor shall fill out the required fields in the spreadsheet tabs titled "Housing Bridge Subsidy Tracking" and "Landlord Outreach."
 - 4.4. Contractor shall submit Monthly Participant Excel Log reports to HCA Contract Manager for approval, due dates in accordance with Section 5, Deliverables table.

5. Deliverables Table

#	Task	Performance Measure	Due Date	Rate	Total
1	Monthly Participants Excel Log	Approval of HCA Contract	March 2024-February 2025: 15 th of the month following each month of service	\$9,166 per log x 11 logs	\$100,826
		Manager	March 2025: With final invoice	\$9,170 per log x 1 log	\$9,170
T	otal Maximun	n Compensatio	n for deliverables completed thr	rough 3/14/2025	\$109,996

ATTACHMENT 2-1: MONTHLY PARTICIPANT EXCEL LOG

Refer to Attachment 1-1, Statement of Work, Section 4, Monthly Participant Excel Log, for instructions.

Monthly Particip	ant Excel Log					
.ast Name Doe)	First Name (John)	Client P1 ID	Client's Date of Birth (mm/dd/yyyy)	First Contact with HARPS (mm/dd/yyyy)	Setting the person is discharging from or being diverted from Please use proper nouns like Western State Hospital - Discharge or ABHS - Diversion	Location of first Contact (Library, phone, office, clinic, etc)
	~	•	•	v v		
> Housing Bridge S	ubsidy tracking Landlord Outrea	ch Data Dictionary	Sheet3 +			ı
> <u>Housing Bridge S</u>			sheet3 + led "Landlord (Outreach"		ı
,	Excerpt fr	om tab titl	led "Landlord (and the second s		į
,	Excerpt fr	om tab titl		Outreach" City		
,	Excerpt fr	om tab titl	led "Landlord (and the second s		
,	Excerpt fr	om tab titl	led "Landlord (and the second s		
,	Excerpt fr	om tab titl	led "Landlord (and the second s		
,	Excerpt fr	om tab titl	led "Landlord (and the second s		
,	Excerpt fr	om tab titl	led "Landlord (and the second s		
,	Excerpt fr	om tab titl	led "Landlord (and the second s		
,	Excerpt fr	om tab titl	led "Landlord (and the second s		
Housing Bridge S Date of Contact	Excerpt fr	om tab titl	led "Landlord (and the second s		

ATTACHMENT 5-1: FEDERAL SUBAWARD IDENTIFICATION

K6754-1

	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B08TI083977
3.	Federal Award Date	05-17-2021
4.	Assistance Listing Number and Title	93.959 Block Grants for Prevention and Treatment of Substance Abuse
5.	Is the Award for Research and Development?	☐ Yes ☑ No
6.	Contact Information for HCA's Awarding Official	Michael Langer, Deputy Division Director WA State Health Care Authority Division of Behavioral Health and Recovery michael.langer@hca.wa.gov 360-725-9821
7.	Subrecipient name (as it appears in SAM.gov)	Kitsap County, DBA Salish Behavioral Health Administrative Service Organization
8.	Subrecipient's Unique Entity Identifier (UEI)	LD6MNJ62JQD1
9.	Subrecipient's Unique Entity Identifier (UEI) Subaward Project Description	LD6MNJ62JQD1 SUD Peer services for Housing and Recovery through Peer Services (HARPS) program
		SUD Peer services for Housing and Recovery
9.	Subaward Project Description	SUD Peer services for Housing and Recovery through Peer Services (HARPS) program
9.	Subaward Project Description Primary Place of Performance	SUD Peer services for Housing and Recovery through Peer Services (HARPS) program 98366-4676
9. 10. 11.	Subaward Project Description Primary Place of Performance Subaward Period of Performance Amount of Federal Funds Obligated by this	SUD Peer services for Housing and Recovery through Peer Services (HARPS) program 98366-4676 3/15/2023-3/14/2025

This Contract is subject to 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information. The authorized representative for the Subrecipient identified above must answer the questions below. If you have questions or need assistance, please contact subrecipientmonitoring@hca.wa.gov.

1.	Did the Subrecipient receive (1) 80% or more of its annual gross revenue from federal contracts, subcontracts, grants, loans subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from federal contracts subcontracts, grants, loans, subgrants, and/or cooperative agreements? [] YES [] NO
2.	Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? YES NO



A debarred con presented belo	tractor may no	t bid on, or have a		ered on, a	iny public	vorks c	ontract.	You ca	ın sear	ch ar	nd filter this I	ist using the	options
Company Name:	Washington	State Health	Principal:						Fron	n: 03	3/21/2023	то: 03/21/	2024
WA UBI Number:			RCW:	All				~	Pena	ilty D	ue:	Wage Due:	
License Number:									All		•	All	~
Show 25 ♥ pe	Apply Fil	ring 0 records								all a sur monator ca		all debarmer	
Company Name	* UBI	♦ License	♦ Principa	ls \$	Status	. \$	RCW	≎ De Beg	bar jins	\$	Debar Ends <	Penalty ≎	Wages 0
			There are n	o records	that match	our sea	rch critei	ria.					
				man an anti-angles are the	ANTONOTON TONONNOMEN THE PRO-	norman description on the second	***************************************			ndahdahari se dipi Tuju Dan	and the second section and the second section and an ex-		