

CONTRACT AMENDMENT D

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBH-ASO", and Kitsap Mental Health Services hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-136-20 and executed on May 11, 2020, shall be amended as follows:

- Page 1 shall be amended as follows:
 - **Contract Amount** is increased by \$170,880 from \$255,160 to \$426,040
 - **Contract end date** is extended from June 30, 2021 to June 30, 2022. The contract period is January 1, 2020 through June 30, 2022
 - **Attachment B Service Team Statement of Work** is deleted in its entirety and replaced as attached.
 - **Attachment C Budget** is deleted in its entirety and replaced as attached.
 - **Attachment C-3 Deliverables Table** for July 1, 2021 to June 20, 2022 added as attached.

5. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

Program Lead, Salish Behavioral Health Organization
Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366.

Upon receipt, the Human Services Department will ensure submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

6. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda

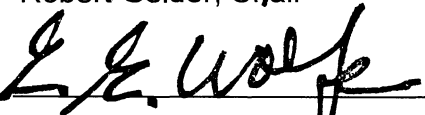
or modifications thereto, remain in full force and effect.

This amendment shall be effective July 1, 2021.


**SALISH BEHAVIORAL HEALTH
ORGANIZATION, By
KITSAP COUNTY BOARD OF
COMMISSIONERS, Its Administrative
Entity**



Robert Gelder, Chair

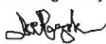


Edward E. Wolfe, Commissioner



Charlotte Garrido, Commissioner

CONTRACTOR: Kitsap Mental Health
Services

DocuSigned by:


BCC56C3EC823434

Name: Joe Roszak
Title: Executive Director

9/28/2021

DATE

DATE 9-27-2021

TEST


Dana Daniels, Clerk of the Board

Dana Daniels, Clerk of the Board



Attachment B: HARPS SERVICE TEAM STATEMENT OF WORK

1. Statement of Work. The Contractor must provide for the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth herein.

- a) Each Service Team consists of:
 - i) 1 FTE MA Professional or Housing Case Manager/Supervisor as long as clinical supervision by an MHP is provided
 - ii) 2 FTE Certified Peer Counselors
 - iii) 20% Benefits
 - iv) 15% Administration

2. Principles of Evidence-based Permanent Supportive Housing.

- i) Permanent Supportive Housing (PSH) is decent, safe, and affordable community-based housing 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). It provides sufficient wraparound supports to allow people with significant support needs to remain in the housing they have chosen. Dimensions of PSH EBP include:
 - b) Choice in housing and living arrangements
 - c) Functional separation of housing and services
 - d) Decent, safe, and affordable housing
 - e) Community integration and rights of tenancy
 - f) Access to housing and privacy
 - g) Flexible, voluntary, and Recovery-focused services
 - h) Even though HARPS will not require high fidelity PSH EBP, we encourage sites to become familiar with the dimensions of PSH EBP. A link to the SAMHSA PSH toolkit can be found at <http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>.
 - i) HARPS fidelity reviews will be encouraged through the learning collaborative/incentive fidelity review process.

3. HARPS Priority Populations:

- a) Individuals who are not eligible for Medicaid through the Foundational Community Supports Supportive Housing Services and who are experiencing a serious mental illness, substance use disorder or Co-Occurring disorder (Mental Illness & Substance Abuse Disorder)
 - i) Who are released from or at risk of entering:
 - (1) Psychiatric Inpatient settings
 - (2) Substance Abuse Treatment Inpatient settings

- (3) Who are Homeless/At Risk of homelessness
- (4) Broad definition of homeless (couch surfing included)

4. Peer Services.

- a) The HARPS program will build from the Permanent Options for Recovery-Centered Housing (PORCH) project. PORCH is designed to transform service delivery by promoting sustainable access to evidence based Permanent Supportive Housing. PORCH provides consumers with meaningful choice and control of housing and support services, utilizes Peer Housing Specialists, reduces homelessness and supports the Recovery and resiliency of individuals with serious mental illness.
<https://www.dshs.wa.gov/sesa/rda/research-reports/permanent-options-recovery-centered-housing>.
- b) SAMPLE Job Description: Certified Peer Counselor
 - i) Principal Duties and Responsibilities
 - (i) Provide peer counseling and support with an emphasis on enhancing access to and retention in permanent supported housing. Draw on common experiences as a peer, to validate clients' experiences and to provide empowerment, guidance and encouragement to clients to take responsibility and actively participate in their own recovery. Serve as a mentor to clients to promote hope and empowerment. Provide education and advocacy around understanding culture-wide stigma and discrimination against people with mental illness and develop strategies to eliminate stigma and support client participation in consumer self-help programs and consumer advocacy organizations that promote recovery. Teach symptom-management techniques and promote personal growth and development by assisting clients to cope with internal and external stresses. Coordinate services with other Mental Health and allied providers.
 - ii) Housing
 - (i) 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). 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). Provide practical help and supports such as:
 - 1. mentoring,
 - 2. teaching self-advocacy,
 - 3. coordination of services,
 - 4. side-by-side individualized support,
 - 5. problem solving,

6. direct assistance and supervision to help clients obtain the necessities of daily living including:
 - a. medical and dental health care;
7. legal and advocacy services;
8. accessing financial support such as government benefits and entitlements (SSI, SSDI, veterans' benefits);
9. accessing housing subsidies (HUD Section 8);
10. money-management services (e.g., payee services, budgeting, managing credit score, financial wellness); and
11. use of public transportation.

iii) Landlord Outreach and Engagement

- (i) Recruit and cultivate relationships with landlords and property management agencies, leading to more housing options for HARPS Participants. 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.
- (ii) <https://www.commerce.wa.gov/building-infrastructure/housing/landlord-mitigation-program/>

iv) Employment

- (i) 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. Perform mentoring, problem solving, encouragement and support on and off the job site. Provide work-related supportive services, such as assistance securing necessary clothing and grooming supplies, wake-up calls, and assistance with navigating public transportation.

v) Activities of Daily Living Services

- (i) Provide ongoing assessment, goal setting, problem solving, side-by-side services, skill teaching, support (prompts, assignments, encouragement), and environmental adaptations to assist clients with activities of daily living. Assist and teach/support clients to organize and perform household activities, including house cleaning and laundry. Assist and teach/support clients with personal hygiene and grooming tasks. Provide nutrition education and assistance with meal planning, grocery shopping, and food preparation. Ensure that clients have adequate financial support (help to gain employment and apply for entitlements). 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). Help clients to access reliable transportation (obtain a driver's license and car and car insurance, arrange for cabs, use public transportation, and find rides). Assist and teach/support clients to have and effectively use a personal primary care physician, dentist, and other medical specialists as required.

vi) Social and Interpersonal Relationships and Leisure Time

- (i) Provide side-by-side support, coaching and encouragement to help clients socialize (going with a client to community activities, including activities offered by consumer-run peer support organizations) and developing natural supports. Assist clients to plan and carry out leisure time activities on evenings, weekends, and holidays. Organize and lead individual and group social and recreational activities to help clients structure their time, increase social experiences, and provide opportunities to practice social skills.

vii) Education, Experience, and Knowledge Required

- (i) Two of the FTEs must be Peer Counselors certified by the state or complete certification within six months of hire. The certified peer counselors must have good oral and written communication skills. 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. 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.

5. HARPS Housing Services Guidelines. HARPS programs are encouraged to have Housing Service policies in place to address appeals and denials and the following guidelines:

- a) Housing and Recovery through Peer Services (HARPS) teams' caseload size. The 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. It is estimated that 20% of individuals accessing HARPS Housing Bridge Subsidy Funding will receive supportive housing services from HARPS teams each year. This assumes that each team will support an active caseload of 50 individuals at any one time and assumes turnover of thirty five percent (35%) per year.
- b) 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. 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. Many, if not all,

staff must share responsibility for addressing the needs of all individuals requiring frequent contact.

- c) 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.
- d) HARPS Teams must have a response contact time of no later than two calendar days:
 - i) Upon discharge from a behavioral healthcare inpatient setting, such as an Evaluation & Treatment Center, Residential Treatment Center, Detox, or State Psychiatric Hospital.
- e) Operating as a continuous supportive housing service, HARPS Teams must have the capability to provide support services related to obtaining and maintaining housing. This will include direct contact with landlords on behalf of the participant. Services must minimally include the following:
 - i) Hospital Liaison Coordination. The BH ASO'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.
 - ii) Service Coordination. Service coordination must incorporate and demonstrate basic recovery values. The individual will have choice of his or her 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.
 - iii) Crisis Assessment and Intervention Coordination. Behavioral Health Crisis assessment and intervention must be available 24-hours per day, seven days per week through the BH ASO's crisis system. Services must be coordinated with the assigned Care Coordinator. These services include telephone and face-to-face contact.
- f) Supportive Housing Services should include the following, as determined by medical necessity:
 - i) Supportive Housing Services. Assess housing needs, seek out and explain the housing options in the area, and resources to obtain housing. Educate the individual on factors used by landlords to screen out potential tenants. Mitigate negative screening factors by working with the individual and landlord/property manager to clarify or explain factors that could prevent the individual from obtaining housing. Ongoing support for both the individual and landlord/property manager to resolve any issues that might arise while the individual is occupying the rental.

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

7. Critical Incident Management Reporting

- A. The Contractor shall submit an individual Critical Incident report for the following incidents that occur:

- B. 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 provide:
 - 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.
- C. 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
- D. Unauthorized leave from a behavioral health facility during an involuntary detention.
- E. 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).
- F. 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.
 - i. 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.
 - ii. If the system is unavailable the Contractor shall report Critical Incidents to DPC@hca.wa.gov.
 - 1. HCA may ask for additional information as required for further research and reporting. The Contractor shall provide information within three (3) Business Days.

- G. 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.

8. The HARPS Team should work with the Treatment Team:

- A. Establish a peer relationship with each participant.
- B. Assess each individual's housing needs and provide verbal and written information about housing status. The physician or psychiatric Advanced Registered Nurse Practitioner (ARNP) will review that information with the individual, HARPS Team members and, as appropriate, with the individual's family members or significant others.
- C. HARPS Team Members can provide direct observation, available collateral information from the family and significant others as part of the comprehensive assessment.
- D. In collaboration with the individual, assess, discuss and document the individual's housing needs and behavior in response to medication and monitor and document medication side effects. Review observations with the individual and Treatment Team.
- E. HARPS Team Members must participate in the HARPS Monthly Administrative Conference Call. This call occurs on the last Monday of each month from 10 AM to 11 AM.

ATTACHMENT C: BUDGET

Budget Summary

Contractor: Kitsap Mental Health Services HARPS
 Contract No: KC-136-20 D
 Contract Period: 1/1/2020-6/30/2022

HARPS Subsidies

	Previous Budget	Changes this Amendment	Current Budget
Budget Period: 1/1/20-6/30/20			
HARPS Team	81,020	0	81,020
Budget Total	81,020	0	81,020
Budget Period: 7/1/20-6/30/21			
HARPS Team	171,640	0	171,640
Budget Total	171,640	0	171,640
Budget Period: 3/1/2021-6/30/2021			
HARPS SABG Support	2,500	0	2,500
Budget Period: 7/1/2021-6/30/2022			
HARPS Team	0	170,880	170,880
Budget Total	0	170,880	170,880
Contract Total	255,160	170,880	426,040

Revenue Source: Health Care Authority Contract K5393 [KC-302-20]

Billed according to HARPS deliverables table.

Funded with Mental Health Block Grant Funds CFDA 93.958

Attachment C-3 HARPS Deliverables Table

July 1, 2021 – June 30, 2022 *Revised 7/1/2021*

Goal	Task	Performance Measure	Due Date*	Payment	KMHS
1	At least two (2) FTE from the HARPS team attend an HCA facilitated training event on the SAMHSA model Evidence-Based Practice of Permanent Supportive Housing (EBH PSH)	Sign in sheet verifying program staff attended the HCA facilitated EBP PSH Training Event	by 6/30/2021	1 payment of \$5,000 for EBP PSH Training	\$5,000
2	Document HARPS Landlord Outreach and Engagement Activities in monthly HARPS Participant Excel Log using the Landlord Outreach Tab submitted to the SBH-ASO Provider Portal no later than the 10th of following month. Payment will be pro-rated for unfilled positions based	At least 5 landlord/property manager contacts documented in the Landlord Outreach Tab of the Monthly HARPS Participant Excel Log	Due by the 10th of each following month	12 months @ \$4,585 per report received and approved	\$55,020

3	<p>Document and submit monthly HARPS Participant Tracker log report detailing HARPS enrolled participants that receive services. Payment will be pro-rated for unfilled positions based upon 3 FTE.</p>	<p>Monthly HARPS Participant Excel Log Report submitted to Salish BH-ASO via Provider Portal</p>	<p>Due by the 10th of each following month</p>	<p>12 months (assuming full staffing and start of services 7/1/2019) @ \$4585 per monthly HARPS participant Excel log received</p>	<p>\$55,020</p>
4	<p>Quarterly report with results of the project activities for the period including a participant success story with a signed media release. Report shall include:</p>	<p>Due by the 20th of the month following the quarter</p>	<p>Quarterly HARPS Report submitted to SBHASO and approved by the program manager.</p>	<p>4 quarterly reports @ \$13,690 per report</p>	<p>\$55,840</p>
	<p>1. Describe staff development activities for reporting period (including orientation and training). Indicate:</p>	<p>Quarter 1, July-September, report due October 20th</p>			
	<p>Any other project activities or events, including meetings with local Continuums of Care, Coordinated Entry Programs, Peer Bridger's, housing, and housing services providers meetings.</p>	<p>Quarter 2, October-December, report due January 20th</p>			
	<p>• Date(s)/duration of the training or meeting</p>	<p>Quarter 3, January-March,</p>			

	<ul style="list-style-type: none"> • Subject of the training or meeting 	report due April 20th			
	<ul style="list-style-type: none"> • Discuss value/impact on the pilot project. • A Participant Success Story 	Quarter 4, April-June, report due July 20th			

5	<p>Document expenditures of SUD only subsidies and submit monthly HARPS SUD Participant Excel log report detailing HARPS enrolled participants that receive services and/or subsidies using Monthly SUD Only Excel Log. Monthly HARPS SUD Participant Excel report of number of individuals enrolled, actively receiving supportive housing supportive services, housed and number of individuals achieving 6 months of housing retention. (Retention may consist of moving into different dwellings but continually housed). Payment will be pro-rated for unfilled positions based upon 3 FTE.</p>	<p>Monthly HARPS Participant SUD Excel Log Report submitted to HCA via secure process and approved by the Program Manager.</p>	<p>Due by the 15th of each following month</p>	<p>12 months (assuming full staffing and start of services July 1st @ \$3,500 per monthly HARPS participant Excel log received and approved by DBHR Program Manager</p>	
---	--	--	--	--	--

					\$5,840
6	One (1) HARPS team member shall participate as a reviewer in one (1) PSH cross-site fidelity review (in-person or virtually) to be facilitated by the Department's HARPS Program Manager.	A copy of the consensus scored report with recommendations from the fidelity review team and travel expenditures	by 6/30/2021	Minimum of one (1) FTE participant in at least one (1) cross-site fidelity review @ \$5,840	\$171,640
	TOTAL				

An official website of the United States government
[Here's how you know](#)



You have 1 new alerts
[Show / Hide Alerts](#)



Search

e.g. 1606N020Q02, asph

Select Domain
Entity Information



All Entity Information

Entity Registrations

Disaster Response Registry

Exclusions

Filter By



Keywords

Classification



Excluded Individual



Excluded Entity



Entity Name

KITSAP MENTAL HEALTH SERVICES (021312129)



DUNS Unique Entity ID

Example: 123456789

SAM Unique Entity ID

CAGE / NCAGE

Federal Organizations

Exclusion Type

Exclusion Program

Location

Dates

Reset 



No matches found

We couldn't find a match for your search criteria.

Please try another search or go back to previous results.

[Go Back](#)



Feedback

Our Website

[Our Partners](#)

[Policies](#)

[Customer Service](#)



General Services Administration

This is a U.S. General Services Administration Federal Government computer system that is **"FOR OFFICIAL USE ONLY."** This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.