

		CONTRACT AMENDMENT	HCA Contract No.: K6917 Amendment No.: 2 KC-372-23-B
THIS AMENDMENT TO THE Contract is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.			
CONTRACTOR NAME County of Kitsap		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 614 Division Street, MS 23 Port Orchard, WA 98366-4676		CONTRACTOR CONTRACT MANAGER Name: Jolene Kron Email: jkron@kitsap.gov	
AMENDMENT START DATE July 1, 2024		AMENDMENT END DATE June 30, 2025	
Prior Maximum Contract Amount \$881,380	Amount of Increase \$881,380	Total Maximum Compensation \$1,762,760	

WHEREAS, HCA and Contractor previously entered into Contract K6917 to provide Housing and Recovery through Peer Services (HARPS), and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.3 to extend the contract term, increase the total maximum compensation, and to update the Scope of Work to continue services for the next fiscal year, and;

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

1. Section 3.2, Term, subsection 3.2.1, is amended to extend the Contract through June 30, 2025.
2. Section 3.3.1, Compensation, is amended to increase the Total Maximum Compensation payable to the Contractor by \$881,380 from \$881,380 to \$1,762,760.
3. Attachment A-1: Statement of Work is added to the Contract, attached hereto, and incorporated herein and represents the updated scope of work to continue services provided under the Contract for the new fiscal year.
4. Attachment 6-A, Federal Subaward Identification Form is attached hereto, and incorporated herein as an attachment to the Contract.
5. This Amendment will be effective as of the last date of signature shown below. ("Effective Date").
6. All capitalized terms not otherwise defined herein have the meaning ascribed to them in Contract K6917.

7. 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 <i>Katherine T. Walters</i>	PRINTED NAME AND TITLE <i>Katherine Walters, chair</i>	DATE SIGNED <i>8/26/24</i>
HCA SIGNATURE DocuSigned by: <i>Annette Schuffenhauer</i>	PRINTED NAME AND TITLE Annette Schuffenhauer Chief Legal Officer	DATE SIGNED 7/18/2024

DATED or ADOPTED this 26 day of August, 2024.

**BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON**



Katherine T. Walters

KATHERINE T. WALTERS, Chair

Christine Rolfes

CHRISTINE ROLFES, Commissioner

Charlotte Garrido

CHARLOTTE GARRIDO, Commissioner

ATTEST:

Dana Daniels

Dana Daniels, Clerk of the Board

Attachment A-1: Statement of Work

July 1, 2024-June 30, 2025

1. Purpose

Provide Housing and Recovery through Peer Services (HARPS) services. Contractor shall provide services for HCA's regional supportive housing projects that:

- Assist individuals transitioning from institutional settings into permanent supportive housing;
- Provide the basis for supportive housing services; and
- Provide integration opportunities between state hospitals, Evaluation and Treatment Center (E&T), inpatient substance abuse treatment services and Behavioral Health Administrative Services Organizations (BHASOs).

2. Definitions

Certified Peer Counselor – Certified peer counselors work with individuals and parents of children receiving mental health or substance use disorder services. They use their own lived experiences to help their peers find hope and to support their recovery.

Continuums of Care – The term “continuum of care” refers to the practice of providing consistent and coordinated health care for a patient over a period of time and across the spectrum of care.

Coordinated Entry Programs - Coordinated Entry (CE) aims to promote processes in the Balance of State Continuum of Care that serve and build power for people disproportionately impacted by homelessness and to ensure homelessness for all households is rare, brief and one time. CE promotes system-wide coordination for a more effective and strategic response to homelessness.

Detox Center - Detox centers seek to medically stabilize patients, minimize their withdrawal symptoms, prevent the potentially harmful effects of withdrawal, and help them transition into a substance abuse rehabilitation program or other form of continued care.

EBP – Evidence Based Practice.

Even though HARPS will not require high fidelity to the Permanent Supportive Housing (PSH) model, HCA encourages sites to become familiar with the dimensions of EBP PSH.

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

Evaluation & Treatment Center - "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies,

emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons with behavioral health needs and who may be under civil commitment.

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

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

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

HARPS – The Housing and Recovery through Peer Services (HARPS) program provides supportive housing services and short-term housing bridge subsidies to at risk individuals. At risk individuals are defined as people who are exiting, or at risk of entering inpatient behavioral healthcare settings.

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

HCA Discharge Analyst- The HCA position responsible for coordinating State Psychiatric Hospital Orientation sessions with providers and state hospitals.

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

Housing Service- Supportive housing services are a combination of affordable housing and supportive services designed to help vulnerable individuals and families use stable housing as a platform for health, recovery and personal growth.

Peer Bridgers- Peer Bridger staff deliver peer support services to individuals in state hospitals prior to discharge and after their return to their communities. The Peer Bridger develops a relationship of trust with the participant.

Peer Counselor - Certified peer counselors work with individuals and parents of children receiving mental health or substance use disorder services. They use their own lived experiences to help their peers find hope and to support their recovery.

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

Program Data Acquisition, Management and Storage (PDAMS) – HCA's online portal page where Contractor shall enter information about the participants they serve.

PSH – Permanent Supportive Housing.

Permanent Supportive Housing (PSH) is decent, safe, and affordable community-based housing model that provides tenants with the rights of tenancy under state and local

landlord-tenant laws and is linked to voluntary and flexible support and services designed to meet tenants' needs and preferences.

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

Dimensions of PSH EBP include:

- Choice in housing and living arrangements;
- Functional separation of housing and services;
- Decent, safe, and affordable housing;
- Community integration and rights of tenancy;
- Access to housing and privacy;
- Flexible, voluntary, and recovery-focused services.

Residential Treatment Center- A residential treatment center provides intensive, comprehensive assessment and care for individuals dealing with complex mental health and/or addiction issues.

SAMHSA – Federal Substance Abuse and Mental Health Services Administration.

SMI – Serious Mental Illness

State Hospitals- State Hospitals are hospitals funded and operated by the government of a state.

State Psychiatric Hospital - The hospitals' responsibility is to evaluate and treat state residents with the most complicated mental illnesses. The goal is to stabilize the patient sufficiently that he or she can return to the community as quickly as possible. While at the state hospitals, patients live on locked wards.

Supportive Housing- Supportive housing combines affordable housing with intensive coordinated services that help people struggling with chronic physical and behavioral health needs to maintain stable housing.

SUD – Substance Use Disorder.

Treatment Team(s) – Treatment teams are interdisciplinary teams composed of individuals who work together to meet the physical, medical, psychosocial, emotional, and therapeutic needs of others. They include the person being offered or provided specific services and can include mental health counselors, case managers, doctors, peer counselors, and others.

3. Work Expectations

3.1. Staffing Strategy

3.1.1. **Create HARPS Team.** Contractor's HARPS Team shall consist of:

3.1.1.1.1. 1 FTE, Housing Case Manager/Supervisor; and

3.1.1.1.2. 2 FTE, Certified Peer Counselors.

3.1.2. **Write Job Descriptions.** Contractor shall work with the HCA Contract Manager to finalize Certified Peer Counselor job descriptions, and shall include, but not limited to the following principal duties and responsibilities:

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

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

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

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

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

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

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

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

3.1.3.1. Two of the FTEs must be Certified Peer Counselors certified by the state or complete certification within six months of hire;

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

3.1.3.3. Must have a strong commitment to the right and the ability of each person to live in normal community residences; work in competitive market-wage jobs; and have access to helpful, adequate,

competent, and continuous supports and services in the community of their choice; and

3.1.3.4. It is essential the peer specialist have skills and competence to establish supportive trusting relationships with persons living with severe and persistent mental illnesses and/or substance use disorder and respect for clients' rights and personal preferences in treatment is essential.

3.1.3.5. Supervisor.

3.1.3.5.1. Should have Supportive Housing background and able to mentor Peers in their role of Peer/Supportive Housing Specialist duties;

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

3.1.3.5.3. This position should carry a reduced HARPS caseload.

3.2. How Contractor shall find Participants.

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

3.2.2. Marketing/Outreach, as approved by the HCA Contract Manager.

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

3.3.1. **Trainings.** HCA Contract Manager will work with Contractor to identify training dates for the trainings listed below.

3.3.1.1. Fidelity Review Training.

3.3.1.1.1. HCA will provide Fidelity Review training on the SAMHSA model Evidence-Based Practice of Permanent Supportive Housing (EBH PSH);

3.3.1.1.2. Virtual and recorded options will be made available;

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

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

3.3.1.2. **PSH Fidelity Review.** HCA will also include Contractor in the facilitation of an actual PSH Fidelity Review. Contractor shall send a

minimum of one (1) FTE from the HARPS Team to attend and participate in the PSH Fidelity Review of another HARPS Team.

- 3.3.2. **Monthly Administrative Conference Calls.** Calls will be scheduled on the last Monday of each month.
- 3.3.3. **Quarterly One-on-One Program Meetings.** Meetings are scheduled once each quarter to review:
 - 3.3.3.1. Housing services;
 - 3.3.3.2. Peer services;
 - 3.3.3.3. Logs; and
 - 3.3.3.4. State hospital referrals.
- 3.4. **State Psychiatric Hospital Orientation.** Each HARPS Team will designate two (2) regional HARPS Peers to provide a HARPS orientation at Western State Hospital or Eastern State Hospital at minimum of once per year.
 - 3.4.1. **Coordination.** Contractor shall work with HCA State Hospital Discharge Analyst (janie.hanson@hca.wa.gov) to schedule and coordinate orientation;
 - 3.4.2. **Location.** Western State Hospital or Eastern State Hospital;
 - 3.4.3. **Frequency.** Once per year;
 - 3.4.4. **Components.** Orientation will include services offered such as assessment, intake, goal setting, peer services, short term housing subsidies and housing; and
 - 3.4.5. **Payment.** Contractor invoice for orientation will be approved for payment, upon confirmation by the HCA Discharge Analyst.
- 3.5. **Provide Services**
 - 3.5.1. **Determine Participant Eligibility.**
 - 3.5.1.1. Individuals who are experiencing a serious mental illness, substance use disorder or Co-Occurring disorder (Mental Illness & Substance Abuse Disorder, who are Homeless/At Risk of homelessness with a broad definition of homeless (couch surfing included);
 - 3.5.1.2. Individuals who are released from or at risk of entering:
 - 3.5.1.2.1. Psychiatric Inpatient settings; and
 - 3.5.1.2.2. Substance Use Disorder (SUD) treatment inpatient settings.

3.5.2. **Caseload Size.**

3.5.2.1. Case mix must be such that the HARPS Teams can manage and have flexibility to be able to provide the intensity of services required for each individual, according to the medical necessity of each individual; HARPS Housing Specialists must have the capacity to provide multiple contacts per week with individuals exiting or recently discharged from inpatient behavioral healthcare settings, making changes in a living situation or employment, or having significant ongoing problems in maintaining housing;

3.5.2.2.1. These multiple contacts may be as frequent as two to three times per day, seven days per week, and depend on individual need and a mutually agreed upon plan between individuals and program staff; and

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

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

3.5.4. **Response Time.**

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

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

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

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

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

3.5.5.1. **Values.** Service coordination must incorporate and demonstrate basic recovery values. The individual will have choice of their housing options, will be expected to take the primary role in their personal

Housing Plan development, and will play an active role in finding housing and decision-making;

3.5.5.2. **Peer/Housing Specialist Roles.** Each HARPS Participant will be assigned a Peer Specialist or Housing Specialist who assist in locating housing, and resources to secure housing, as well as maintain housing;

3.5.5.2.1. Work with Participants to find, obtain and maintain housing to promote recovery;

3.5.5.2.2. Locate and secure resources related to housing and utilities;

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

3.5.5.2.4. Advocate for the individual's tenancy needs, rights (including The American with Disabilities Act (ADA) Accommodations), and preferences to support housing stability; and

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

3.5.5.3. **Assessment and Planning**

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

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

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

3.5.5.3.4. **Participant Housing Plan**

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

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

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

3.5.5.4.1. Tenant counseling;

3.5.5.4.2. Assisting households to understand leases;

3.5.5.4.3. Securing utilities;

3.5.5.4.4. Making moving arrangements;

3.5.5.4.5. Representative payee services concerning rent and utilities;
and

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

3.5.5.5. **Landlord/Property Manager Engagement and Education**

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

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

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

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

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

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

3.5.5.6. **Housing Stability.** Includes activities for the arrangement, development, coordination, securing, monitoring, and delivery of

services related to meeting the housing needs of individuals exiting or at risk of entering inpatient behavioral healthcare settings and helping them obtain housing stability.

- 3.5.5.6.1. Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance;
- 3.5.5.6.2. Referrals to Foundational Community Supports (FCS) supportive housing and supported employment services;
- 3.5.5.6.3. Seeking out and assistance applying for long-term housing subsidies;
- 3.5.5.6.4. Affordable Care Act (ACA) activities that are specifically linked to the household's stability plan;
- 3.5.5.6.5. Activities related to accessing Work Source employment services;
- 3.5.5.6.6. Referrals to vocational and educational support services such as Division of Vocational Rehabilitation (DVR);
- 3.5.5.6.7. Monitoring and evaluating household progress;
- 3.5.5.6.8. Assuring that households' rights are protected; and
- 3.5.5.6.9. Applying for government benefits and assistance including using the evidence-based practice SSI/SSDI through SSI/SSDI Outreach, Access, and Recovery (SOAR).

3.5.5.7. Facilitate Housing Subsidies.

- 3.5.5.7.1. Background. The budget for the HARPS Housing Bridge Subsidy is short-term funding to help reduce barriers and increase access to housing.
- 3.5.5.7.2. Region. HARPS Supportive Housing services can be localized, but subsidies are to serve the whole region.
- 3.5.5.7.3. HCA will issue quarterly State General Fund payments of \$125,000 to Contractor to utilize as short-term bridge subsidies for HARPS eligible individuals.
- 3.5.5.7.4. HCA will issue one-time State General Fund payment of \$100,000 to the Contractor to utilize as short-term bridge subsidy for HARPS SUD only eligible individuals. HARPS SUD short-term bridge subsidy funds are a direct result of 2021 ESB 5476.

3.5.5.7.5. Any unspent subsidy funds, minus administrative costs, will be returned to HCA at the end of the state fiscal year, June 30, 2025.

a. Indirect/Administrative Costs. Contractor may use 10% of quarterly payment for administrative expenses which are not reimbursed through any other source. Expenses may include, but are not limited to:

- i. Staff;
- ii. Staff expenses relevant to issuing subsidies in a manner consistent with the HARPS Housing Bridge Subsidy Guidelines; and
- iii. Other expenses, as approved by the HCA Contract Manager.

b. Direct and Indirect Cost Breakdown:

i. General Fund Subsidy

Subsidy	Direct Costs (Reimbursable to HCA if unused)	10% Indirect Costs (Kept by Contractor)	Total Subsidy
Quarterly Payment	\$113,636	\$11,364	\$125,000
Total Subsidy	\$454,545	\$45,455	\$500,000

ii. SUD Subsidy

Subsidy	Direct Costs (Reimbursable to HCA if unused)	10% Indirect Costs (Kept by Contractor)	Total Subsidy
Total Subsidy	\$90,909	\$9,091	\$100,000

3.5.5.7.6. Quarter Date Range

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

3.5.5.7.7. **SMI.** Contractor may provide up to \$500,000 in subsidies for individuals with SMI. Contractor shall notify the HCA Contract Manager if quarterly subsidies provided are significantly under or over the estimated figures.

- a. Contractor shall prioritize quarterly subsidy funds to serve individuals with SMI.
- b. Estimated Subsidy per Individual. HARPS Bridge Subsidies are estimated to average at \$2,500 per person.

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

3.5.5.7.8. **SUD.** Contractor may provide up to \$100,000 in subsidies for individuals with SUD.

3.5.5.7.9. Subsidy Time Criteria

- a. HARPS Bridge Subsidies are temporary in nature and should be combined with other funding streams, whenever possible, to leverage resources to assist individuals in obtaining and maintaining a permanent residence.
- b. HARPS teams are encouraged to work with Department of Commerce and the long-term housing subsidies available through the Community Behavioral Health Rental Assistance (CBRA) program.
- c. Individuals exiting detox, 30, 60, and 90-day inpatient substance use disorder treatment facilities, residential treatment facilities, state hospitals, E&T's, local psychiatric hospitals and other inpatient behavioral healthcare settings could receive up to 3 months of housing 'bridge' subsidy.

3.5.5.7.10. Allowable Expenses

- a. Monthly rent and utilities, and any combination of first and last months' rent for up to three (3) months. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's may be included with the first month's payment.
- b. Rental and/or utility arrears for up to three months. Rental and/or utility arrears may be paid if the payment enables the household to remain in the housing unit for which the arrears are being paid or move to another unit. The HARPS Bridge Subsidy may be used to bring the program participant out of default for the debt and the HARPS Peer Specialist will assist the participant to make

payment arrangements to pay off the remaining balances.

- c. Security deposits and utility deposits for a household moving into a new unit.
- d. HARPS rent assistance may be used for move-in costs including but not limited to deposits and first months' rent associated with housing, including project- or tenant-based housing.
- e. Application fees, background and credit check fees for rental housing.
- f. Lot rent for Recreational Vehicle (RV) or manufactured home.
- g. Costs of parking spaces when connected to a unit.
- h. Landlord incentives (provided there are written policies and/or procedures explaining what constitutes landlord incentives, how they are determined, and who has approval and review responsibilities).
- i. Reasonable storage costs.
- j. Reasonable moving costs such as truck rental and hiring a moving company.
- k. Hotel/Motel expenses for up to 30 days if unsheltered households are actively engaged in housing search and no other shelter option is available.
- l. Temporary absences. If a household must be temporarily away from his or her unit, but is expected to return (e.g., participant violates conditions of their Department of Corrections (DOC) supervision and is placed in confinement for 30 days or re-hospitalized), HARPS may pay for the households rent for up to 60 days. While a household is temporarily absent, Participants may continue to receive HARPS services.
- m. Rental payments to Oxford houses or Recovery Residences on the Recovery Residence Registry located at <https://hca-tableau.watech.wa.gov/t/51/views/ResidenceOxfordHouseLocations/Dashboard?isGuestRedirectFromVizportal=y&embed=y>.

3.5.5.8. Practical Help and Supports

- 3.5.5.8.1. Mentoring;
- 3.5.5.8.2. Teaching self-advocacy;
- 3.5.5.8.3. Coordination of services;
- 3.5.5.8.4. Side-by-side individualized support;
- 3.5.5.8.5. Problem solving; and
- 3.5.5.8.6. Direct assistance and supervision to help clients obtain the necessities of daily living including;
 - a. Medical and dental health care;
 - b. Legal and advocacy services;
 - c. Accessing financial support such as government benefits and entitlements (SSI, SSDI, veterans' benefits);
 - d. Accessing housing subsidies (HUD Section 8);
 - e. Money-management services (e.g., payee services, budgeting, managing credit score, financial wellness); and
 - f. Use of public transportation.

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

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

3.5.5.10.1. Services must be coordinated with the assigned Care Coordinator.

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

3.5.5.11. Education Services Linkage

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

- 3.5.5.11.2. Services include providing support to applying for schooling and financial aid, enrolling and participating in educational activities or linking to supported employment/supported education services.
- 3.5.5.12. **Supported Employment - Vocational Services Linkage.** Services to help individuals value, find, and maintain meaningful employment in community-based job sites.
 - 3.5.5.12.1. Job development and coordination with employers;
 - 3.5.5.12.2. A component of the Participant's recovery (treatment) plan or linkage to supported employment;
 - 3.5.5.12.3. Assist with referrals to job training and supported employment services provided by Foundational Community Supports (FCS) or Division of Vocational Rehabilitation (DVR) or other supports;
 - 3.5.5.12.4. Mentoring, problem solving, encouragement and support on and off the job site;
 - 3.5.5.12.5. Provide work-related supportive services;
 - 3.5.5.12.6. Assistance securing necessary clothing and grooming supplies;
 - 3.5.5.12.7. Wake-up calls; and
 - 3.5.5.12.8. Assistance with navigating public transportation.
- 3.5.5.13. **Daily Living Services.** Services to support activities of daily living in community-based settings include:
 - 3.5.5.13.1. Individualized and ongoing assessment;
 - 3.5.5.13.2. Goal setting;
 - 3.5.5.13.3. Skills training/practice;
 - 3.5.5.13.4. Side-by-side assistance, supervision and support (prompts, assignments, encouragement);
 - 3.5.5.13.5. Modeling;
 - 3.5.5.13.6. Problem solving;
 - 3.5.5.13.7. Environmental adaptations to assist Participants in gaining and/or using the skills required to access services;
 - 3.5.5.13.8. Direct assistance when necessary to ensure that individuals obtain the basic necessities of daily life;

- 3.5.5.13.9. Assist and teach/support clients to organize and perform household activities, including house cleaning and laundry;
- 3.5.5.13.10. Assist and teach/support clients with personal hygiene and grooming tasks;
- 3.5.5.13.11. Provide nutrition education and assistance with meal planning, grocery shopping, and food preparation;
- 3.5.5.13.12. Ensure that clients have adequate financial support (help to gain employment and apply for entitlements);
- 3.5.5.13.13. Teach money-management skills (budgeting and paying bills) and assist clients in accessing financial services (e.g., professional financial counseling, emergency loan services, and managing their credit score);
- 3.5.5.13.14. Help clients to access reliable transportation:
- 3.5.5.13.15. Obtain a driver's license, car and car insurance;
- 3.5.5.13.16. Arrange for cabs;
- 3.5.5.13.17. Use of public transportation;
- 3.5.5.13.18. Finding rides, carpool options; and
- 3.5.5.13.19. Assist and teach/support clients to have and effectively use a personal primary care physician, dentist, and other medical specialists as required.

3.5.5.14. Social and Community Integration Skills Training

- 3.5.5.14.1. Social and community integration skills training serve to support social/interpersonal relationships and leisure-time skill training;
- 3.5.5.14.2. Supportive individual therapy (e.g., problem solving, role-playing, modeling, and support);
- 3.5.5.14.3. Social-skill teaching and assertiveness training;
- 3.5.5.14.4. Planning, structuring, and prompting of social and leisure-time activities;
- 3.5.5.14.5. Side-by-side support and coaching; and
- 3.5.5.14.6. Organizing individual and group social and recreational activities to structure individuals' time, increase their social experiences, and provide them with opportunities to practice social skills, build a social support network and receive feedback and support.

3.5.5.15. Recovery and Treatment Services

3.5.5.16. **Substance Use Disorder Treatment Linkage_** If clinically indicated, the HARPS Team may refer the individual to a DBHR-licensed SUD treatment program.

3.5.5.17. Peer Support Services

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

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

3.5.5.17.3. Peer Support and Wellness Recovery Services include:

- a. Promoting self-determination;
- b. Model and teach advocating for one's self;
- c. Encourage and reinforce choice and decision-making;
- d. Introduction and referral to individual self-help programs and advocacy organizations that promote recovery;
- e. "Sharing the journey" (a phrase often used to describe individuals' sharing of their recovery experience with other peers). Utilizing one's personal experiences as information and a teaching tool about recovery; and
- f. The Peer Specialist will serve as a consultant to the Treatment team to support a culture of recovery in which each individual's point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, support, vocational and community activities.

3.5.5.18. Social and Interpersonal Relationships and Leisure Time

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

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

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

3.5.5.19. **Medication.** HARPS Teams will not suggest or provide Medication Prescription, Administration, Monitoring and Documentation.

3.5.5.20. **Collaboration with Treatment Teams.**

3.5.5.20.1. When applicable, HARPS Team members establish a peer relationship with each Participant and document services in Behavioral Health Data Storage (BHDS), Monthly HARPS logs, or PDAMS;

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

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

3.5.5.21. **Critical Incident Management Reporting**

3.5.5.21.1. **Incident Categories.** Contractor will submit an individual Critical Incident report for the following incidents that occur:

- a. **To a service Participant**, and occurred within a contracted behavioral health facility (inpatient psychiatric, behavioral health agencies), Federally Qualified Health Clinic, or by independent behavioral health provider:
 - i. Abuse, neglect, or sexual/financial exploitation;
 - ii. Death; and
 - iii. Severely adverse medical outcome or death occurring within 72 hours of transfer from a contracted behavioral facility to a medical treatment setting.
- b. **By a service Participant**, who is currently receiving services associated with this contract or was served within the last 60 days. Acts allegedly committed, to include:
 - i. Homicide or attempted homicide;
 - ii. Arson;

- iii. Assault or action resulting in serious bodily harm which has the potential to cause prolonged disability or death;
- iv. Kidnapping; and
- v. Sexual assault.

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

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

3.6.1.1.2. **Incident Reporting Requirements**

- a. The Contractor shall report critical incidents within one Business Day of becoming aware of the incident and shall report incidents that have occurred within the last thirty (30) calendar days. Media related incidents should be reported to HCA as soon as possible, not to exceed one Business Day, regardless of the date of the actual event described in the media;
- b. The Contractor shall enter the initial report, follow-up, and actions taken into HCA Incident Reporting System <https://fortress.wa.gov/hca/ics/>, using the report template within the system;
- c. If the system is unavailable the Contractor shall report Critical Incidents via encrypted email to DPC@hca.wa.gov;
- d. HCA may ask for additional information as required for further research and reporting. The Contractor shall provide information within three (3) Business Days;
- e. Completing the reporting requirements of this section, do not release the contractor from notifying any other needed parties, such as Department of Health, Adult Protective Services, and or Law Enforcement.

3.6. **Reports**

3.6.2. **Payments** for all reports will be prorated for understaffed teams if position is not filled within three (3) months.

Example: Monthly Report = \$15,000

- If fully staffed means 3 FTEs, and all 3 FTE positions are filled, Contractor will be paid \$15,000.

- If Contractor only has 2 filled FTE positions out of 3, Contractor will be paid \$10,000.
- If Contractor only has 1 filled FTE position out of 3, Contractor will be paid \$5,000.

3.6.3. Subsidy Report

- 3.6.3.1. HCA Contract Manager will provide Contractor with Exhibit A, Subsidy Report template within 10 days of contract execution;
- 3.6.3.2. Contractor shall use the HCA-provided template, using tabs for each subsection to report on activities;
- 3.6.3.3. Contractor shall provide the report to the HCA Contract Manager via Managed File Transfer (MFT) by the 15th of the month following each month of service.

3.6.4. HARPS Quarterly Report

3.6.4.1. Date Ranges

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

3.6.4.2. Components. Contractor shall write report in a narrative format, including the following components:

- 3.6.4.2.1. Project activities and results for the date range;
- 3.6.4.2.2. A participant success story (that doesn't including identifying information);
- 3.6.4.2.3. Staff training attended with (subject and dates);
- 3.6.4.2.4. Other project activities or events, including meetings with local Continuums of Care, State Hospitals, in patient SUD treatment facilities, Coordinated Entry Programs, Peer Bridgers, and Foundational Community Supports;
- 3.6.4.2.5. Description of value/impact of program and barriers experiencing.
- 3.6.4.2.6. Other components as approved by the HCA Contract Manager.
- 3.6.4.2.7. Provide to the HCA Contract Manager in Word or Adobe pdf format via email to the HCA Contract Manager by the 20th of the month following the last month of each quarter.

3.6.5. **Monthly State Psychiatric Hospital Referral Report.** Contractor will write report in a narrative format, including the following components:

- 3.6.5.1. Aggregated number of referrals from Western State Hospital;
- 3.6.5.2. Aggregated number of referrals from Eastern State Hospital;
- 3.6.5.3. Date of each referral;
- 3.6.5.4. Housing status of each Participant as of the date of referral; and
- 3.6.5.5. Provide to the HCA Contract Manager in Microsoft Word or Adobe pdf format via email to the HCA Contract Manager by the 15th of the month following the last month of each quarter.

3.6.6. **Training Report**

- 3.6.6.1. Confirmation that two (2) FTEs completed the HCA PSH Fidelity Review training:
 - 3.6.6.1.1. Sign-in sheet.
 - 3.6.6.1.2. Screen shot of completion.
- 3.6.6.2. Provide to HCA Contract Manager in Microsoft Word or Adobe pdf format via email to HCA Contract Manager by June 30, 2025.

3.6.7. **HARPS Monthly Participant Log**

- 3.6.7.1. HCA Contract Manager will provide Contractor with Exhibit B, HARPS Subsidy Log template within 10 days of contract execution;
- 3.6.7.2. Contractor shall provide report via Managed File Transfer (MFT), and will notify HCA Contract Manager when it is ready;
- 3.6.7.3. Contractor shall use the HCA-provided template;
- 3.6.7.4. Complete information on tab titled "Housing Bridge Subsidy Tracking";
- 3.6.7.5. Complete information on tab titled "Landlord Outreach";
- 3.6.7.6. Contractor shall provide a minimum of five (5) entries each month; and
- 3.6.7.7. Beginning in SFY2025 Contractor shall use PDAMS for all HARPS monthly participation log. The HCA Contract Manager will provide the Contractor with the information required to use PDAMS.

3.6.8. Fidelity Review.

- 3.6.8.1. As part of our collaborative learning process, HCA will facilitate a cross-site Permanent Supportive Housing (PSH) Fidelity Review of another HARPS Team;
- 3.6.8.2. **Venue:** The fidelity review will be in-person and/or virtual. Contractor shall coordinate schedule with the HCA Contract Manager;
- 3.6.8.3. **Frequency.** Once per year;
- 3.6.8.4. **Participants.** One (1) HARPS FTE will attend and participate.

3.6.9. BHDS Data Entry

- 3.6.9.1. HARPS providers will enter new enrolled Participants into BHDS transaction file with the (Program ID = 29);
- 3.6.9.2. Each PSH service should be entered into BHDS with the code H0043.

4. Deliverables Table. Invoices for deliverables included in this table will be approved and routed for payment, upon approval of the HCA Contract Manager contingent on receipt of the report or confirmation referenced in each section.

#	Description	Due Date	Rate	Amount
1	Quarterly Subsidy Payments	HCA will provide: <ul style="list-style-type: none"> • 1st pmt, within 30 days of contract execution • 2nd pmt, by 10/31 • 3rd pmt, by 1/31 • 4th pmt, by 4/30 	\$81,500 per quarter x 4 quarters	\$500,000
2	One time Subsidy Payment SUD	HCA will provide within 30 days of contract execution	\$100,000 x 1 payment	\$100,000
3	Monthly State Psychiatric Hospital Referral Report.	15 th of the month following each month of service	\$1,500 per report x 12 reports	\$18,000
4	2 FTEs PSH Fidelity Training Report	6/30/2025	\$20,000 per report x 1 reports	\$20,000
5	State Psychiatric Hospital Orientation	6/30/2025	\$20,000 per report x 1 report	\$20,000
6	Monthly HARPS Participant Log	15 th of the month following each month of service	\$15,000 per report x 12 reports	\$180,000

7	Quarterly HARPS Report	20 th of the month following the last month of each quarter	\$7,500 per report x 4 reports	\$30,000
8	Fidelity Review	6/30/2025	\$13,380 per report x 1 report	\$13,380
Total Maximum Compensation for deliverables completed through 6-30-2025				\$881,380

5. Contract Funding Source Breakdown

Description	Source	Amount
Grant Amount Mental Health Block Grant Assistance Listing Number (ALN) 93.958	Federal	\$281,380
Short Term Bridge Subsidy Grant	State	\$500,000
SUD Short Term Bridge Subsidy Amount (ESB 5476 + Maintenance budget)		\$100,000
Total Funding For Attachment A-1		\$881,380

Attachment 6A- Federal Subaward Identification
K6917-2

1.	Federal Awarding Agency	SAMHSA WA State Health Care Authority
2.	Federal Award Identification Number (FAIN)	B09SM089651
3.	Federal Award Date	10/1/23 – 9/30/25
4.	Assistance Listing Number and Title	93.958
5.	Is the Award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Contact Information for HCA’s Awarding Official	Teesha Kirschbaum, Assistant Director WA State Health Care Authority Division of Behavioral Health and Recovery 626 8th Ave SE; Olympia, WA 98504-5330 Teesha.kirschbaum@hca.wa.gov 360-725-5925
7.	Subrecipient name (as it appears in SAM.gov)	County of Kitsap
8.	Subrecipient's Unique Entity Identifier (UEI)	LD6 MNJ 62J QD1
9.	Subaward Project Description	Housing and Recovery through Peer Services (HARPS)
10.	Primary Place of Performance	98366-4676
11.	Subaward Period of Performance	July 1, 2024 – June 30, 2025
12.	Amount of Federal Funds Obligated by this Action	\$281,380
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	\$562,760
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.

- 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
- 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