Washington State Health Care Authority	**CONTRACT AMENDMENT BEHAVIORAL HEALTH – ADMINSTRATIVE SERVICES ORGANIZATION**	HCA Contract No.: K6896 Amendment No.: 03 Kitsap County Contract No. KC-328-23-C

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)**
Kitsap County	Salish Behavioral Health Administrative Services Organization
CONTRACTOR ADDRESS 614 Division Street, MS23 Port Orchard, WA 98366-4676	**WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)** 182-002-345

AMENDMENT START DATE	**AMENDMENT END DATE**	**CONTRACT END DATE**
July 1, 2024	June 30, 2025	June 30, 2025
PRIOR MAXIMUM CONTRACT AMOUNT $10,931,089.00	**AMOUNT OF INCREASE** $16,224,114.00	**TOTAL MAXIMUM CONTRACT AMOUNT** $27,155,203.00

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) update requirements and provide editorial changes to the BH-ASO Contract to ensure clarity of contract expectations; 2) revise WAC references; 3) update Exhibit A, Non-Medicaid Funding Allocation; and 4) revise Exhibit G, Peer Bridger Program.

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

1. The Total Maximum Contract Amount for this Contract is increased by $16,224,114.00, from $10,931,089.00 to $27,155,203.00.

2. Section 1, Definitions, 1.18 Behavioral Health Administrative Services Organization (BH-ASO), is amended to read as follows:

   1.18 Behavioral Health Administrative Services Organization (BH-ASO)

   "Behavioral Health Administrative Services Organization (BH-ASO)" means an entity selected by HCA to administer behavioral health programs, including Crisis Services and in-home stabilization for Individuals in a defined Regional Service Area (RSA), regardless of an Individual's ability to pay, including Medicaid eligible members.

3. Section 1, Definitions, a new subsection 1.70 Endorsement, is added as follows:

   1.70 Endorsement

   "Endorsement" means Health Care Authority (HCA) has determined the Mobile Rapid Response Crisis Team (MRRCT) or Community Based Crisis Team (CBCT) meet all the endorsement criteria standards identified in the "HB 1134 Endorsement Standards for MRRCT and CBCT." The endorsement is a voluntary

designation that a MRRCT or CBCT may obtain to signify that it maintains the capacity to respond to persons who are experiencing a significant Behavioral Health emergency requiring an urgent, in-person response.

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

4. Section 1, Definitions, 1.90 Health Care Professional, is amended to read as follows:

1.90 Health Care Professional

"Health Care Professional" means a physician or any of the following acting within his or her scope of practice; an applied behavior analyst, certified registered dietician, naturopath, podiatrist, optometrist, optician, osteopath, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist, therapist assistant, speech language pathologist, audiologist, registered or practical nurse (including nurse practitioner or clinical nurse specialist, certified registered nurse anesthetist, and certified nurse midwife), licensed midwife, licensed social worker (advanced or independent clinical license or associate), licensed mental health counselor, licensed mental health counselor associate, licensed marriage and family therapist, licensed marriage and family therapist associate, registered respiratory therapist, pharmacist, and certified respiratory therapy technician.

5. Section 1, Definitions, a new subsection 1.92 Health Equity, is added as follows:

1.92 Health Equity

"Health Equity" means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

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

6. Section 1, Definitions, a new subsection 1.125 Mental Health Disposition Alternative, is added as follows:

1.125 Mental Health Disposition Alternative

"Mental Health Disposition Alternative" means a post-sentence diversion alternative for Individuals with a mental illness who are convicted of a felony (non-serious violent or sex offense) and that prioritizes access to treatment.

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

7. Section 1, Definitions, subsection 1.127 Mental Health Professional, is amended to read as follows:

1.127 Mental Health Professional

"Mental Health Professional" means an individual practicing within their statutory scope of practice who is:

1.127.1 A psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker as defined in chapters 71.05 and 71.34 RCW;

1.127.2 A mental health counselor, mental health counselor associate, marriage and family therapist, or marriage and family therapist associate, as defined in RCW 18.225.010; or

1.127.3 A certified or licensed agency affiliated counselor, as defined in RCW 18.19.020.

8. Section 1, Definitions, subsection 1.197 Wraparound with Intensive Services (WISe), is amended to read as follows:

1.197 Wraparound with Intensive Services (WISe)

"Wraparound with Intensive Services (WISe)" means a range of services designed to provide Behavioral Health services and support to individuals twenty years of age or younger, and the individual's family. For the purposes of WISe, Youth means a child aged 20 or younger. WISe provides intensive Behavioral Health in home and community settings to Youth who are Apple Health eligible under WAC 182-505-0210 and meet medical necessity criteria for WISe.

9. Section 2, General Terms and Conditions, subsection 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/program-information-providers/model-managed-care-contracts. All deliverables must be named and submitted using the naming convention identified on the HCA reports template page. Documents and email subject headings to utilize the same naming convention. 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 Assisted Outpatient Treatment Quarterly Report

2.3.1.1.2 Behavioral Health Data System - Behavioral Health Agency Quarterly Submission Report

2.3.1.1.3 Community Behavioral Health Enhancement (CBHE) Funds Quarterly Report

2.3.1.1.4 Co-Responder report

2.3.1.1.5 Criminal Justice Treatment Account (CJTA) Quarterly Progress Report

2.3.1.1.6 Crisis Housing Voucher Log (King and Thurston/Mason only)

2.3.1.1.7 Crisis System Metrics Report

2.3.1.1.8 Crisis Triage/Stabilization and Increasing Psychiatric Bed Capacity report

2.3.1.1.9 Data Shared with External Entities Report

2.3.1.1.10 E&T Discharge Planner Report

2.3.1.1.11 Federal Block Grant Annual Progress Report

2.3.1.1.12 Gift card purchase and distribution tracker

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 Rapid Response Crisis (MRRC) report

2.3.1.1.17 Non-Medicaid Expenditure Report

2.3.1.1.18 Non-Medicaid Spending Plan template

2.3.1.1.19 Peer Bridger Participant Treatment Engagement Resources report

2.3.1.1.20 Peer Bridger Program

2.3.1.1.21 Peer Pathfinder Jail Transition Report

2.3.1.1.22 Recovery Navigator Program Quarterly Report

2.3.1.1.23 Regional Crisis Forum Report

2.3.1.1.24 Semi-Annual Trueblood Misdemeanor Diversion Fund Report

2.3.1.1.25 Substance Abuse Block Grant (SABG) Capacity Management Form

2.3.1.1.26 Substance Abuse Block Grant (SABG) Project Plan

2.3.1.1.27 Supplemental Data Daily Submission Notification

2.3.1.1.28 Supplemental Data Monthly Certification Letter

2.3.1.1.29 Systems of Care Mobile Response and Stabilization Services (MRSS) (Carelon and Spokane only)

2.3.1.1.30 Trueblood Enhanced Crisis Stabilization quarterly report (King only)

2.3.1.1.31 Trueblood Enhanced Crisis Stabilization Services Staff details (King only)

2.3.1.1.32 Trueblood Enhanced Crisis Stabilization/Crisis Triage quarterly report (Carelon and Spokane only)

2.3.1.1.33 Trueblood Enhanced Crisis Stabilization/Triage Services Staff details (Carelon and Spokane only)

10. Section 2, General Terms and Conditions, subsection 2.9 Debarment Certification, subsection 2.9.3 is amended to read as follows:

2.9.3 The Contractor shall immediately notify HCA if, during the term of this Contract, the Contractor becomes debarred. HCA may immediately terminate this Contract by providing Contractor written notice in accord with Subsection 2.42 of this Contract if the Contractor becomes debarred during the term hereof.

11. Section 2, General Terms and Conditions, subsection 2.13 Governing Law and Venue, is amended to read as follows:

2.13 Governing Law and Venue

This Contract shall be construed and interpreted in accordance with the laws of the state of Washington and the venue of any action brought hereunder shall be in Superior Court for Thurston County. In the event that an action is removed to U.S. District Court, venue shall be in the Western District of Washington in Tacoma. Nothing in this Contract shall be construed as a waiver by HCA of the State's immunity under the 11th Amendment to the United States Constitution.

12. Section 2, General Terms and Conditions, subsection 2.18 Records, is amended to read as follows:

2.18 Records

2.18.1 The Contractor and its Subcontractors shall maintain all financial, medical, and other records pertinent to this Contract. All financial records shall follow generally accepted accounting principles or other comprehensive basis of accounting (OCBOA) that is prescribed by the State Auditor's Office under the authority of Washington State Law, chapter 43.09 RCW. Other records shall be maintained as necessary to clearly reflect all actions taken by the Contractor related to this Contract.

2.18.2 All records and reports relating to this Contract shall be retained by the Contractor and its Subcontractors for a minimum of ten years after final payment is made under this Contract. When an audit, litigation, or other action involving records is initiated prior to the end of said period, records shall be maintained for a minimum of ten years following resolution of such action.

13. Section 2, General Terms and Conditions, subsection 2.19 Public Records, is added as follows:

2.19 Public Records

2.19.1 The Contractor acknowledges that HCA is subject to the Public Records Act (chapter 42.56 RCW). This Contract is a "public record" as defined in chapter 42.56 RCW. Any documents submitted to HCA by the Contractor may also be construed as "public records" and therefore be subject to public disclosure.

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

14. Section 2, General Terms and Conditions, subsection 2.21 Nondiscrimination, is added as follows:

2.21 Nondiscrimination

2.21.1 Nondiscrimination Requirement. During the term of this Contract, Contractor, including any Subcontractor, shall not discriminate on the bases enumerated at RCW 49.60.530(3); Title VII of the Civil Rights Act, 42 U.S.C. §12101 et seq.; the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §12101 et seq., and 28 C.F.R. Part 35. In addition, Contractor, including any Subcontractor, shall give written notice of this nondiscrimination requirement to any labor organizations with which Contractor, or Subcontractor, has a collective bargaining or other agreement.

2.21.2 Obligation to Cooperate. Contractor, including any Subcontractor, shall cooperate and comply with any Washington state agency investigation regarding any allegation that Contractor, including any Subcontractor, has engaged in discrimination prohibited by this Contract pursuant to RCW 49.60.530(3).

2.21.3 Default. Notwithstanding any provision to the contrary, HCA may suspend Contractor, including any Subcontractor, upon notice of a failure to participate and cooperate with any state agency investigation into alleged discrimination prohibited by this Contract, pursuant to RCW 49.60.530(3). Any such suspension will remain in place until HCA receives notification that Contractor, including any Subcontractor, is cooperating with the investigating state agency. In the event Contractor, or Subcontractor, is determined to have engaged in discrimination identified at RCW 49.60.530(3), HCA may terminate this Contract in whole or in part, and Contractor, Subcontractor, or both, may be referred for debarment as provided in RCW 39.26.200. Contractor or Subcontractor may be given a reasonable time in which to cure this noncompliance, including implementing conditions consistent with any court-ordered injunctive relief or settlement agreement.

2.21.4 Remedies for Breach. Notwithstanding any provision to the contrary, in the event of Contract termination or suspension for engaging in discrimination, Contractor, Subcontractor, or both, shall be liable for contract damages as authorized by law including, but not limited to, any cost difference between the original contract and the replacement or cover contract and all administrative costs directly related to the

replacement contract, which damages are distinct from any penalties imposed under chapter 49.60, RCW. HCA shall have the right to deduct from any monies due to Contractor or Subcontractor, or that thereafter become due, an amount for damages Contractor or Subcontractor will owe HCA for default under this provision.

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

15. Section 2, General Terms and Conditions, subsection 2.32 Notices, is amended to read as follows:

2.32 Notices

Whenever one party is required to give notice to the other under this Contract, it shall be deemed given if sent via email with the "delivery receipt" and/or "read receipt" feature enabled, or sent by a recognized United States Postal Service. If notice is sent by email, the receiving party must confirm receipt by accepting the "read receipt" notice.

2.32.1 In the case of notice from HCA to the Contractor, notice will be sent to:

Jolene Kron

Salish Behavioral Health Administrative Services Organization

614 Division Street, MS23

Port Orchard, WA 98366-4676

jkron@kitsap.gov

2.32.2 In the case of notice from the Contractor to HCA, notice will be sent to:

HCA Contract Administrator

Division of Legal Services/Contracts Office

P.O. Box 42702

Olympia, WA 98504-2702

OR

contracts@hca.wa.gov

2.32.3 Notices delivered through the United States Postal Service will be effective on the date delivered as evidenced by the return receipt. Notices delivered by email, will be deemed to have been received when the recipient acknowledges, by email reply, having received that email.

2.32.4 Either party may, at any time, change its mailing address or email address for notification purposes by sending a notice in accord with this Section, stating the change and setting for the new address, which shall be effective on the tenth Business Day following the effective date of such notice unless a later date is specified.

16. Section 7, Quality Assessment and Performance Improvement, subsection 7.4 Critical Incident Reporting, subsection 7.4.2 is amended to read as follows:

7.4.2 Individual Critical Incident Reporting

7.4.2.1 The Contractor shall submit an Individual Critical Incident report for the following incidents that occur:

7.4.2.1.1 To an Individual receiving BH-ASO funded services and occurred within a contracted behavioral health facility (inpatient psychiatric, behavioral health agencies), FQHC, or by independent behavioral health Provider.

7.4.2.1.1.1 Abuse, neglect, or sexual/financial exploitation perpetrated by staff;

7.4.2.1.1.2 Physical or sexual assault perpetrated by another individual; and

7.4.2.1.1.3 Death.

7.4.2.1.2 By an Individual receiving BH-ASO funded services, with a behavioral health diagnosis, or history of behavioral health treatment within the previous 365 days. Acts allegedly committed, to include:

7.4.2.1.2.1 Homicide or attempted homicide;

7.4.2.1.2.2 Arson;

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

7.4.2.1.2.4 Kidnapping; and

7.4.2.1.2.5 Sexual assault.

7.4.2.1.3 Unauthorized leave from a behavioral health facility during an involuntary detention, when funded by the Contractor.

7.4.2.1.4 Any event involving an Individual that has attracted or is likely to attract media coverage, when funded by the Contractor. (Contractor shall include the link to the source of the media, as available).

7.4.2.2 The Contractor shall report critical incidents within one (1) Business Day of becoming aware of the incident and shall report incidents that have occurred within the last thirty (30) calendar days, with the exception of incidents that have resulted in or are likely to attract media coverage. Media related incidents should be reported to HCA as soon as possible, not to exceed one (1) Business Day.

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

7.4.2.2.2 If the system is unavailable the Contractor shall report Critical Incidents to HCABHASO@hca.wa.gov.

7.4.2.2.2.1 HCA may ask for additional information as required for further research and reporting. The Contractor shall provide information within three (3) Business Days of HCA's request.

7.4.2.2.3 Reporting this information to HCA does not discharge the Contractor from completing mandatory reporting requirements, such as notifying the DOH, law enforcement, Residential Care Services, and other protective services.

17. Section 7, Quality Assessment and Performance Improvement, subsection 7.6 Required Reporting for Behavioral Health Supplemental Data, is amended to read as follows:

7.6.1 The Contractor is responsible for submitting and maintaining accurate, timely, and complete behavioral health supplemental data. The Contractor shall comply with the following:

7.6.1.1 Designate a person dedicated to work collaboratively with HCA on quality control and review of behavioral health supplemental data submitted to HCA.

7.6.1.2 Reporting includes specific transactional data documenting behavioral health services collected by the Contractor and delivered to Individuals during a specified reporting period.

7.6.1.3 Submit to HCA's BHDS complete, accurate, and timely supplemental data for behavioral health services for which the Contractor has collected for Individuals, whether directly or through subcontracts or other arrangements.

7.6.1.3.1 The Contractor's disclosure of individually identifiable information is authorized by law. This includes 42 C.F.R. § 2.53, authorizing disclosure of an Individual's records for purposes of Medicaid evaluation.

7.6.1.3.2 The Contractor must respond to requests from HCA for behavioral health information not previously reported in a timeframe determined by HCA that will allow for a timely response to inquiries from CMS, SAMHSA, the legislature, and other parties.

7.6.2 On a quarterly basis, the Contractor shall submit via the Encounter Data Mailbox (ENCOUNTERDATA@hca.wa.gov) the BHDS Behavioral Health Agency Quarterly Submission Report, which will contain information regarding the Contractor's subcontracted Behavioral Health Agencies that are required to submit supplemental data to BHDS as outlined in the Behavioral Health Data Guide (BHDG).

7.6.2.1 The BHDS Behavioral Health Agency Quarterly Submission Report shall be submitted no later than the 15th day of the first month for the current reporting quarter.

7.6.2.1.1 Reports are due: January 15 (January through March); April 15 (April through June); July 15 (July through September); and October 15 (October through December).

7.6.3 The Contractor shall continue to report to HCA data related to ITA investigations and detentions under chapters 71.05 and 71.34 RCW within 24 hours.

7.6.3.1 When reporting ITA investigations, the Contractor will report to HCA the NPI of the facility to which the Individual was detained. This will include both mental health and substance use disorder detentions.

7.6.3.2 For Individuals on a Single Bed Certification the ASO will report the NPI of the hospital accepting the Single Bed Certification.

7.6.3.3 When reporting commitment data, the Contractor will include the NPI of the facility to which the Individual was committed. This also applies to Individuals who have had a revocation hearing and are returned to a secure inpatient facility.

18. Section 9, Subcontracts, subsection 9.5 Provider Subcontracts, is amended to read as follows:

The Contractor's Subcontracts shall contain the following provisions:

9.5.1 A statement that Subcontractors receiving GFS or FBG funds shall cooperate with the Contractor or HCA-sponsored Quality Improvement (QI) activities.

9.5.2 A means to keep records necessary to adequately document services provided to Individuals for all delegated activities including QI, Utilization Management, and Individual Rights and Protections.

9.5.3 For FBG funding, the Subcontractor shall make a good faith effort to invoice the Contractor for all services rendered:

9.5.3.1 within thirty (30) calendar days after the end of the month services were provided; or

9.5.3.2 within thirty (30) days after the funding source end date or the end of the grant funding year.

9.5.4 For Providers, a requirement to provide discharge planning services which shall, at a minimum:

9.5.4.1 Coordinate a community-based discharge plan for each Individual served under this Contract beginning at intake. Discharge planning shall apply to all Individuals regardless of length of stay or whether they complete treatment.

9.5.4.2 Coordinate exchange of assessment, admission, treatment progress, and continuing care information with the referring entity. Contact with the referral agency shall be made within the first week of residential treatment.

9.5.4.3 Establish referral relationships with assessment entities, outpatient Providers, vocational or employment services, and courts which specify aftercare expectations and services, including procedure for involvement of entities making referrals in treatment activities.

9.5.4.4 Coordinate, as needed, with DBHR prevention services, vocational services, housing services and supports, and other community resources and services that may be appropriate, including the DCYF, and the DSHS Economic Services Administration including Community Service Offices (CSOs), Tribal governments and non-Tribal IHCPs.

9.5.4.5 Coordinate services to financially-eligible Individuals who are in need of medical services.

9.5.5 A requirement that residential treatment Providers ensure that priority admission is given to the populations identified in this Contract.

9.5.6 Requirements for information and data sharing to support Care Coordination consistent with this Contract.

9.5.7 A requirement to implement a Grievance Process that complies with WAC 182-538C-110 and as described in the Grievance and Appeal System Section of this Contract.

9.5.8 A requirement that termination of a Subcontract shall not be grounds for an Appeal, Administrative Hearing, or a Grievance for the Individual if similar services are immediately available in the service area.

9.5.9 Requirements for how Individuals will be informed of their right to a Grievance or Appeal in the case of:

9.5.9.1 Denial or termination of service related to medical necessity determinations.

9.5.9.2 Failure to act upon a request for services with reasonable promptness.

9.5.10 A requirement that the Subcontractor shall comply with chapter 71.32 RCW (Mental Health Advance Directives).

9.5.11 A requirement to provide Individuals access to translated information and interpreter services as described in the Materials and Information Section of this Contract.

9.5.12 A requirement for adherence to established protocols for determining eligibility for services consistent with this Contract.

9.5.13 A requirement to use the Integrated Co-Occurring Disorder Screening Tool (GAIN-SS) found at https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/gain-ss). The Contractor shall include requirements for training staff that will be using the tool(s) to address the screening and assessment process, the tool and quadrant placement as well as requirements for corrective action if the process is not implemented and maintained throughout the Contract's period of performance.

9.5.14 A requirement for subcontracted staff to participate in training when requested by HCA. Exceptions must be in writing and include a plan for how the required information shall be provided to them.

9.5.15 A requirement to conduct criminal background checks and maintain related policies and procedures and personnel files consistent with requirements in chapter 43.43 RCW and chapter 246-341 WAC.

9.5.16 Requirements for nondiscrimination in employment and Individual services.

9.5.17 Protocols for screening for Debarment and suspension of certification.

9.5.18 Requirements to identify funding sources consistent with the Payments and Sanctions Section of this Contract, FBG reporting requirements and the rules for payer responsibility found in the table "How do Providers identify the correct payer" within the Apple Health Mental Health Services Billing Guide.

9.5.19 A requirement to participate in the peer review process when requested by HCA. (42 U.S.C. § 300x-53(a) and 45 C.F.R. § 96.136). The MHBG and SABG requires an annual peer review by individuals with expertise in the field of drug abuse treatment (for SABG) and individuals with expertise in the field of mental health treatment (for MHBG). At least 5 percent of treatment Providers will be reviewed.

9.5.20 The Contractor shall ensure that the Charitable Choice Requirements of 42 C.F.R. Part 54 are followed, and that Faith-Based Organizations (FBO) are provided opportunities to compete with SUD Providers for funding.

9.5.21 If the Contractor Subcontracts with FBOs, the Contractor shall require the FBO to meet the requirements of 42 C.F.R. Part 54 as follows:

9.5.21.1 Individuals requesting or receiving SUD services shall be provided with a choice of SUD treatment Providers.

9.5.21.2 The FBO shall facilitate a referral to an alternative Provider within a reasonable time frame when requested by the recipient of services.

9.5.21.3 The FBO shall report to the Contractor all referrals made to alternative Providers.

9.5.21.4 The FBO shall provide Individuals with a notice of their rights.

9.5.21.5 The FBO provides Individuals with a summary of services that includes any religious activities.

9.5.21.6 Funds received from the FBO must be segregated in a manner consistent with federal Regulations.

9.5.21.7 No funds may be expended for religious activities.

9.5.22 A requirement that the Subcontractor shall respond with all available records in a timely manner to law enforcement inquiries regarding an Individual's eligibility to possess a firearm under RCW 9.41.040(2)(C)(iv).

9.5.22.1 The Contractor shall report new commitment data within 24 hours. Commitment information under this Section does not need to be re-sent if it is already in the possession of HCA. The Contractor and HCA shall be immune from liability related to the sharing of commitment information under this Section (RCW 71.05.740).

9.5.23 Delegated activities are documented and agreed upon between Contractor and Subcontractor. The document must include:

9.5.23.1 Assigned responsibilities.

9.5.23.2 Delegated activities.

9.5.23.3 A mechanism for evaluation.

9.5.23.4 Corrective action policy and procedure.

9.5.24 A requirement that information about Individuals, including their medical records, shall be kept confidential in a manner consistent with state and federal laws and Regulations.

9.5.25 The Subcontractor agrees to hold harmless HCA and its employees, and all Individuals served under the terms of this Contract in the event of non-payment by the Contractor. The Subcontractor further agrees to indemnify and hold harmless HCA and its employees against all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, costs, and expenses which may in any manner accrue against HCA or its employees through the intentional misconduct, negligence, or omission of the Subcontractor, its agents, officers, employees, or contractors.

9.5.26 A ninety (90) calendar day termination notice provision.

9.5.27 A specific provision for termination with short notice when a Subcontractor is excluded from participation in the Medicaid program.

9.5.28 A provision for ongoing monitoring and compliance review when the Contractor identifies deficiencies or areas requiring improvement and provide for corrective action.

9.5.28.1 The Contractor shall ensure that Subcontractors have complied with data submission requirements established by HCA for all services funded under the Contract.

9.5.28.2 The Contractor shall ensure that the Subcontractor updates individual funding information when the funding source changes.

9.5.28.3 The Contractor shall maintain written or electronic records of all Subcontractor monitoring activities and make them available to HCA upon request.

9.5.29 A statement that Subcontractors shall comply with all applicable required audits including authority to conduct a Facility inspection, and the federal OMB Super Circular, 2 C.F.R. § 200.501 and 45 C.F.R. § 75.501 audits.

9.5.29.1 The Contractor shall submit a copy of the OMB audit performed by the state Auditor to the HCA Contact identified on page one of the Contract within ninety (90) calendar days of receipt by the Contractor of the completed audit.

9.5.29.1.1 If a Subcontractor is subject to OMB Super Circular audit, the Contractor shall require a copy of the completed Single Audit and ensure corrective action is taken for any audit finding, per OMB Super Circular requirements.

9.5.29.1.2 If a Subcontractor is not subject to OMB Super Circular, the Contractor shall perform sub-recipient monitoring in compliance with federal requirements.

9.5.30 The Contractor shall document and confirm in writing all single case agreements with Providers. The agreement shall include:

9.5.30.1 The description of the services;

9.5.30.2 The authorization period for the services, including the begin date and the end date for approved services;

9.5.30.3 The rate of reimbursement for the service or reference to the Contractor's fee schedule or other documents that define payment; and

9.5.30.4 Any other specifics of the negotiated rate.

9.5.31 The Contractor must supply documentation to the Subcontractor no later than five (5) Business Days following the signing of the agreement. Updates to the unique contract, must include all elements (begin date, end date, rate of care or reference to fee schedule and any other specifics regarding the services or payment methods).

9.5.32 The Contractor shall maintain a record of the single case agreements for a period of six (6) years.

19. Section 15, Care Management and Coordination, subsection 15.1 Care Coordination Requirements, is amended to read as follows:

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

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

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

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

15.1.1.4 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.

15.1.1.5 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.

15.1.2 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.

15.1.3 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.

20. Section 17, Scope of Services - Crisis System, subsection 17.4 Crisis System Operational Requirements, is amended to read as follows:

17.4.1 The Contractor will establish comprehensive Regional Crisis Protocols for dispatching Mobile Rapid Response Crisis Teams and Community Based Crisis Teams. The Regional Crisis Protocols must memorialize expectations, understandings, lines of communication, and strategies for optimizing crisis response within available resources. The Regional Crisis Protocols must describe how partners and stakeholders will share information, including real-time information sharing between 988 contact hubs and regional crisis lines. The Regional Crisis Protocols must be submitted to HCA for approval by January 1, 2025. HCA will approve within ninety (90) calendar days of receipt of the Regional Crisis Protocols. If the Contractor does not intend to develop or submit Regional Crisis Protocols, they must notify HCA by September 1, 2024. Submit the Regional Protocols to HCABHASO@hca.wa.gov.

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

17.4.2.1 Crisis response shall occur within two hours of the referral to an emergent crisis and within 24 hours for referral to an urgent crisis.

17.4.3 Contractor shall contract with an adequate number of behavioral health Provider agencies that offer next day appointments for uninsured Individuals who meet the definition of an Urgent Behavioral Health Situation and has a presentation of signs or symptoms of a behavioral health concern.

17.4.4 Contractor shall coordinate with the 988/National Suicide Prevention Lifeline (NSPL) Provider in their region to ensure these appointments are accessible to uninsured individual callers who meet the criteria outlined in the next day appointment assessment tool.

17.4.4.1 Contractor is encouraged to work with their crisis Providers to ensure they can access next day appointments for Individuals who meet the criteria in the next day appointment.

17.4.5 Through the use of FBG stimulus funds the Contractor will enhance MRRCT services by adding CPC.

17.4.5.1 Contractor will issue funds to existing MRRCT to add a minimum of one CPC.

17.4.5.1.1 CPCs will be required to complete the HCA CPC continuing education curriculum for peer services in crisis environments.

17.4.5.1.2 MRRCT supervisors of CPCs must complete the HCA sponsored Operationalizing Peer Support training for supervisors within six months of hire.

17.4.5.2 Each BH-ASO will receive additional funding for up to two CPCs per RSA, training costs and associated administration (10 percent).

17.4.6 Each BH ASO will have a minimum of one adult MRRCT and one children, Youth, and family MRRCT in the region and continue to work on increasing capacity.

17.4.6.1 The Contractor will submit a quarterly MRRCT report using the most recent template provided by the HCA. This report will include quarterly data on CPC services and adult and youth crisis services. Reports are due January 31 (October-December), April 30 (January-March), July 31 (April-June), and October 31 (July-September). Submit reports to HCABHASO@hca.wa.gov.

17.4.6.2 The goal for each MRRCT is to have the capacity to provide services in the community 24 hours per day, seven days per week, 365 days per year with a two-person dyad (peer and clinician). Each MRRCT Provider must have a minimum of one Mental Health Professional supervisor to provide clinical oversight and supervision of all staff, at all times.

17.4.6.3 Implementation must include the following elements:

17.4.6.3.1 Each team will adhere to the HCA crisis team model as described in the MRRCT Best Practice Guide.

17.4.6.3.2 On the initial crisis outreach service each team will require at a minimum, a Mental Health Professional, or a mental health care provider to provide clinical assessment and a peer trained in Crisis Services, responding jointly. Mental Health Care Provider (MHCPs), with WAC 246-341-0302 exemption, can respond jointly with a peer in place of an MHP, as long as at least one Mental Health Professional is available 24/7 for any MHCP or peer to contact for consultation, this Mental Health Professional does not have to be the supervisor. Additional outreach and follow-up may include two staff as needed and when clinically appropriate to ensure the safety of the responder and the Individual as staffing allows.

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

17.4.6.3.4 All individuals providing MRRCT services, whether they are new or previously existing staff, must complete the following trainings:

17.4.6.3.5 HCA sponsored certification crisis intervention specialist trainings and trainings in Trauma Informed Care, De-escalation Techniques, and Harm Reduction.

17.4.6.3.6 MRRCT shall follow the established Tribal Crisis Coordination Protocols established between the HCA and the Tribe.

17.4.7 The Contractor shall maintain contract with any MRRCT or Community Based Crisis Team (CBCT) that receives an endorsement from HCA. The Contractor will report any issues or concerns related to the endorsement teams fulfilling contract terms to HCA.

17.4.7.1 The Contractor will ensure their contracts with endorsed teams contain the following:

17.4.7.1.1 Funding for the enhanced case rate for endorsed teams;

17.4.7.1.2 Mechanism to make performance payments when applicable;

17.4.7.1.3 The ability to collect identified endorsement related data and service encounters; and

17.4.7.1.4 Inclusion of the endorsed team in regional dispatch protocols for category "4" as the primary response team for their service area.

17.4.7.2 Being endorsed makes teams eligible for performance payments. The choice not to become endorsed does not change a team's obligation to comply with any standards adopted by HCA related to MRRCTs.

17.4.7.2.1 Nothing in the endorsement standards shall be construed to alter or interfere with MRRCT standards in the contract nor any requirements in the contract between BH-ASO and HCA.

17.4.8 The Contractor, in partnership with HCA, shall convene an annual crisis continuum of care forum with participation from partners serving regional service areas, including MCOs, Behavioral Health Providers, mobile rapid response crisis teams, 988 call center hubs, counties, tribes, and other regional partners to identify and develop collaborative regional-based solutions. The Contractor shall submit the Regional Crisis Forum report to HCA including recommendations that may include capital infrastructure requests,

local capacity building, or community investments including joint funding opportunities, innovative and scalable pilot initiatives, or other funder and stakeholder partnerships. The Regional Crisis Forum report is due August 15, 2025, and annually thereafter. Submit the Regional Crisis Forum report to HCABHASO@hca.wa.gov.

17.4.9 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.

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

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

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

17.4.10 Individuals shall be able to access Crisis Services without full completion of Intake Evaluation, Assessment, and Screenings (Mental Health).

17.4.11 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.

17.4.12 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.

17.4.13 The Contractor shall ensure that Crisis Service Providers document calls, services, appropriate coordination with Tribes and IHPCs, and outcomes.

21. Section 17, Scope of Services-Crisis System, subsection 17.5 Crisis System Services, is amended to read as follows:

17.5.1 The Contractor shall make the following services available to all Individuals in the Contractor's RSAs, in accordance with the specified requirements:

17.5.1.1 Crisis Triage and Intervention to determine the urgency of the needs and identify the supports and services necessary to meet those needs. Dispatch MRRCT 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.

17.5.1.2 Behavioral Health ITA Services shall be provided in accordance with WAC 246-341-0912. 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 direct costs associated with providing judicial services for civil commitment 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. Reimbursement for judicial services shall be provided per civil commitment case at a rate to be determined based on an independent assessment of the county's actual direct costs. This assessment must be based on an average of the expenditures for judicial services within the county over the past three years. In the event that a baseline cannot be established because there is no significant history of similar cases within the county, the reimbursement rate shall be equal to 80

percent of the median reimbursement rate of counties included in the independent assessment.

17.5.1.3 Services provided in Involuntary Treatment facilities such as E&T Facilities and SWMSF, 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 Individual 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 LRA care ordered by the court.

17.5.1.4 Assisted Outpatient Treatment (AOT) shall be provided to those who are identified as meeting the need. Each BH-ASO shall employ an AOT program coordinator. The Contractor will use funding provided in FY2023 to hire and train the BH-ASO AOT coordinator to oversee system coordination and legal compliance for AOT under RCW 71.05.148 and RCW 71.34.755.

17.5.1.4.1 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.

17.5.1.4.2 The program will require coordination and collaboration with superior courts, MCOs, contractors providing services to Individuals released on AOT orders, and other stakeholders within their region.

17.5.1.4.3 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.

17.5.1.4.4 The Contractor, must provide notice to the tribe and IHCP regarding the filing of an AOT petition concerning a person who is an AI/AN who receives medical or behavioral health services from a tribe within the state of Washington.

17.5.1.4.5 The Contractor will coordinate with superior courts in their region to assure a process for the court to provide notification to the Contractor of petitions filed where the court has knowledge that the respondent is an AI/AN 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 IHCP.

17.5.1.4.6 Beginning February 15, 2023, and continuing every quarter thereafter, the Contractor will complete the quarterly AOT report and submit 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).

17.5.1.4.7 AOT and AOT LRA fund balances not utilized or planned for may be redistributed or reclaimed by HCA.

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

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

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

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

17.5.1.5.1.3 Monitoring will include coordination with the appropriate DCR Provider, including non-compliance.

17.5.1.5.2 For Individuals not enrolled in a managed care plan, the Contractor is responsible for coordinating LRA treatment services with the Individual and the LRA treatment Provider for the following:

17.5.1.5.2.1 Unfunded Individuals.

17.5.1.5.2.2 Individuals who are not covered by the Medicaid FFS program.

17.5.1.5.2.3 Individuals who are covered by commercial insurance.

17.5.1.5.3 The Contractor will monitor or purchase monitoring services for Individuals receiving LRA treatment services.

17.5.1.5.3.1 Monitoring will include reporting non-compliance with the appropriate DCR Provider.

17.5.1.5.3.2 For out of region Individuals who will be returning to their home region, upon notification from the regional superior court, the Contractor will notify the home region BH-ASO of the order for LRA treatment. The home region BH-ASO will then be responsible for notifying the appropriate MCO (if applicable), tracking the order for LRA treatment, coordinating with the Individual and the LRA treatment Provider, and purchasing or providing LRA monitoring service.

17.5.1.5.3.3 The Contractor may utilize unspent funds from AOT funds provided in subsection 17.5.1.4.

17.5.1.6 Authority for treatment of services for Individuals released from a state hospital in accordance with RCW 10.77.086(4), competency restoration. Contractor 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).

22. Section 21, Jail Transition Services, subsection 21.1 Jail Transition Services Requirements, is amended to read as follows:

21.1 Jail Transition Services Requirements

21.1.1 Jail Transition Services are to be provided within the identified resources in Exhibit A.

21.1.2 The Contractor shall coordinate with local and Tribal law enforcement, courts, and jail personnel to meet the needs of Individuals detained in city, county, tribal, and regional jails.

21.1.3 The Contractor must identify and provide transition services to Individuals with mental illness and/or co-occurring disorders, including individuals participating in the Mental Health Disposition Alternative, to expedite and facilitate their return to the community.

21.1.4 The Contractor shall accept referrals for intake of Individuals who are not enrolled in community mental health services but who meet priority populations as defined in chapter 71.24 RCW. The

Contractor must conduct Intake Evaluation, Assessment, and Screenings for these Individuals and when appropriate provide transition services prior to their release from jail.

21.1.5 The Contractor shall assist Individuals with mental illness in completing and submitting an application for medical assistance prior to release from jail.

21.1.6 The Contractor shall assist Individuals with mental illness and/or co-occurring disorders with the coordination of the re-activation of Medicaid benefits if those benefits were suspended while the Individual was incarcerated, which may involve coordinating the submission of Prior Authorization with the MCOs, or the FFS Medicaid Program.

21.1.7 Pre-release services shall include:

21.1.7.1 Mental health and SUD screening for Individuals who display behavior consistent with a need for such screening who submit a Health Kite requesting services, or have been referred by jail staff, are on a Mental Health Disposition Alternative, or officers of the court.

21.1.7.2 Intake Evaluation, Assessment, and Screenings (Mental Health) for Individuals identified during the mental health screening as a member of a priority population.

21.1.7.3 Facilitation of expedited medical and financial eligibility determination with the goal of immediate access to benefits upon release from incarceration.

21.1.7.4 Other prudent pre-release and pre-trial case management and transition planning.

21.1.7.5 Direct mental health or SUD services to Individuals who are in jails that have no mental health staff working in the jail providing services.

21.1.8 Post-release services include:

21.1.8.1 Mental health and other services (e.g., SUD) to stabilize Individuals in the community.

21.1.8.2 Follow up to ensure a local treatment provider has accepted the individual on the Mental Health Disposition Alternative into services and is able to provide follow up treatment and ensure adherence to the treatment plan and the requirements of the sentencing alternative, including reporting to the court.

21.1.9 If the Contractor has provided the jail services in this Section the Contractor may also use the Jail Coordination Services funds, if sufficient, to facilitate any of the following:

21.1.9.1 Identify recently booked Individuals that are eligible for Medicaid or had their Medicaid benefits suspended for purposes of establishing Continuity of Care upon release.

21.1.9.2 Develop individual alternative service plans (alternative to the jail) for submission to the courts. Plans will incorporate evidence-based risk assessment screening tools.

21.1.9.3 Interlocal agreements with juvenile detention facilities.

21.1.9.4 Provide up to a seven (7) day supply of medications for the treatment of mental health symptoms following the release from jail.

21.1.9.5 Training to local law enforcement and jail services personnel regarding de-escalation, crisis intervention, and similar training topics.

21.1.10 The Contractor will submit the Annual Jail Transition Services Report by August 31 of each year, for services provided in the prior state fiscal year. The report must be submitted to HCA at HCABHASO@hca.wa.gov. The report will include the following:

21.1.10.1 Number of Jail Transition Services provided;

21.1.10.2 Number of Individuals served with Jail Transition funding;

21.1.10.3 Narrative describing Jail Transition Services provided;

21.1.10.4 Narrative describing barriers to providing Jail Transition Services; and

21.1.10.5 Narrative describing strategies to overcome identified Jail Transition Services barriers.

23. Section 24, Family Youth System Partner Roundtable (FYSPRT), subsection 24.1 General Requirements, is amended to read as follows:

24.1 General Requirements

24.1.1 FYSPRT support shall be provided within the identified resources in Exhibit A and reported in accordance with this Section. Funding identified in Exhibit A is to support FYSPRT deliverables outlined in this Contract including:

24.1.1.1 Travel support for Youth and family participants to attend in person FYSPRT meetings;

24.1.1.2 Meeting support; and

24.1.1.3 Projects or strategies outlined in the Work Plan, including travel to events, conferences, and trainings.

24.1.2 Work completed under this Section of the Contract will be in alignment with the Regional FYSPRT manual.

24.1.3 Include Youth, family, and system partner representation in all aspects of the development, promotion, support, implementation, and evaluation of the Regional FYSPRT.

24.1.4 Consistent with the FYSPRT manual, the Contractor will continue to develop, promote and support each Regional FYSPRT by providing administrative and staff support for FYSPRT deliverables as outlined in this Section, including but not limited to: community Outreach and Engagement efforts to publicize the work of the FYSPRTs and recruit members; fiscal management; arranging meeting space; and other administrative supports necessary for the operation of the Regional FYSPRT.

24.1.5 Engage with Youth, families, and system partners to build and maintain Regional FYSPRT participation as identified in the FYSPRT manual.

24.1.6 Convene a minimum of ten Regional FYSPRT meetings, in person or virtually, in the calendar year. Meeting materials must be made publicly available on the Contractor's or FYSPRT's website prior to the meeting. The meetings shall:

24.1.6.1 Follow the Regional FYSPRT meeting protocol found in the FYSPRT manual; and

24.1.6.2 Include a review of WISe data or WISe reports at two meetings per calendar year to identify the strengths and needs of the RSA. Include in the quarterly report a plan to address the need(s) as a meeting agenda item, Work Plan goal or other method.

24.1.7 Create and submit a Work Plan for a two-year period based on the results of the following:

24.1.7.1 Completed needs assessment submitted to HCA October 31 of every even calendar year; and

24.1.7.2 FYSPRT meetings and evaluations.

24.1.7.3 The Work Plan shall be submitted to HCA by January 31 of odd years and must identify at least four priority areas of focus. One of the four priority areas must be connected to the research, identification, and outreach to diverse communities in your RSA, including but not limited to tribal, urban Indian, and underserved or

underrepresented communities, to engage in the Regional FYSPRT. All four priority areas of focus shall include for each priority:

24.1.7.3.1 Goals;

24.1.7.3.2 Action steps;

24.1.7.3.3 Those assigned; and

24.1.7.3.4 Timeline for completion.

24.1.8 Submit an updated Work Plan quarterly showing progress on goals, action steps, those assigned and timeline for completion in the Work Plan. The Work Plan must include a clearly identifiable revision date on the document. In the quarterly report, include a narrative identifying barriers and plans to address barriers.

24.1.9 Maintain Regional FYSPRT webpages, reviewed and updated a minimum of once per quarter, that includes:

24.1.9.1 Point of contact, name, email, and phone number;

24.1.9.2 Regional agendas and meeting notes;

24.1.9.3 Dates, locations, and times of past and upcoming Regional FYSPRT meetings, including information on travel reimbursement, child care, and other meeting supports. If the meeting is online, include information about how to join;

24.1.9.4 A Regional Charter;

24.1.9.5 Policies and procedures (may also be addressed in the Regional FYSPRT Charter);

24.1.9.6 How to propose an agenda item for a future Regional FYSPRT meeting;

24.1.9.7 Results of the needs assessment;

24.1.9.8 The Work Plan; and

24.1.9.9 Links to relevant regional/statewide resources and information.

24.1.10 Participation in state-level activities, to include:

24.1.10.1 Identification of Regional Tri-Leads to participate as members of the Statewide FYSPRT, including attending meetings and responding to surveys and emails;

24.1.10.2 Provision of travel support for all Regional Tri-Leads to attend the Statewide FYSPRT meetings, if in-person with the requirement that at least two of the three Tri-Leads attend each Statewide FYSPRT meeting on a rotating schedule to prioritize each Tri-Lead attending once per calendar year within available resources;

24.1.10.3 Provide supports for Regional FYSPRT Youth Tri-Lead(s) to participate as members of the Statewide Youth Leadership Network activities, trainings, or meetings a minimum of once per quarter and attend other youth run organization or program events and activities as determined by regional needs or as requested by HCA within available resources; and

24.1.10.4 Provide supports for Regional FYSPRT Family Tri-Lead(s) to participate as members of the Washington Behavioral Health Statewide Family Network activities, trainings, or meetings a minimum of once per quarter and attend other family run organization or program events and activities as determined by regional needs or requested by HCA and within available resources.

24.1.11 Utilize a meeting evaluation tool, such as the FYSPRT Evaluation Tool and FYSPRT Evaluation – Narrative Team Effectiveness Questionnaire, (found in the FYSPRT manual) to evaluate the effectiveness of the Regional FYSPRT meetings at least one time per quarter. Include in quarterly reports how the information gathered from the evaluation tools have informed future meetings.

24.1.12 Quarterly reports are due by the last day of the month of January, April, July, and October and must be submitted to HCABHASO@hca.wa.gov. Quarterly reports must include the following:

24.1.12.1 A quarterly report summarizing the progress or completion of FYSPRT deliverables outlined in the FYSPRT section of this Contract, identifying any barriers and plans to address barriers;

24.1.12.2 Submit the updated Work Plan quarterly, with progress updates and a clearly identifiable revision date included in the document;

24.1.12.3 Sign-in sheets, showing percentage of Youth and family in attendance; if below the benchmark of 51 percent, note the percentage in the quarterly report and identify three strategies to increase Youth and family participation to 51 percent in the next quarter;

24.1.12.4 Meeting notes;

24.1.12.5 Updated membership roster;

24.1.12.6 A link to the required Regional FYSPRT webpage materials;

24.1.12.7 Tri-Lead attendance at Statewide FYSPRT meetings;

24.1.12.8 Gift card purchase and distribution tracker;

24.1.12.9 Gift card purchases and distribution must be tracked on the gift card purchase and distribution tracker provided by HCA and shall include documentation of the date of purchase, date of distribution, name of participant receiving the gift card, amount of gift card, and purpose the gift card is being given. The tracker will include the total dollar amount of gift cards on hand and the total dollar amount of gift cards distributed for the quarter being reported and the state fiscal year;

24.1.12.9.1 If Youth, family, and system partners are compensated by an employer to attend FYSPRT meetings, they are not eligible for meeting support. System partners are not eligible for monetary gifts or raffle items supplied by FYSPRT dollars;

24.1.12.10 Youth and family travel to FYSPRT meetings, including participation and meeting support shall include documentation of the date of travel/meeting support, name of participant, the purpose of the expense, and the amount of the expense being reimbursed;

24.1.12.11 Conference and training attendance, travel, and related expenses that are paid for using FYSPRT dollars shall be identified in the Work Plan and be connected to a Work Plan goal or strategy. Travel needs to be in alignment with the current per diem rate (https://www.gsa.gov/travel/plan-book/per-diem-rates). If airline tickets are being purchased for travel, they need to be purchased more than fourteen (14) calendar days before the travel occurs. When submitting for reimbursement, include itemized documentation per attendee and submit with the A-19.

24.1.12.12 Youth and family travel to FYSPRT meetings, including participation, meeting support, and conference and training expenses must be billed in the quarter in which the expense occurred. Documentation shall be submitted with the A-19 in alignment with Contractor policies and shall be billed quarterly on the A-19; and

24.1.12.13 A-19s shall be submitted within forty-five (45) calendar days of the end of each state fiscal quarter and must be submitted to HCABHASO@hca.wa.gov.

24. Section 28, Recovery Navigator Program, subsection 28.1 Substance Use Disorder Regional Recovery Navigator Administrator, subsection 28.1.1 is amended to read as follows:

28.1.1 The Contractor must have a SUD regional administrator for the recovery navigator program. The regional administrator shall be responsible for assuring compliance with the updated Recovery Navigator Uniform Program Standards, effective July 1, 2024.

25. Section 28, Recovery Navigator Program, subsection 28.2 Recovery Navigators Plan, is amended to read as follows:

28.2.1 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.

28.2.2 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:

28.2.2.1 Community-based outreach;

28.2.2.2 Intake and referral services;

28.2.2.3 Comprehensive assessment;

28.2.2.4 Connection to services; and

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

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

28.2.3.1 Long-term intensive case management.

28.2.3.2 Recovery coaching.

28.2.3.3 Recovery support services.

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

28.2.3.4 Treatment.

28.2.4 The Contractor shall update their Recovery Navigator Plan to reflect the updated Recovery Navigator Uniform Program Standards no later than January 1, 2025.

28.2.5 Each Recovery Navigator Program must submit quarterly reports to the Recovery Navigator Program Managed File Transfer (MFT) site (https://mft.wa.gov/webclient/Login.xhtml) using the Recovery Navigator Program data collection workbook. 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).

28.2.6 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.

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

28.2.7.1 Monthly technical assistance with HCA;

28.2.7.2 Meetings every other month hosted by HCA; and

28.2.7.3 HCA hosted trainings.

26. A new Section 30, Youth Behavioral Health Navigator Program (YBHNP), is added as follows:

30 YOUTH BEHAVIORAL HEALTH NAVIGATOR PROGRAM (YBHNP)

30.1 General Requirements

30.1.1 The Youth Behavioral Health Navigator Program (YBHNP) is intended to establish and strengthen collaborative communication, service coordination, and data collection processes and convene multi-disciplinary teams (MDTs), clinical response teams designed to improve access to and coordination of services for children and Youth experiencing Behavioral Health crises.

30.1.2 Children and Youth boarding in emergency departments due to lack of placement options will be given priority access to this program and MDTs.

30.2 Staffing

30.2.1 The Contractor will identify and hire program staff to meet the minimum outlined requirements, including:

30.2.1.1 Project Manager: 1.0 FTE.

30.2.1.1.1 Master of Social Work (MSW) or equivalent with at least five years of experience working in pediatric Behavioral Health.

30.2.1.1.2 Knowledge of community and regional resources, Behavioral Health funding, state law, and policies related to pediatric Behavioral Health.

30.2.1.1.3 Experience in group facilitation, able to perform data collection, and creation of public reports.

30.2.1.2 Care Coordinator: 1.0 FTE.

30.2.1.2.1 Bachelor of Social Work (BSW) or equivalent required with MSW or equivalent preferred, with at least three years working in Behavioral Health or social services.

30.2.1.2.2 Experience with Care Coordination required.

30.2.1.2.3 Experience with advocacy and outreach preferred.

30.2.1.3 Navigator: 1.0 FTE.

30.2.1.3.1 BSW or equivalent required with at least three years working in Behavioral Health or social services.

30.2.1.3.2 Knowledge of family systems.

30.2.1.3.3 Experience with communication and documentation.

30.3 Program Structure Requirements

30.3.1 The Contractor shall develop the following program structures to support the work of the YBHNP:

30.3.1.1 Develop a community steering committee consisting of regional Providers with representation including but not limited to:

30.3.1.1.1 Child welfare;

30.3.1.1.2 Schools;

30.3.1.1.3 Emergency Management Services;

30.3.1.1.4 Juvenile Justice;

30.3.1.1.5 Emergency departments;

30.3.1.1.6 Pediatricians;

30.3.1.1.7 Behavioral Health Providers;

30.3.1.1.8 Autism specialists;

30.3.1.1.9 Social support providers;

30.3.1.1.10 Community Youth and family peer organizations;

30.3.1.1.11 Black Indigenous People of Color and Tribal affiliated agencies;

30.3.1.1.12 Community support services;

30.3.1.1.13 Managed Care Organization Care Coordinators;

30.3.1.1.14 Development Disabilities Administration Case Managers;

30.3.1.1.15 FYSPRTs;

30.3.1.1.16 Tribes; and

30.3.1.1.17 Regional CLIP Members

30.3.1.2 Work with the steering committee to:

30.3.1.2.1 Develop a strategic plan that includes a mission, vision, and values for the YBHNP effort.

30.3.1.2.2 Develop and implement a regional release of information (ROI) that all treatment entities will accept.

30.3.1.2.3 Develop and implement a non-disclosure/confidentiality form for partners who will be participating in MDTs.

30.3.1.2.4 A working agreement that defines and describes the role of the MDT participants.

30.3.1.2.5 Develop a plan for incentivizing and engaging steering committee members and MDT members.

30.3.1.2.6 Create a two-year action plan that includes the identification of a backbone organization by the end of year one.

30.3.1.2.7 Identify action strategies that are that are regionally prioritized.

30.3.1.2.8 Develop a YBHNP regional website that includes the following elements:

30.3.1.2.8.1 A referral portal where community can request an MDT convening.

30.3.1.2.8.2 Serves as a central location or hub describing where and how to access local resources.

30.3.1.2.8.3 Utilizes the Kids Mental Health Washington brand identification and logo.

30.3.1.3 Develop community action teams consisting of people and agencies working together to implement strategies with YBHNP support.

30.4 Technical Support

30.4.1 Technical support will be provided by Kids Mental Health Pierce County, releasing Pierce County BH-ASO from the obligation of participating directly in this program. Kids Mental Health Pierce County will hold its contract separately through the Division of Behavioral Health and Recovery, a division of the HCA.

30.4.2 The Contractor will participate in technical support whenever possible.

30.4.3 The Contractor will attend the monthly learning collaboratives as scheduled.

30.4.4 The Contractor will participate in training and technical assistance opportunities and reporting as developed and implemented.

30.5 Reporting

30.5.1 The Contractor will submit a monthly YBHNP MDT tracking report and a quarterly YBHNP narrative report on the templates provided by HCA.

30.5.1.1 The monthly tracking report is due forty-five (45) calendar days after the end of each month being reported.

30.5.1.2 The quarterly narrative report is due forty-five (45) calendar days after the end of the quarter being reported.

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

27. A new Section 31, New Journeys – First Episode Psychosis Services, is added as follows:

31 NEW JOURNEYS – FIRST EPISODE PSYCHOSIS SERVICES

31.1 New Journeys Service Delivery Model

31.1.1 New Journeys is a delivery model designed to meet the needs of those experiencing a first episode of psychosis with treatment provided as a wrap-around intensive outpatient service. Treatment provides evidence-based health and recovery support interventions for Youth and young adults when first diagnosed with Severe Mental Illness (SMI)/Severe Emotional Disturbance (SED).

31.1.2 New Journeys is an array of services delivered by a multi-disciplinary team of Mental Health Providers to provide treatment, rehabilitation, and support to assist individuals to achieve their goals.

31.1.3 The service array is provided on an outpatient basis with options for home and community settings, based on the Individual's own needs and what they identify as helping them achieve a more meaningful life.

31.1.4 The New Journeys service components shall include:

31.1.4.1 Individual and/or group psychotherapy;

31.1.4.2 Family psychoeducation and support;

31.1.4.3 Medication management; and

31.1.4.4 Peer support.

31.2 New Journeys Service Coordination

31.2.1 New Journeys is an evidenced-based, multi-disciplinary Coordinated Specialty Care (CSC) model for Youth and adults, ages 15 to 40, who are experiencing first episode psychosis (FEP). A primary focus of the program is targeted program recruitment to decrease the Duration of Untreated Psychosis (DUP).

31.2.2 Funding will be provided for two non-Medicaid Individuals for each New Journeys Coordinated Care Team site within the Contractor's RSA. Upon acceptance into the New Journeys care team Individuals will be eligible to participate in treatment for up to twenty-four (24) months.

31.2.3 The Contractor will Subcontract with provider agencies that have New Journeys team(s) within their RSA. Contractors can request a current list of approved New Journeys teams by contacting HCAfepinbox@hca.wa.gov.

31.2.4 The Contractor will delegate eligibility functions to the New Journeys team(s). The Contractor must monitor the Providers' use of such protocols and ensure appropriate compliance in determining eligibility.

31.2.5 The Contractor will coordinate with the New Journeys team(s) to monitor the status of the two treatment slots funded by the Contractor to ensure those treatment slots are continuously filled. If one or both program participants pause or discontinue treatment before program completion, their slot in the program will be considered open and available.

31.3 Eligibility for Services

31.3.1 To be eligible for any service under this Contract, an Individual must meet the following financial eligibility criteria and the clinical or program eligibility criteria for the GFS service:

31.3.1.1 Individuals who do not qualify for Medicaid, are underinsured, or who have no funding will be eligible for these two non-Medicaid slots.

31.4 Reporting

31.4.1 The Contractor shall report the following:

31.4.1.1 Once a Subcontract is executed between the Contractor and a Provider agency that has a New Journeys team(s), the Contractor must provide HCA a one-time notification confirming the Subcontract execution in writing to: HCAfepinbox@hca.wa.gov.

31.4.1.2 The Contractor must report New Journeys model expenditures on the Non-Medicaid Expenditure Report no later than forty-five (45) calendar days after the last day of the quarter.

31.4.1.3 The expenditures reported must represent the payments made for services under this Contract during the quarter being reported.

31.4.1.4 The maximum 10 percent administrative expenditure allowance identified in subsection 5.1.3 of this Contract will be included in the report in the administrative section.

31.4.1.5 The Contractor must indicate number of Individuals served on the New Journeys line of the Non-Medicaid Expenditure Report.

31.5 Payment

31.5.1 HCA will pay the allocation of state-only funds, including the administrative portion, to the Contractor in equal monthly installments at the beginning of each calendar month.

31.5.2 HCA will provide the Contractor with its budget of state-only funds prior to the beginning of the state fiscal year as identified in Exhibit A, Non-Medicaid funding Allocation. The Contractor's budget will be based upon available funding for the RSA.

31.5.3 At HCA's discretion, the Contractor's budget of funding may be amended as described in subsection 5.1.7 of this Contract.

31.5.4 A maximum of 10 percent of available funds paid to the Contractor may be used for administrative costs, taxes, and other fees in accordance with RCW 71.24.330 RCW 71.24.035(5)(d). This maximum of 10 percent is included in the available funds and not in addition to the available funds.

28. Exhibit A-3, Non-Medicaid Funding Allocation, supersedes and replaces Exhibit A-2 and is attached hereto and incorporated herein.

29. Exhibit G-2, Peer Bridger Program, supersedes and replaces Exhibit G-1 and is attached hereto and incorporated herein.

30. This Amendment will be effective as of July 1, 2024 ("Effective Date").

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

32. 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. Walters	Katherine Walters	8-26-24
HCA SIGNATURE	**PRINTED NAME AND TITLE**	**DATE SIGNED**
DocuSigned by: Annette Schuffenhauer 4F259FCAF7C2450...	Annette Schuffenhauer Chief Legal Officer	6/27/2024

Exhibit A-3: Non-Medicaid Funding Allocation
Salish BH-ASO

This Exhibit addresses non-Medicaid funds in the Salish RSA for the provision of crisis services and non-crisis behavioral health services for July 1, 2024, through December 31, 2024, of state fiscal year (SFY) 2025. Amounts can be utilized during SFY ending June 30, 2025, 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 2025.

Table 1: Salish RSA July - December SFY 2025 GF-S Funding

Fund Source	Monthly	Total 6 Months	Amended 6 Month Amount
Flexible GF-S	$553,283.00	$3,319,698.00	
PACT	$15,788.00	$94,728.00	
Assisted Outpatient Tx	$5,147.00	$30,882.00	
Flexible GF-S (ASO)- Begin FY2021- Proviso (7B)	$16,342.00	$98,052.00	
Jail Services	$9,318.00	$55,908.00	
MH Sentencing Alternatives 153	$1,344.00	$8,064.00	
ITA - Non-Medicaid funding	$13,605.00	$81,630.00	
Detention Decision Review	$2,291.00	$13,746.00	
Crisis Triage/Stabilization	$37,167.00	$223,002.00	
Long-Term Civil Commitment Court Costs	$1,468.00	$8,808.00	
Trueblood Misdemeanor Diversion	$10,940.00	$65,640.00	
DCA - Dedicated Cannabis Account	$18,880.00	$113,280.00	
CJTA	$21,817.00	$130,902.00	
CJTA Therapeutic Drug Court	$21,892.00	$131,352.00	
CJTA State Drug Court	$17,573.00	$105,438.00	
Secure Detox	$8,466.00	$50,796.00	
Behavioral Health Advisory Board	$3,333.00	$19,998.00	
New Journey First Episode Psychosis	$4,264.00	$25,584.00	
Room & Board	$1,163.00	$6,978.00	
988 Enhanced Crisis funding (Proviso 112)	One-Time payment (Annual)	$559,638.00	
Kitsap crisis triage services BHASO	One-Time payment (Six months)	$125,000.00	
Discharge Planners	One-Time payment (Six months)	$53,647.00	
BH Service Enhancements	One-Time payment (Six months)	$114,952.00	
5092(65) Added Crisis Teams/child crisis teams	One-Time payment (Six months)	$584,097.00	
Youth Stabilization Crisis Teams	One-Time payment (Six months)	$91,694.00	
Recovery Navigator Program	One-Time payment (Six months)	$619,917.00	
Recovery Navigator Lead Admin	One-Time payment (Six months)	$70,000.00	
HB 1773 AOT LRA/LRO FTE Coordinator to ASO	One-Time payment (Six months)	$70,000.00	
HB 1773 AOT LRA/LRO Service and Hearing cost	One-Time payment (Six months)	$95,974.00	

Youth Inpatient Navigators	One-Time payment (Six months)	$202,250.00	
Total	**$764,081.00**	**$7,171,655.00**	

Table 2: Salish RSA SFY 2025 Block Grant Funding (12 months)

Fund Source	**Total FY2025**	**Amended 6 Month Amount**
MHBG (Full Year SFY2025)	$329,354.00	
MHBG Co-Responder (Full year SFY2025)	$75,000.00	
Peer Bridger (Full Year SFY2025)	$205,000.00	
SABG (Full Year SFY2025)	$1,132,110	
SABG Co-Responder (Full Year SFY2025)	$25,000.00	
Total	**$1,766,464.00**	

Table 3: Salish RSA ARPA Grant Funding (Utilization until September 30, 2025)

Fund Source	**Total FY2025**	**Amended 6 Month Amount**
MHBG ARPA General Allocation	$501,140.00	
MHBG ARPA (BH-ASO) Treatment -Crisis Services	$165,296.00	
MHBG ARPA Mobile Crisis CPCs	$190,900.00	
MHBG ARPA Peer Pathfinders Transition from Incarceration	$79,000.00	
MHBG ARPA Peer Bridger Participant Support Funds	$8,201.00	
SABG ARPA General Allocation	$383,011.00	
SABG ARPA Peer Pathfinders Transition from Incarceration	$79,000.00	
MHBG ARPA Youth Inpatient Navigator	$330,000.00	
Total	**$1,736,548.00**	

Table 4: Salish RSA -SFY 2025 Budgeted Program funds to be Reimbursement via A-19

Fund Source	**Total FY2025**	**Amended 6 Month Amount**
FYSPRT (Full Year SFY2025)	$75,000.00	
5071 - Full FY amount available provider cost of monitoring CR/LRA State Hospital discharged individual	$63,000.00	
Governor's Housing/Homeless Initiative -Rental Voucher and Bridge Program	$50,000.00	
Total	**$188,000.00**	

Table 5: Salish RSA Trueblood Enhanced Services (12 months)
Reimbursement via A-19

Fund Source	Total FY2025	Amended 6 Month Amount
Enhanced Crisis Stabilization/Crisis Triage	$250,000.00	

Table 6: Maximum Agreement Calculation	
Table 1 July-Dec 2023	$5,489,488
Table 1 Jan- Jun 2024	$7,160,077
Table 1 July-Dec 2024	$7,171,655
Table 2,3,3.1,4,5 Available funds during SFY2024	$5,129,519
Table 2,3,4,5 New Available funds during SFY2025	$2,204,464
Total	**$27,155,203**

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:** Funds received per the budget proviso for development and initial operation of high-intensity programs for active community treatment WA- PACT teams.
- **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.

- **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 Recovery Nav Admin. – 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 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 American Rescue Plan Act (ARPA) (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 ARPA Enhancement Treatment - Crisis Services** – Funds to supplement non-Medicaid individuals and non-Medicaid crisis services and systems.

- **MHBG ARPA 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 ARPA 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 ARPA 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 ARPA BH-ASO Treatment Funding** - Funds to supplement non-Medicaid individuals and non-Medicaid Substance Use Disorder services that meet federal block grant requirements.

- **SABG ARPA 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.

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

- **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. Contractors must prioritize this funding for individuals being discharged from state operated behavioral health facilities.

- **Room & Board**: Funding is provided solely for the authority to increase resources for behavioral health administrative service organizations and managed care organizations for the increased costs of room and board for behavioral health inpatient and residential services provided in nonhospital facilities.

- **988 Enhanced Crisis funding (Proviso 112)** Amounts for preparing for Endorsement of Crisis teams and standards associated to SAMSHA and 988 bill to go into effect sometime before July 2024. Appropriations are provided solely for the authority to expand and enhance regional crisis services. These amounts must be used to expand services provided by mobile crisis teams and community-based crisis teams either endorsed or seeking endorsement pursuant to standards adopted by the authority. Beginning in fiscal year 2025, the legislature intends to direct amounts within this subsection to be used for performance payments to mobile rapid response teams and community-based crisis teams that receive endorsements pursuant to Engrossed Second Substitute House Bill No. 201134 (988 system). Funds cannot be used for building, leasehold improvements, or other capital building costs. Funds may not be used for capital expenditures except those listed below.

  Allowable costs:

  - Hiring or retaining staff to expand services as needed.
  - Purchasing vehicles and/or equipment for the vehicles
  - Purchasing communication equipment and/or computer equipment for outreach.
  - Onboarding new providers to address gaps in coverage for outreach.

- **MH Sentencing Alternatives 153** Funding regarding MH Disposition Alternative. Provides funding for: Follow up to ensure a local treatment provider has accepted the individual on the MH Disposition Alternative into services and is able to provide follow up treatment and ensure adherence to the treatment plan and the requirements of the sentencing alternative, including reporting to the court.

- **Youth Inpatient Navigators –** Funds to contract for Youth Inpatient Navigator Services in 9 regions of the state. 10 Regions: Salish, Greater Columbia, and Carelon (SW, NC,) Great Rivers, Spokane, King, NS, Thurston Mason. Pierce is HCA direct contract and Thurston Mason has ARPA funds.

Outlined below are explanation for provisos or new funding 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 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 facilities.

- **Trueblood Enhanced Crisis Stabilization/Crisis Triage Spokane, Carelon, King, Thurston Mason, and Salish -** Trueblood funding – Amounts are for enhancing services in Stabilization/Crisis Triage facility for identified Trueblood population. Includes Emergency Housing Vouchers for King County

- **Enhanced Mobile Crisis Team funds specific to teams stood up by Trueblood.** Funds are used to continue teams stood up by Trueblood funding. Funding is to be incorporated into Mobile Crisis Team requirements, 5092 Crisis Team requirements and 988 enhanced Crisis Team requirements, where appropriate. (Spokane, King, Pierce, SW)

- **King County ASO - CCORS** -Funding to maintain children's crisis outreach response system services previously funded through DCYF.

- **King County King County BHASO medication opioid**. King county behavioral health administrative services organization to expand medication for opioid 5use disorder treatment services in King County.

- **Youth Inpatient Navigators – 8 Regions: Salish, Greater Columbia, and Carelon (SW, NC,) Great Rivers, Spokane. Pierce is direct contract and Thurston Mason is ARPA funds only.** Funds to contract for Youth Inpatient Navigator Services in 8 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.

- **MRSS-Mobile Response and Stabilization Services - Federal Grant:** This federal grant funding is provided for the enhancement of existing Mobile Crisis Response (MCR) services already contracted through Carelon (Pierce) & Spokane BH-ASOs to help align current systems with the Mobile Response and Stabilization Services (MRSS) model.

- **Kitsap Crisis Triage Services: Funding** is provided solely for the authority to contract on a one-time basis with the Salish behavioral health administrative services organization serving Kitsap County for crisis triage services in the county that are not being reimbursed through the Medicaid program.

- **Snohomish county BHASO crisis -** 32 bed: Funds are provided solely for the authority to contract on a one-time basis with the North Sound behavioral health 1administrative services organization serving Snohomish County for start-up costs in a new 32-bed community recovery center in Lynnwood that will provide crisis services to Medicaid and other low-income residents.

- **Behavioral Health Housing**: Behavioral Health Housing 3 ASO pilots (proviso 86) Funds are provided solely for a targeted grant program to three behavioral health administrative services organizations (SW, King, NS) to transition persons who are either being diverted from criminal prosecution to behavioral health treatment services or are in need of housing upon discharge from crisis stabilization services.

- **Youth Stabilization Crisis Teams** – Funding to add 3 FTEs staff to Youth Crisis teams.

Exhibit F-2
Federal Subaward Identification
K6896-03

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B09SM087386
3.	Federal Award Date	3/22/2023
4.	Assistance Listing Number and Title	93.958 Block Grants for Community Mental Health Services
5.	Is the Award for Research and Development?	☐ Yes ☒ No
6.	Contact Information for HCA's Awarding Official	Keri Waterland, Assistant Director WA State Health Care Authority Division of Behavioral Health and Recovery keri.waterland@hca.wa.gov 360-725-5252
7.	Subrecipient name (as it appears in SAM.gov)	Salish Behavioral Health Administrative Services Organization
8.	Subrecipient's Unique Entity Identifier (UEI)	LD6MNJ62JQD1
9.	Subaward Project Description	Behavioral Health Administrative Service Organization
10.	Primary Place of Performance	98366-4676
11.	Subaward Period of Performance	7/1/2023 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	$609,354.00
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	$564,354.00
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)

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

Federal Subaward Identification
K6896-03

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B09SM085384
3.	Federal Award Date	5/17/2021
4.	Assistance Listing Number and Title	93.958 Block Grants for Community Mental Health Services
5.	Is the Award for Research and Development?	☐ Yes ☒ No
6.	Contact Information for HCA's Awarding Official	Keri Waterland, Assistant Director WA State Health Care Authority Division of Behavioral Health and Recovery keri.waterland@hca.wa.gov 360-725-5252
7.	Subrecipient name (as it appears in SAM.gov)	Salish Behavioral Health Administrative Services Organization
8.	Subrecipient's Unique Entity Identifier (UEI)	LD6MNJ62JQD1
9.	Subaward Project Description	Behavioral Health Administrative Service Organization
10.	Primary Place of Performance	98366-4676
11.	Subaward Period of Performance	7/1/2023 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	$1,274,537.00
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	$2,549,074.00
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)

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

Federal Subaward Identification
K6896-03

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B08TI085843
3.	Federal Award Date	2/16/2023
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)	Salish Behavioral Health Administrative Services Organization
8.	Subrecipient's Unique Entity Identifier (UEI)	LD6MNJ62JQD1
9.	Subaward Project Description	Behavioral Health Administrative Service Organization
10.	Primary Place of Performance	98366-4676
11.	Subaward Period of Performance	7/1/2023 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	$1,157,110.00
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	$2,314,220.00
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)

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

Federal Subaward Identification
K6896-03

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	5/17/2021
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)	Salish Behavioral Health Administrative Services Organization
8.	Subrecipient's Unique Entity Identifier (UEI)	LD6MNJ62JQD1
9.	Subaward Project Description	Behavioral Health Administrative Service Organization
10.	Primary Place of Performance	98366-4676
11.	Subaward Period of Performance	7/1/2023 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	$462,011.00
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	$924,022.00
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)

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

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. Peer Bridger positions that are dedicated to ESH or WSH do not serve Individuals who are at Evaluation and Treatment facilities or community hospitals but do conduct post-discharge activities in the community for Individuals who have discharged from ESH or WSH. Participation in the program is voluntary. The Peer Bridgers will offer Peer Bridger services to engage Individuals in planning their discharge. HCA program manager, hospital staff, and the IMC/BH-ASO Hospital Liaisons will help the Peer Bridgers identify potential participants.

Peer Bridgers will be required to outreach to each Individual after admission. If requested by the Individual, a Peer Bridger will work with Individuals throughout hospitalization and discharge planning process.

The state hospital discharge transition team may include the Peer Bridger who with the consent of the Individual to identify the strengths, needs, preferences, capabilities, and interests of the Individual and to devising ways to meet them in the most integrated setting appropriate for the Individual.

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 6 to 15 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	Number of Peer Bridgers to a State Hospital	Total Number of Peer Bridgers
Great Rivers BHASO	2	0	2
Greater Columbia BHASO	3	0	3
King BHASO	6	0	6
Pierce BHASO	4	3	7
North Central BHASO	1	0	1
North Sound BHASO	3	0	3
Salish BHASO	2	0	2
Spokane BHASO	4	1	5
Thurston/Mason BHASO	3	0	3
Southwest BHASO	3	0	3
All Regions	31	4	35

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. Peer Bridgers shall prioritize Individuals who are civilly committed at ESH and WSH. 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";

ii) Have had multiple state hospitalizations or involuntary hospitalizations;

iii) Have hospital stays of over one year;

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

v) Require additional assistance to discharge and/or need support in the community; or

vi) Be civilly committed or be Individuals who will be converted from forensic to civil commitment.

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. 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 shall conduct routine hospital-based engagement groups for any individual willing to participate.

v) Peer Bridger positions dedicated to ESH or WSH shall conduct routine hospital-based engagement groups at the state hospital to which they are dedicated.

vi) The Peer Bridgers shall be available periodically on treatment malls or wards and at evening groups.

vii) Peer Bridger position dedicated to ESH or WSH shall be available periodically on treatment

malls or wards at evening groups at the state hospital to which their positions are dedicated.

f) Peer Bridger team shall:

i) Participate in monthly statewide Peer Bridger Program administrative support conference calls. At least one Peer Bridger per region shall attend.

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 shall help Individuals prepare for appointments and identify questions or comments the Individual might have for the provider as needed.

(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 monthly and submit logs to DBHR via secured or encrypted emails.

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

v) Participate in scheduled supervisory sessions to address topics that align with HCA Peer Bridger training such as ethics, personal bias, self-care, and safety.

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.

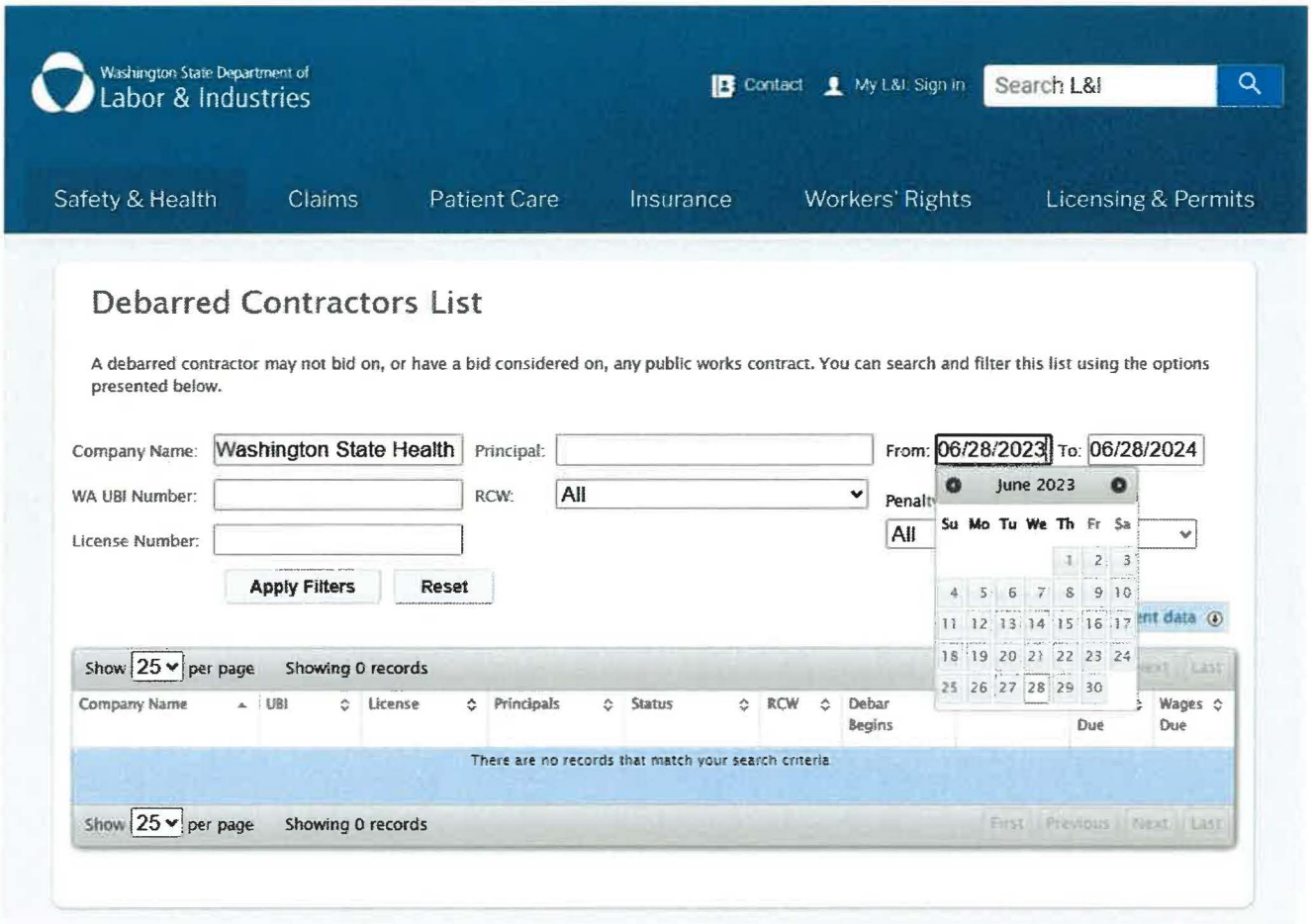
(9) Dress professionally and appropriately.

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.


Washington State Department of
Labor & Industries
Contact
My L&I: Sign in
Search L&I
Safety & Health
Claims
Patient Care
Insurance
Workers' Rights
Licensing & Permits
Debarred Contractors List
A debarred contractor may not bid on, or have a bid considered on, any public works contract. You can search and filter this list using the options presented below.
Company Name:
Washington State Health
Principal:
From:
06/28/2023
To:
06/28/2024
WA UBI Number:
RCW:
All
License Number:
Apply Filters
Reset
June 2023
Su Mo Tu We Th Fr Sa
Show 25 per page
Showing 0 records
Company Name
UBI
License
Principals
Status
RCW
Debar Begins
Due
Wages Due
There are no records that match your search criteria
Show 25 per page
Showing 0 records