Washington State Health Care Authority	**CONTRACT AMENDMENT**	HCA Contract No.: K6917 Amendment No.: 06

THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.

CONTRACTOR NAME	**CONTRACTOR doing business as (DBA)**
County of Kitsap	
CONTRACTOR ADDRESS 614 Division Street MS-23 Port Orchard, WA98366	**CONTRACTOR CONTRACT MANAGER** Name: Jolene Kron Email: jkron@kitsap.gov

AMENDMENT START DATE	**AMENDMENT END DATE**	**CONTRACT END DATE**
July 1, 2026	June 30, 2027	June 30, 2027
Prior Maximum Contract Amount	**Amount of Increase**	**Total Maximum Compensation**
$2,634,140.00	$871,380.00	$3,505,520.00

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

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.4, *Amendments*, to extend the term, update additional funding, update federal subrecipient information and update the new Fiscal Year Statement of Work;

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

1. Section 3.2, *Term,* subsection 3.2.1, is hereby amended to read as follows:

   3.2.1 The term of the contract will continue through June 30, 2027, unless terminated sooner as provided herein.

2. Section 3.3., *Compensation,* subsection 3.3.1, is hereby amended to increase funding, and to read as follows:

   3.3.1 The parties have determined the cost of accomplishing the work herein is increased by $871,380. This Contract shall not exceed **$3,505,520**, inclusive of all fees, taxes and expenses. Compensation for satisfactory performance of the work will not exceed this amount unless the parties agree to a high amount through an amendment.

3. Attachment A-4, *Statement of Work July 1, 2026 - June 30, 2027,* is hereby attached and incorporated herein to reflect changes for State Fiscal Year 2027.

4. Attachment 2, *HARPS Quarterly Report* is amended, attached and incorporated herein.

5. Attachment 6, *Federal Subaward Identification* is attached hereto and incorporated herein to reflect additional funding added through this Contract Amendment.

6. This Amendment will be effective July 1, 2026 ("Effective Date").

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

8. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
	Oran Root, Chair	7/27/26
HCA SIGNATURE	**PRINTED NAME AND TITLE**	**DATE SIGNED**
Signed by: Annette Schuffenhauer 4F259FCAF7C2450...	Annette Schuffenhauer Chief Legal Officer	7/31/2026

ATTACHMENT A-4: STATEMENF OF WORK
July 1, 2026 – June 30, 2027

1. Purpose

Provide Housing and Recovery through Peer Services (HARPS) services through regional supportive housing projects in Jefferson and Kitsap Counties that:

1.1. Assist individuals transitioning from institutional settings into permanent supportive housing;

1.2. Provide the basis for supportive housing services; and

1.3. Provide integration opportunities between state hospitals, Evaluation and Treatment Center (E&T), inpatient substance abuse treatment services and Behavioral Health Administrative Services Organizations (BH-ASOs).

2. Definitions

2.1. Certified Peer Support Specialist – Certified Peer Support Specialists work with individuals and parents of children receiving mental health or SUD services. They use their own lived experiences to help their peers find hope and to support their recovery.

2.2. Continuums of Care – The 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.

2.3. Coordinated Entry (CE) – A program that 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.

2.4. Co-Occurring Disorder – When a mental illness and substance use are present in an individual's diagnosis.

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

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

2.7. Evidence Based Practice (EBP)

2.7.1. 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.

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

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

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

2.10. Fidelity Review – A cross-site learning collaborative approach to evaluating adherence to the model of permanent supportive housing as well as a continuous quality assurance.

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

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

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

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

2.15. 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 home.

2.16. Housing Services – 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.

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

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

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

2.20. Permanent Supportive Housing (PSH)

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

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

2.20.3. Dimensions of PSH EBP include:

2.20.3.1. Choice in housing and living arrangements;

2.20.3.2. Functional separation of housing and services;

2.20.3.3. Decent, safe, and affordable housing;

2.20.3.4. Community integration and rights of tenancy;

2.20.3.5. Access to housing and privacy;

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

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

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

2.23. 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.

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

2.25. Substance Use Disorder (SUD) – is a problematic pattern of substance use that affects your health and quality of life. It's treatable.

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

3. Work Expectations

3.1. Staffing Strategy

3.1.1. Create a Housing and Recovery through Peer Specialists (HARPS) Team to consist of:

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

3.1.1.2. Two (2) FTE, Certified Peer Support Specialist

3.1.2. 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 for and actively participate in their own recovery;

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

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

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

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

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

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

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

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

3.1.3.3. Must have a strong commitment to the rights 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 Certified Peer Support Specialists have skills and competence to establish supportive trusting relationships with persons living with severe and persistent mental illnesses and/or Substance Use Disorder (SUD) and respect for clients' rights and personal preferences in treatment is essential.

3.1.3.5. Supervisor.

A. Should have supportive housing background and able to mentor Peers in their role of peer/supportive housing specialist duties;

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

C. This position should carry a reduced HARPS caseload.

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

3.2.1. Contractor will accept referrals from Western State Hospital 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. HCA Contract Manager will work with Contractor to identify training dates for the trainings listed below.

3.3.1.1. Fidelity Review Training.

A. HCA will provide Fidelity Review training on the SAMHSA model Evidence-Based Practice (EBP) of Permanent Supportive Housing (PHS);

B. Virtual and recorded options may be made available;

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

D. 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; and

3.3.3.3. Data entered into PDAMS;

3.4. **State Psychiatric Hospital Presentations.** One HARPS provider team per fiscal year will designate two (2) regional HARPS FTEs to provide a HARPS presentation at the civil wards at Western State Hospital (WSH).

In the same fiscal year, another HARPS provider team will designate two (2) regional HARPS FTEs to provide a HARPS presentation at the civil wards at Eastern State Hospital (ESH).

3.4.1. Contractor shall work with established contacts at the state hospital(s) to schedule and coordinate these presentations, including dates and times, where and when to arrive, and what to bring if applicable;

3.4.2. HARPS providers may work with one another in order to substitute year-for-year, responsibility for conducting Patient Education Session(s), with written request to and approval from HCA program manager or designee.

3.4.3. Frequency will be one series of presentations, a presentation (each civil ward at ESH or WSH) per fiscal year as follows;

Western State Hospital Patient Education Sessions	**FY**
CVAB	2027
Greater Lakes MH Care	2028
Great Rivers	2029
Kitsap MH Services	2030
Lifeline Connections	2031
Olympic Health and Recovery	2032
Pioneer Human Services	2033
Eastern State Hospital Patient Education Sessions	FY
Catholic Charities	2027
Spokane CAReS	2028
Comprehensive Health Care	2029
Catholic Charities	2030
Spokane CAReS	2031
Comprehensive Health Care	2032
Catholic Charities	2033

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

3.4.5. Presentations must at least include hospital residents on each civil ward however providers may opt to provide additional presentations to hospital staff.

3.5. **Provide Services**

3.5.1. Determine Participant Eligibility.

3.5.1.1. Individuals who are experiencing:

A. Serious mental illness;

B. SUD;

C. Co-Occurring Disorder, and/or

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

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

A. Psychiatric Inpatient settings; or

B. SUD treatment inpatient settings.

3.5.2. Caseload Size.

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

3.5.2.2. 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;

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

B. 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 three (3) 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:

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

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

3.5.4.2. HARPS Teams must have the capacity to rapidly increase service intensity and frequency to 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;

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

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

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

3.5.5.3. Assessment and Planning

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

B. 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

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

D. Participant Housing Plan

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

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

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

A. Tenant counseling;

B. Assisting households to understand leases;

C. Securing utilities;

D. Making moving arrangements;

E. Representative payee services concerning rent and utilities; and

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

3.5.5.5. Landlord/Property Manager Engagement and Education

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

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

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

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

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

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

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

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

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

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

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

E. Activities related to accessing Work Source employment services;

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

G. Monitoring and evaluating household progress;

H. Assuring that households' rights are protected; and

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

3.5.5.7. Facilitate Housing Subsidies.

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

B. Region. HARPS supportive housing services can be localized, but subsidies are to serve the whole region.

C. HCA will issue quarterly State General Fund payments of $125,000.00 to Contractor to utilize as short-term bridge subsidies for HARPS eligible individuals.

D. HCA will issue one-time State General Fund payment of $90,000.00 to the Contractor to utilize as short-term bridge subsidy for HARPS SUD only eligible individuals. HARPS SUD short-term bridge subsidy funds are a direct result of 2021 ESB 5476.

E. Any unspent subsidy funds, minus administrative costs, will be returned to HCA at the end of the state fiscal year, June 30, 2027.

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

a. Staff;

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

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

ii. Direct and Indirect Cost Breakdown:

a. General Fund Subsidy

Subsidy	Direct Costs (Reimbursable to HCA if unused)	15% Indirect Costs (Kept by Contractor)	Total Subsidy
One-Time GFS SUD Short-term Bridge Subsidy Payment	$76,500.00	$13,500.00	$90,000.00
Quarterly Payment	$106,250.00	$18,750.00	$125,000.00
Quarterly Payment	$106,250.00	$18,750.00	$125,000.00
Quarterly Payment	$106,250.00	$18,750.00	$125,000.00
Quarterly Payment	$106,250.00	$18,750.00	$125,000.00
Total Annual Subsidy	**$501,500.00**	**$88,500.00**	**$590,000.00**

F. Quarter Date Range

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

G. Contractor may provide up to $500,000.00 in subsidies for individuals with living with significant mental health challenges.

   i. Contractor shall prioritize quarterly subsidy funds to serve individuals living with significant mental health challenges.

   ii. Estimated Subsidy per Individual. HARPS Bridge Subsidies are estimated to average at $3,000.00 per person.

H. Contractor shall notify HCA Contract Manager if quarterly subsidies provided are significantly under or over the estimated figures.

   i. 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.

I. SUD. Contractor may provide up to $90,000.00 in subsidies for individuals with SUD.

J. Subsidy Time Criteria

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

   ii. HARPS teams are encouraged to work with Department of Commerce and the long-term housing subsidies available through the Community Behavioral Health Rental Assistance (CBRA) program.

   iii. Individuals exiting detox, 30, 60, and 90-day inpatient SUD 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.

K. Allowable Expenses

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

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

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

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

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

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

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

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

ix. Reasonable storage costs.

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

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

xii. Temporary absences. If a household must be temporarily away from 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.

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

3.5.5.8. Practical Help and Supports

A. Mentoring;

B. Teaching self-advocacy;

C. Coordination of services;

D. Side-by-side individualized support;

E. Problem solving; and

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

i. Medical and dental health care;

ii. Legal and advocacy services;

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

iv. Accessing housing subsidies (HUD Section 8);

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

vi. Use of public transportation.

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

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

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

3.5.5.10. Education Services Linkage

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

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

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

A. Job development and coordination with employers;

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

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

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

E. Provide work-related supportive services;

i. Assistance securing necessary clothing and grooming supplies;

ii. Wake-up calls; and

iii. Assistance with navigating public transportation.

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

A. Individualized and ongoing assessment;

B. Goal setting;

C. Skills training/practice;

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

E. Role modeling;

F. Problem solving;

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

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

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

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

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

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

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

N. Help participants to access reliable transportation:

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

P. Arrange for cabs;

Q. Use of public transportation;

R. Finding rides, carpool options; and

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

3.5.5.13. Social and Community Integration Skills Training

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

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

C. Social-skill teaching and assertiveness training;

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

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

F. Organizing individual and group social and recreational activities to structure 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.

3.5.5.14. Recovery and Treatment Services

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

3.5.5.16. Peer Support Services

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

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

C. Peer Support and Wellness Recovery Services include:

i. Promoting self-determination;

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

iii. Encourage and reinforce choice and decision-making;

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

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

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

3.5.5.17. Social and Interpersonal Relationships and Leisure Time

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

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

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

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

3.5.5.19. Collaboration with Treatment Teams.

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

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

C. In collaboration with the 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.

3.5.5.20. Critical Incident Management Reporting

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

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

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

b. Death; and

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

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

a. Homicide or attempted homicide;

b. Arson;

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

d. Kidnapping; and

e. Sexual assault.

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

C. Any event involving a 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).

D. Incident Reporting Requirements

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

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

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

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

v. Completing the reporting requirements of this section, 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**

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

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

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

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

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

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

3.6.2. HARPS Quarterly Report

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

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

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

A. Project activities and results for the date range;

B. A participant success story (that doesn't include identifying information);

C. Staff training attended with (subject and dates);

D. 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;

E. Description of value/impact of program and barriers experiencing.

F. Other components as approved by the HCA Contract Manager.

G. 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.

3.6.3. Training Report

3.6.3.1. Confirmation that two (2) FTEs completed the HCA PSH Fidelity Review training:

A. Sign-in sheet.

B. Screen shot of completion.

3.6.3.2. Provide to HCA Contract Manager in Microsoft Word or Adobe pdf format via email to HCA Contract Manager by June 30, 2027.

3.6.4. HARPS Data Entry

3.6.4.1. Contractor or their subcontractors are responsible for using HCA's PDAMS web portal to submit data for individuals, including program services, program subsidies and landlord outreach as noted in Section 4. Contractor or their subcontractors are responsible to have the prior month's data complete by the 15th of the following month.

3.6.4.2. Contractor will complete Landlord Outreach, with a minimum of five documented contacts per month.

3.6.4.3. Data entry will be considered timely when:

A. All services, subsidies, and landlord outreach activities have been entered by the 15th of the month for the previous month of service; and

B. The average, cumulative number of days between dates of service and dates of entry into PDAMS is no more than 30 days.

3.6.5. Fidelity Review.

3.6.5.1. As part of our collaborative learning process, HCA will facilitate a cross-site Permanent Supportive Housing (PSH) Fidelity Review of another HARPS Team;

3.6.5.2. Venue: The fidelity review will be in-person and/or virtual. Contractor shall coordinate schedule with the HCA Contract Manager;

3.6.5.3. Frequency. Once per 2 years;

3.6.5.4. Participants. Contractor must send one (1) HARPS FTE to their region to participate in the fidelity review of another HARPS provider's team. The participation of one HARPS FTE in fidelity review(s) meets criteria for deliverable #6 in the table below.

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: • 1st pmt, within 30 days of Amendment 7 execution • 2nd pmt, by 10/31/2026 • 3rd pmt, by 1/31/2027 • 4th pmt, by 4/30/2027	$125,000.00 per quarter x 4 quarters	$500,000.00
2	One time Subsidy Payment SUD	HCA will provide within 30 days of contract execution	$90,000.00 x 1 payment	$90,000.00
3	Training Report	6/30/2027	$20,000.00 per report x 1 reports	$20,000.00
4	Timely data entry in the Program Data Acquisition Management and Storage (PDAMS) system, as defined in section 3.6.4.3.	Due on the 15th of the month, following each month of service July-May June 2027 is due With final invoice	$16,500.00 per month x 12 months	$198,000.00
5	Quarterly HARPS Report	20th of the month following the last month of each quarter	$12,500.00 per report x 4 reports	$50,000.00
6	Fidelity Review	6/30/2027	$13,380.00 per report x 1 report	$13,380.00
Total Maximum Compensation for deliverables completed through June 30, 2027				**$871,380.00**

5. Contract Funding Source Breakdown

Description	Source	Amount
Grant Amount Mental Health Block Grant Assistance Listing Number (ALN) 93.958	Federal	$281,380.00
Short Term Bridge Subsidy Grant	State	$500,000.00
SUD Short Term Bridge Subsidy Amount (ESB 5476 + Maintenance budget)		$90,000.00
Total Funding for Attachment A-4		**$871,380.00**

ATTACHMENT 2: HARPS QUARTERLY REPORT

Excerpt provided below.
HCA Contract Manager will provide Contractor with report template within 10 days of contract execution.

Agency _____ Completed by _ Date: _____ Date range: __
Quarterly report with results of the project activities for the period including a participant success story with a signed media release. Report should include:
1. Please describe procurement, hiring and implementation activities to date:
2. Describe staff development activities for this reporting period (including orientation and training of staff). Please indicate: • Date(s)/duration of the training or meeting • Subject of the training or meeting • Discuss value/impact on the pilot project.
3. Discuss any other project activities or events, including meetings with local Continuums of Care, Coordinated Entry Programs, housing, and housing services providers meetings. • Date(s)/duration of the training or meeting • Subject of the training or meeting • Discuss value/impact on the pilot project. • If your agency is completing state hospital presentations this fiscal year, describe the process of planning, collaborating with hospital staff, any need for HCA engagement and/or advocating for entry to the hospital, and how the presentations went.

ATTACHMENT 6: FEDERAL SUBAWARD IDENTIFICATION
K6917-06

1.	Federal Awarding Agency	Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B09SM090756
3.	Federal Award Date	January 27, 2026
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	Janet Cornell, Health Care Program Manager WA State Health Care Authority Division of Behavioral Health and Recovery janet.cornell@hca.wa.gov
7.	Subrecipient name (as it appears in SAM.gov)	County of Kitsap
8.	Subrecipient's Unique Entity Identifier (UEI)	LD6MNJ62JQD1
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, 2026 – June 30, 2027
12.	Amount of Federal Funds Obligated by this Action	$281,380.00
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	$1,725,520.00
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (15%)

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

Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

Exclusions Search Results: Entities

No Results were found for

WA Health Care Authority

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

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