Washington State Department of Social & Health Services

RSN AGREEMENT

Mental Health Block Grant (MHBG)

DSHS Agreement Number: 1369-76921

This Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below, and is issued pursuant to the Interlocal Cooperation Act, chapter 39.34 RCW.

Program Contract Number:

Contractor Contract Number:

CONTRACTOR NAME	CONTRACTOR doing business as (DBA)		
Greater Columbia Behavioral Health	Greater Columbia RSN		
CONTRACTOR ADDRESS	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER	
101 N. Edison Street KennewickWA 99336-1958	601-552-389	1128	
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Ken Roughton	(509) 735-8681	(509) 783-4165	kenr@gcbh.org
DSHS ADMINISTRATION	DSHS DIVISION	DSHS CONTRACT CODE	
Aging and Disability Services Administration	Division of Behavioral Health and Recovery	1687LS-69	
DSHS CONTACT NAME AND TITLE	DSHS CONTACT ADDRESS		
Thomas Gray Mental Health Program Administrator	4500 10th Avenue SE Lacey, WA 98503		
DSHS CONTACT TELEPHONE	DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS	
(360) 725-1314		graytr@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?	CFDA NUMBER(S)		
Yes	93.958		
AGREEMENT START DATE	**AGREEMENT END DATE**	MAXIMUM AGREEMENT AMOUNT	
07/01/2013	06/30/2015	$659,175.00	

EXHIBITS. The following Exhibits are attached and are incorporated into this Agreement by reference:

☒ **Exhibits (specify):** .Exhibit A, MHBG Project Plan

☐ **No Exhibits.**

The terms and conditions of this Contract are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise, regarding the subject matter of this Contract. The parties signing below represent that they have read and understand this Contract, and have the authority to execute this Contract. This Contract shall be binding on DSHS only upon signature by DSHS.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
R E Koch	Robert E Koch Chair GCBH Board of Directors	6.6.13
DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
Michael Rice	Michael Rice, Senior Contracts Manager DBHR Contracts	6-6-13

DSHS General Terms and Conditions

1. **Definitions.** The words and phrases listed below, as used in the Agreement, shall each have the following definitions:

   a. "Agreement" means this document, the General Terms and Conditions, and the Special Terms and Conditions, including any Exhibits and other documents attached or incorporated by reference.

   b. "Central Contract Services" means the DSHS statewide agency headquarters contracting office, or successor section or office.

   c. "CFR" means the Code of Federal Regulations. All references in this Agreement to CFR chapters or sections shall include any successor, amended, or replacement regulation. The CFR may be accessed at http://www.gpoaccess.gov/cfr/index.html.

   d. "Confidential Information" means information that is exempt from disclosure to the public or other unauthorized persons under Chapter 42.56 RCW or other federal or state laws. Confidential Information includes, but is not limited to, Personal Information.

   e. "Contracts Administrator" means the manager, or successor, of Central Contract Services or its successor section or office.

   f. "Contractor" means the regional support network (RSN) designated by the county authority, group of county authorities, or nonprofit entity recognized by the secretary, and has authority to establish and operate a community mental health program.

   g. "Debarment" means an action taken by a federal official to exclude a person or business entity from participating in transactions involving certain federal funds.

   h. "DSHS" or "the department" or "the Department" means the Department of Social and Health Services of the State of Washington.

   i. "DSHS Representative" means any DSHS employee who has been delegated contract-signing authority by the DSHS Secretary or his/her designee.

   j. "Personal Information" means information identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers.

   k. "RCW" means the Revised Code of Washington. All references in this Agreement to RCW chapters or sections shall include any successor, amended, or replacement statute. The RCW may be accessed at http://apps.leg.wa.gov/rcw/.

   l. "Secretary" means the individual appointed by the Governor, State of Washington, as the head of DSHS, or his/her designee.

   m. "Subcontract" means a separate contract between the Contractor and an individual or entity ("Subcontractor") to perform all or a portion of the duties and obligations that the Contractor shall perform pursuant to this Agreement.

   n. "USC" means the United States Code. All references in this Agreement to USC chapters or sections shall include any successor, amended, or replacement statute. The USC may be accessed at http://www.gpoaccess.gov/uscode/.

o. "WAC" means the Washington Administrative Code. All references in this Agreement to WAC chapters or sections shall include any successor, amended, or replacement regulation. The WAC may be accessed at http://apps.leg.wa.gov/wac/.

2. **Amendment.** This Agreement, or any term or condition thereof, may be modified only by a written amendment signed by both parties. Only personnel authorized to bind each of the parties shall sign an amendment.

3. **Assignment.** Except as otherwise provided herein in Section 21, the Contractor shall not assign rights or obligations derived from this Agreement to a third party without the prior, written consent of the DSHS Contracts Administrator and the written assumption of the Contractor's obligations by the third party.

4. **Billing Limitations.** Unless otherwise specified in this Agreement, DSHS shall not pay any claims for services submitted more than twelve (12) months after the calendar month in which the services were performed.

5. **Compliance with Applicable Law.** At all times during the term of this Agreement, the Contractor and DSHS shall comply with all applicable federal, state, and local laws, regulations, and rules, including but not limited to, nondiscrimination laws and regulations.

6. **Confidentiality.**

a. The parties shall not use, publish, transfer, sell or otherwise disclose any Confidential Information gained by reason of this Agreement for any purpose that is not directly connected with the performance of the services contemplated there under, except:

(1) as provided by law; or,

(2) in the case of Personal Information, as provided by law or with the prior written consent of the person or personal representative of the person who is the subject of the Personal Information.

b. The parties shall protect and maintain all Confidential Information gained by reason of this Agreement against unauthorized use, access, disclosure, modification or loss. This duty requires the parties to employ reasonable security measures, which include restricting access to the Confidential Information by:

(1) Allowing access only to staff that have an authorized business requirement to view the Confidential Information.

(2) Physically securing any computers, documents, or other media containing the Confidential Information.

c. To the extent allowed by law, at the end of the Agreement term, or when no longer needed, the parties shall return Confidential Information or certify in writing the destruction of Confidential Information upon written request by the other party.

d. Paper documents with Confidential Information may be recycled through a contracted firm, provided the contract with the recycler specifies that the confidentiality of information will be protected, and the information destroyed through the recycling process. Paper documents containing Confidential Information requiring special handling (e.g., protected health information) must be destroyed through shredding, pulping, or incineration.

e. The compromise or potential compromise of Confidential Information must be reported to the DSHS Contact designated on this Agreement within five (5) business days of discovery for breaches of less than 500 persons' protected data, and three (3) business days of discovery for breaches of over 500 persons' protected data. The parties must also take actions to mitigate the risk of loss and comply with any notification or other requirements imposed by law.

7. **Contractor Certification Regarding Ethics.** By signing this Agreement, the Contractor certifies that the Contractor is in compliance with Chapter 42.23 RCW and shall comply with Chapter 42.23 RCW throughout the term of this Agreement.

8. **Debarment Certification.** The Contractor, by signature to this Agreement, certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Agreement by any federal department or agency. The Contractor also agrees to include the above requirement in all subcontracts into which it enters.

9. **Disputes.** Disputes between the parties shall be determined by a Dispute Board in the following manner: Each party shall appoint one member to the Dispute Board. The members appointed shall jointly appoint an additional member to the Dispute Board. The Dispute Board shall review the facts, agreement terms, and applicable statutes and rules and make a determination. This process shall constitute the final administrative remedy available to the parties. Each party reserves the right to litigate issues and matters in court de novo.

10. **Entire Agreement.** This Agreement, including all documents attached to or incorporated by reference into either, shall contain all the terms and conditions to be agreed upon by the parties. No other understandings or representations, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or bind the parties.

11. **Governing Law and Venue.** The laws of the State of Washington govern this Agreement. In the event of a lawsuit by the Contractor against DSHS involving this Agreement, venue shall be proper only in Thurston County, Washington. In the event of a lawsuit by DSHS against the Contractor involving this Agreement, venue shall be proper only as provided in RCW 36.01.050.

12. **Responsibility.** Each party to this Agreement shall be responsible for the negligence of its officers, employees, and agents in the performance of this Agreement. No party to this Agreement shall be responsible for the acts and/or omissions of entities or individuals not party to this Agreement. DSHS and the Contractor shall cooperate in the defense of tort lawsuits, when possible. Both parties agree and understand that such cooperation may not be feasible in all circumstances. DSHS and the Contractor agree to notify the attorneys of record in any tort lawsuit where both are parties if either DSHS or the Contractor enters into settlement negotiations. It is understood that the notice shall occur prior to any negotiations, or as soon as possible thereafter, and the notice may be either written or oral.

13. **Independent Status.** For purposes of this Agreement, the Contractor acknowledges that the Contractor is not an officer, employee, or agent of DSHS or the State of Washington. The Contractor shall not hold out itself or any of its employees as, nor claim status as, an officer, employee, or agent of DSHS or the State of Washington. The Contractor shall not claim for itself or its employees any rights, privileges, or benefits which would accrue to an employee of the State of Washington. The Contractor shall indemnify and hold harmless DSHS from all obligations to pay or withhold federal or state taxes or contributions on behalf of the Contractor or the Contractor's employees.

14. **Inspection.** Either party may request reasonable access to the other party's records and place of business for the limited purpose of monitoring, auditing, and evaluating the other party's compliance with this Agreement, and applicable laws and regulations. During the term of this Agreement and for

one (1) year following termination or expiration of this Agreement, the parties shall, upon receiving reasonable written notice, provide the other party with access to its place of business and to its records which are relevant to its compliance with this Agreement, and applicable laws and regulations. This provision shall not be construed to give either party access to the other party's records and place of business for any other purpose. Nothing herein shall be construed to authorize either party to possess or copy records of the other party.

15. **Insurance.** DSHS certifies that it is self-insured under the State's self-insurance liability program, as provided by RCW 4.92.130, and shall pay for losses for which it is found liable. The Contractor certifies that it is self-insured, is a member of a risk pool, or maintains insurance coverage as required in this Agreement. The Contractor shall pay for losses for which it is found liable.

16. **Maintenance of Records.** During the term of this Agreement and for six (6) years following termination or expiration of this Agreement, both parties shall maintain records sufficient to:

    a. Document performance of all acts required by law, regulation, or this Agreement;

    b. Demonstrate accounting procedures, practices, and records that sufficiently and properly document the Contractor's invoices to DSHS and all expenditures made by the Contractor to perform as required by this Agreement.

17. **Order of Precedence.** In the event of an inconsistency in this Agreement unless otherwise provided herein, the inconsistency shall be resolved by giving precedence, in the following order, to:

    a. Applicable federal and State of Washington statutes and regulations.

    b. The General Terms & Conditions of this Agreement.

    c. The Special Terms & Conditions of this Agreement.

    d. Any Exhibits attached or incorporated into this Agreement by reference.

18. **Ownership of Material.** Material created by the Contractor and paid for by DSHS as a part of this Agreement shall be owned by DSHS and shall be "work made for hire" as defined by 17 USC§ 101. This material includes, but is not limited to: books; computer programs; documents; films; pamphlets; reports; sound reproductions; studies; surveys; tapes; and/or training materials. Material which the Contractor uses to perform this Agreement but is not created for or paid for by DSHS is owned by the Contractor and is not "work made for hire"; however, DSHS shall have a perpetual license to use this material for DSHS internal purposes at no charge to DSHS, provided that such license shall be limited to the extent which the Contractor has a right to grant such a license.

19. **Severability.** The provisions of this Agreement are severable. If any court holds invalid any provision of this Agreement, including any provision of any document incorporated herein or therein by reference, that invalidity shall not affect the other provisions this Agreement.

20. **Subcontracting.** The Contractor may subcontract services to be provided under this Agreement. If DSHS, the Contractor, and a subcontractor of the Contractor are found by a jury or other trier of fact to be jointly and severally liable for personal injury damages arising from any act or omission under this Agreement, then DSHS shall be responsible for its proportionate share, and the Contractor shall be responsible for its proportionate share. Should a subcontractor to the Contractor pursuant to this Agreement be unable to satisfy its joint and several liability, DSHS and the Contractor shall share in the subcontractor's unsatisfied proportionate share in direct proportion to the respective percentage of their

fault as found by the trier of fact. Nothing in this section shall be construed as creating a right or remedy of any kind or nature in any person or party other than DSHS and the Contractor. This provision shall not apply in the event of a settlement by either DSHS or the Contractor.

21. Subrecipients.

a. General. If the Contractor is a subrecipient of federal awards as defined by Office of Management and Budget (OMB) Circular A-133, the Contractor shall:

(1) Maintain records that identify, in its accounts, all federal awards received and expended and the federal programs under which they were received, by Catalog of Federal Domestic Assistance (CFDA) title and number, award number and year, name of the federal agency, and name of the pass-through entity;

(2) Maintain internal controls that provide reasonable assurance that the Contractor is managing federal awards in compliance with laws, regulations, and provisions of contracts or grant agreements that could have a material effect on each of its federal programs;

(3) Prepare appropriate financial statements, including a schedule of expenditures of federal awards;

(4) Incorporate OMB Circular A-133 audit requirements into all agreements between the Contractor and its Subcontractors who are subrecipients;

(5) Comply with any future amendments to OMB Circular A-133 and any successor or replacement circular or regulation;

(6) Comply with the applicable requirements of either 2 CFR Part 225 (OMB Circular A-87) or 2 CFR Part 230 (OMB Circular A-122), and any successor or replacement circular or regulation as applicable; and

(7) Comply with the Omnibus Crime Control and Safe Streets Act of 1968; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Education Amendments of 1972; The Age Discrimination Act of 1975; and The Department of Justice Non-Discrimination Regulations at 28 CFR Part 42, Subparts C, D, E, and G, and 28 CFR Parts 35 and 39. (See http://www.ojp.usdoj.gov/about/offices/ocr.htm for additional information and access to the aforementioned federal laws and regulations.)

b. Single Audit Act Compliance. If the Contractor is a subrecipient under this Agreement and expends $500,000 or more in federal awards from all sources in any fiscal year, the Contractor shall procure and pay for a single audit or a program-specific audit for that fiscal year. Upon completion of each audit, the Contractor shall:

(1) Submit to the DSHS contact person, listed on the first page of this Agreement, the data collection form and reporting package specified in OMB Circular A-133, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor;

(2) Follow-up and develop corrective action for all audit findings, in accordance with OMB Circular A-133, and prepare a "Summary Schedule of Prior Audit Findings."

c. Overpayments. If it is determined by DSHS, or by an auditor during the course of a required audit, that the Contractor has been paid unallowable costs under this Agreement, DSHS may require the Contractor to reimburse DSHS in accordance with either 2 CFR Part 225 (OMB Circular A-87) or 2 CFR Part 230 (OMB Circular A-122), as applicable.

22. **Survivability.** The terms and conditions contained in this Agreement which, by their sense and context, shall survive. Surviving terms include, but are not limited to the following Sections: Confidentiality, Disputes, Responsibility, Inspection, Maintenance of Records, Ownership of Material, Subcontracting, Termination for Default, Termination Procedure, and Title to Property.

23. **Termination Due to Change in Funding.** If the funds upon which DSHS relied to establish this Agreement are withdrawn, reduced, or limited, or if additional or modified conditions are placed on such funding, DSHS may terminate this Agreement by providing at least fifteen (15) calendar days' written notice to the Contractor. The termination shall be effective on the date specified in the notice of termination.

24. **Termination for Convenience.** The Contracts Administrator may terminate this Agreement in whole or in part for convenience by giving the Contractor at least thirty (30) calendar days' written notice addressed to the Contractor at the address shown on the cover page of this Agreement. The Contractor may terminate this Agreement for convenience by giving DSHS at least thirty (30) calendar days' written notice addressed to: Central Contract Services, PO Box 45811, Olympia, Washington 98504-5811.

25. **Termination for Default.**

a. The Contracts Administrator may terminate this Agreement for default, in whole or in part, by written notice to the Contractor, if DSHS has a reasonable basis to believe that the Contractor has:

(1) Failed to meet or maintain any requirement for contracting with DSHS;

(2) Failed to perform under any provision of this Agreement;

(3) Violated any law, regulation, rule, or ordinance applicable to this Agreement; and/or

(4) Otherwise breached any provision or condition of this Agreement.

b. Before the Contracts Administrator may terminate this Agreement for default, DSHS shall provide the Contractor with written notice of the Contractor's noncompliance with this Agreement and provide the Contractor a reasonable opportunity to correct the Contractor's noncompliance. If the Contractor does not correct the Contractor's noncompliance within the period of time specified in the written notice of noncompliance, the Contracts Administrator may then terminate this Agreement. The Contracts Administrator may terminate this Agreement for default without such written notice and without opportunity for correction if DSHS has a reasonable basis to believe that a client's health or safety is in jeopardy.

c. The Contractor may terminate this Agreement for default, in whole or in part, by written notice to DSHS, if the Contractor has a reasonable basis to believe that DSHS has:

(1) Failed to meet or maintain any requirement for contracting with the Contractor;

(2) Failed to perform under any provision of this Agreement;

(3) Violated any law, regulation, rule, or ordinance applicable to this Agreement; and/or

(4) Otherwise breached any provision or condition of this Agreement.

d. Before the Contractor may terminate this Agreement for default, the Contractor shall provide DSHS with written notice of DSHS' noncompliance with this Agreement and provide DSHS a reasonable opportunity to correct DSHS' noncompliance. If DSHS does not correct DSHS' noncompliance within the period of time specified in the written notice of noncompliance, the Contractor may then terminate this Agreement.

26. Termination Procedure. The following provisions apply in the event this Agreement is terminated:

a. The Contractor shall cease to perform any services required by this Agreement as of the effective date of termination and shall comply with all reasonable instructions contained in the notice of termination which are related to the transfer of clients, distribution of property, and termination of services.

b. The Contractor shall promptly deliver to the DSHS contact person (or to his or her successor) listed on the first page of this Agreement, all DSHS assets (property) in the Contractor's possession, including any material created under this Agreement. Upon failure to return DSHS property within ten (10) working days of this Agreement's termination, the Contractor shall be charged with all reasonable costs of recovery, including transportation. The Contractor shall take reasonable steps to protect and preserve any property of DSHS that is in the possession of the Contractor pending return to DSHS.

c. DSHS shall be liable for and shall pay for only those services authorized and provided through the effective date of termination. DSHS may pay an amount mutually agreed by the parties for partially completed work and services, if work products are useful to or usable by DSHS.

d. If the Contracts Administrator terminates this Agreement for default, DSHS may withhold a sum from the final payment to the Contractor that DSHS determines is necessary to protect DSHS against loss or additional liability occasioned by the alleged default. DSHS shall be entitled to all remedies available at law, in equity, or under this Agreement. If it is later determined that the Contractor was not in default, or if the Contractor terminated this Agreement for default, the Contractor shall be entitled to all remedies available at law, in equity, or under this Agreement.

27. Treatment of Client Property. Unless otherwise provided in this Agreement, the Contractor shall ensure that any adult client receiving services from the Contractor under this Agreement has unrestricted access to the client's personal property. The Contractor shall not interfere with any adult client's ownership, possession, or use of the client's property. The Contractor shall provide clients under age eighteen (18) with reasonable access to their personal property that is appropriate to the client's age, development, and needs. Upon termination or completion of this Agreement, the Contractor shall promptly release to the client and/or the client's guardian or custodian all of the client's personal property. This section does not prohibit the Contractor from implementing such lawful and reasonable policies, procedures and practices as the Contractor deems necessary for safe, appropriate, and effective service delivery (for example, appropriately restricting clients' access to, or possession or use of, lawful or unlawful weapons and drugs).

28. Title to Property. Title to all property purchased or furnished by DSHS for use by the Contractor during the term of this Agreement shall remain with DSHS. Title to all property purchased or furnished by the Contractor for which the Contractor is entitled to reimbursement by DSHS under this Agreement shall pass to and vest in DSHS. The Contractor shall take reasonable steps to protect and maintain all

DSHS property in its possession against loss or damage and shall return DSHS property to DSHS upon termination or expiration of this Agreement pursuant to which it was purchased or furnished, reasonable wear and tear excepted.

29. **Waiver.** Waiver of any breach or default on any occasion shall not be deemed to be a waiver of any subsequent breach or default. No waiver shall be construed to be a modification of the terms and conditions of this Agreement unless amended as set forth in Section 2, Amendment. Only the Contracts Administrator or designee has the authority to waive any term or condition of this Agreement on behalf of DSHS.

Special Terms and Conditions

1. **Definitions Specific to Special Terms.** The words and phrases listed below, as used in this Contract, shall each have the following definitions:

   a. Behavioral Health and Service Integration Administration or "BHSIA" means the DSHS Administration governing mental health care and substance abuse services, and its employees and authorized agents.

   b. "Consumer" means, per WAC 388.865.0150, a person who has applied for, is eligible for, or who has received mental health services irrespective of funding source to support services.

   c. "Cost Reimbursement" means the subcontractor is reimbursed for actual costs up to the maximum consideration allowed in the Agreement.

   d. "Cultural Competence" means a set of congruent behaviors, attitudes and policies that come together in a system, or agency, and enables that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, and expansion of cultural knowledge and adaptation of services, to meet culturally unique needs.

   e. "Division of Behavioral Health and Recovery" or "DBHR" means the DSHS, BHSIA, Division of Behavioral Health and Recovery, and its employees and authorized agents.

   f. "DSM" means the current Diagnostic and Statistical Manual for Mental Disorders published by the American Psychiatric Association.

   g. "Fee-for-service" or "set rate" means the subcontractor receives a negotiated fixed rate of pay based on performance of a defined unit of service such as per treatment, per hour or per session.

   h. "For Profit" means of business or institution initiated or operated for the purpose of making a profit.

   i. "Lump sum" means the subcontractor is reimbursed a negotiated amount for completion of the Agreement performance.

   j. "Medicaid" means the Centers for Medicare and Medicaid Services (CMS) Federal Department of Health and Human Services (DHHS) program, which is state-operated and provides medical benefits for certain indigent or low-income persons in need of health and medical care. The program is authorized by Title XIX of the Social Security Act and may only be used to cover costs for specified services for people who meet specific eligibility criteria, and program eligibility requirements. Additionally, these funds are only paid out for these services utilizing specified rates of payment for providers following a specified administration methodology.

   k. "Mental Health Block Grant" or "MHBG" means those funds granted by the Secretary of the DHHS, through the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), to states to establish or expand an organized community-based system for providing mental health services for adults with SMI and children with SED. States must submit an application in accordance with the law for applicable fiscal years for which they seek MHBG funds. Awarded MHBG funds must be used to carry out the State plan contained within the application, to evaluate programs and services set in place under the plan, and to conduct planning, administration, and educational activities related to the provision of services under the plan.

l. "Performance-based" means the subcontractor is compensated on attainment of specific outcomes (for example, placement of a consumer into employment).

m. "Reasonable costs" means amounts that do not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. A prudent person normally considers the following:

(1) Whether the cost is of a type generally recognized as ordinary and necessary for the operation of the performance of the Agreement.

(2) The restraints or requirements imposed by such factors as: sound business practices; arm's length bargaining; Federal, State and other laws and regulations; and, terms and conditions of the Federal award.

(3) Market prices for comparable goods or services.

(4) Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities to the entity, the public at large, and the provider of the funds.

n. "Recovery" means the processes through which people are able to live, work, learn, and participate fully in their communities.

o. "Regional Support Network" or "RSN" means a county authority, or group of county authorities, or other entity recognized by the DSHS Secretary through a DSHS contract, for a DSHS-designated region which provides management of behavioral health services.

p. "Resiliency" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses; and, to live productive lives.

q. "RSN Advisory Board" according to RCW 71.24.300, Section (4), means the mental health advisory board appointed by each RSN, which reviews and provides comments on plans and policies related to service delivery and outcomes. As per WAC 388-865-0222, the RSN must promote active engagement with persons with mental disorders, their families, and service providers by soliciting and using their input to improve its services, and appoints an RSN Advisory Board to fulfill this purpose.

r. "Serious Emotionally Disturbed" or "SED" means children from birth up to age 18 who have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current Diagnostic and Statistical Manual of Mental Disorders (DSM) that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

s. "Serious Mentally Ill" or "SMI" means persons age 18 and over who currently, or at any time during the past year, have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current Diagnostic and Statistical Manual of Mental Disorders (DSM) that has resulted in functional impairment which substantially limits one or more major life activities.

2. **Purpose.** The purpose of this Agreement is for the Contractor to provide services to promote recovery for SMI adults and resiliency for SED children, in accordance with federal and state MHBG requirements.

Special Terms and Conditions

3. **Statement of Work.** The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

   a. The Contractor shall coordinate and convene a RSN Advisory Board, and conduct meetings as required by established bylaws.

   b. The Contractor shall provide services in alignment with the Contractor's submitted MHBG Plan, incorporated herein by this reference.

   c. The terms of the Statement of Work herein, including the Contractor's submitted MHBG Plan, are subject to further review by the Department. Based upon further review:

      (1) The Department will notify the Contractor if one or more specific provisions within the Contractor's Plan requires additional clarification or correction.

      (2) The Department shall notify the Contractor within a reasonable amount of time regarding clarifications or corrections needed. The Department shall allow the Contractor seven (7) days to address the requested clarifications or corrections to the Statement of Work that shall be subject to approval by the Department.

      (3) The Contractor may request additional time to address the requested clarifications or corrections within the original allotted seven (7) days and the granting of these requests is at the sole discretion of the Department.

   d. If requested by the Department, the Contractor shall attend, send (or if prior approved by the Department to participate via phone) a representative to the Behavioral Health Advisory Council meeting to discuss priorities for SFY 2015. While no firm date has been determined, this meeting is anticipated to be held in February or March 2014.

   e. The Contractor shall incorporate cultural competence into the work that shall.

      (1) Demonstrate efforts to effectively work with Tribes.

      (2) Demonstrate how cultural competence is incorporated and tracked in progress reports and during subcontract reviews.

   f. The Contractor shall submit an electronic MHBG project plan for SFY 2015, including a Letter of Support from the RSN Advisory Board, by April 15, 2014 to the DSHS Contact listed on page one of this Agreement. This MHBG project plan shall be submitted in accordance with such format, as directed by the Department.

   g. The Contractor shall submit responsive, written MHBG progress reports by the following dates to the DSHS Contact; and, shall do so with such format, as directed by the Department:

      (1) February 15, 2014 for services provided July 1, 2013 through December 31, 2013.

      (2) August 15, 2014 for services provided January 1, 2014 through June 30, 2014.

      (3) February 15, 2015 for services provided July 1, 2014 through December 31, 2014.

      (4) August 15, 2015 for services provided January 1, 2015 through June 30, 2015.

h. The Report format for g. (1), (2), (3), and (4) shall at a minimum include the following Sections for Contractor to complete:

(a) Actions undertaken to increase Consumer involvement in services, commonly referred to as Consumer Voice.

(b) Special Terms and Conditions 3 e. above.

(c) Progress towards achievement of Contractor's project plan; including, barriers encountered and steps taken to remove barriers.

(d) Lessons learned with recommendations to improve future service outcomes.

i. The Contractor shall submit a written request to the DSHS Contact for any requested contractual amendments no later than 30 days prior to the proposed start date of requested changes.

j. Peer Review Required (42 USC 300x-53 (a) and 45 CFR 96.136)

The Mental Health Block Grant requires annual peer reviews by individuals with expertise in the field of mental health treatment, of at least five percent of treatment providers. The Contractor and subcontractors shall participate in the peer review process when requested by DSHS.

4. MHBG Funding Requirements and Limitations.

a. The Contractor shall comply with the utilization Funding Agreement guidelines within the State's most recent MHBG plan, accessible through 2014-15 Behavioral Health Block Grant Final Plan. Contractor agrees to comply with Title V, Section 1913 of the Public Health Service Act [42 U.S.C. 300x-1 et seq.].

b. The Contractor shall not use MHBG Funds for the following:

(1) Services and programs that are covered under the capitation rate for Medicaid-covered services to Medicaid enrollees.

(2) The Contractor's administrative costs associated with salaries and benefits at the Contractor's organizational level.

(3) Inpatient mental health services.

(4) Construction and/or renovation.

(5) Capitol assets or the accumulation of operating reserve accounts.

(6) Equipment costs over $5,000.

(7) Cash payments to Consumers.

(8) State match for other federal funds.

5. Target Population.

The Contractor shall ensure that MHBG Funds are used only for services to individuals who are not enrolled in Medicaid, or for services that are not covered by Medicaid, as described below:

Benefits	Services	Use MHBG Funds	Use Medicaid
Consumer is **not** a Medicaid recipient	Any Allowable Type	Yes	No
Consumer is a Medicaid recipient	Allowed under Medicaid	No	Yes
Consumer is a Medicaid recipient	Not Allowed under Medicaid	Yes	No

6. Subcontracts and Subcontract Monitoring.

a. All activities and services performed pursuant to this Agreement, which are not performed directly by the Contractor, must be subcontracted in accordance with the terms set forth under this Agreement.

b. MHBG funds may not be used to pay for services provided prior to the execution of subcontracts, or to pay in advance of service delivery. All subcontracts and amendments must be in writing and executed by both parties prior to any services being provided.

c. MHBG fee-for-service, set rate, performance-based, cost reimbursement, and lump sum subcontracts shall be based on reasonable costs.

d. The Contractor shall retain, on site, all subcontracts. Upon request by the Department, Contractor will immediately make available any and all copies, versions, including all amendments of subcontracts.

e. The Contractor must obtain prior approval before entering into any subcontracting arrangement. In addition, the Contractor shall submit to the DSHS Program Manager identified on Page 1 of the contract at least one of the following for review and approval purposes:

(1) Copy of the proposed subcontract to ensure it meets all DSHS requirements; or

(2) Copy of the contractor's standard contract template to ensure it meets all requirements and approve only subcontracts entered into using that template; or

(3) Certify in writing that the subcontractor meets all requirements under the contract and that the subcontract contains all required language under the contract, including any data security, confidentiality and/or Business Associate language, as appropriate.

f. The Contractor shall ensure that its subcontractors receive an independent audit (A-133) if the subcontractor expends a total of $500,000 or more in direct or indirect federal awards, including MHBG Funds, but exclusive of Medicaid. Contractor shall require all subcontractors to submit to Contractor copies of A-133 audit reports within 10 days of audit reports being completed and received by subcontractors. Contractor shall retain documentation of all RSN subcontractor monitoring activities; and, upon request by the department, shall immediately make all audits and/or monitoring documentation available to the department.

g. The Contractor shall conduct and/or make arrangements for an annual fiscal review of each subcontractor receiving MHBG funds through fee-for-service, set rate, performance-based or cost reimbursement subcontracts; and, shall provide the department documentation of these annual fiscal reviews upon request. The annual fiscal review shall ensure:

(1) Expenditures are accounted for by revenue source.

(2) No expenditures were made for items identified in Section 4 of this Agreement.

(3) Expenditures are made only for the purposes stated in this Agreement, and that services were actually provided.

7. Consideration.

a. Total Maximum Consideration payable to Contractor for satisfactory performance of the work under this Agreement is a maximum of $659,175 for SFY 2014, including any and all expenses and shall be based on maximum cost amounts as depicted within Exhibit A Contractor's Submitted Project Plan for SFY 2014. Funding for SFY 2015 is anticipated to be forthcoming via an amendment that will include a new and standalone Contractor's Submitted Project Plan for SFY 2015.

b. All Budget Categories are specified in Exhibit A. Contractor agrees that funds expended will be in accordance with DBHR provided billing invoicing documents, Exhibit A, and the clear intent as further depicted by the list of Category subcomponents in Exhibit A.

c. All cost adjustments within Exhibit A Categories must be in conformance with Section 8.a. (3), below.

d. The Contractor shall maintain financial records that track expenditures by Category, according to SFY.

e. This Agreement's funding through SFY 2014 and SFY 2015 is dependent upon DBHR's receipt of continued federal funding awards. If DBHR does not receive continued federal funding awards, DBHR may terminate this Agreement in accordance with this Agreement's General Terms and Conditions.

f. Funding that supports this Agreement comes from Community Mental Health Services Block Grant (MHBG) Funds, Department of Health and Human Services (DHHS), Catalog of Federal Domestic Assistance (CFDA) #93.958. Any MHBG Funds obligated under this Agreement for SFY 2014 which are not expended by June 30, 2014, may not be used or carried forward to the second year of this Agreement or to any other Agreement, and lapse as of June 30, 2014. Subsequent to an amendment of new MHBG Funds for SFY 2015, any MHBG Funds obligated under this Agreement for SFY 2015, which are not expended by June 30, 2015, may not be used or carried forward to any other Agreement, and lapse as of June 30, 2015.

8. Billing and Payment.

a. Billing:

(1) DSHS shall not make any payments in advance or anticipation of the delivery of services to be provided pursuant to this Agreement. DBHR will not pay for any services provided prior to the start date of this Agreement or for variations from the approved Exhibit A, or other terms, prior to a properly executed Amendment to this Agreement.

(2) DBHR shall reimburse the Contractor for allowable expenditures incurred while performing services in accordance with this Agreement, up to the Maximum Consideration of this Agreement.

(3) The Contractor shall notify DBHR of all Contractor planned expenditure variances between Exhibit A Categories of less than 10% of the maximum consideration, via email, and receive confirmation of receipt by DBHR, prior to variances being implemented. A total 10% expenditure variance is allowable between Exhibit A Categories, including transferring funds into those Categories with Zero allocations, without the need for an amendment to this Agreement.

(4) Claims for reimbursement shall be submitted by email, monthly, and on unaltered invoicing forms in the format as provided to Contractor by DBHR. Payment shall be contingent on Contractor appropriately filling out DBHR provided invoicing documents and following all DBHR directed protocols on submitting these electronic documents to the Department.

(5) The Contractor shall submit claims for reimbursement no later than 60 days following the month in which services are provided.

(6) The final invoice for SFY 2014 services must be received by DBHR by September 1, 2014 to ensure final payment. The final invoice for SFY 2015 services must be received by DBHR by September 1, 2015 to ensure final payment. DBHR at its sole discretion may extend these final invoice submission dates for good cause.

b. Payment.

Payment shall be considered timely if made by the Department within thirty (30) days after receipt and acceptance by the Department of properly completed invoices. The Department, at its sole discretion, may withhold payment claimed by the Contractor for services rendered if Contractor fails to satisfactorily comply with any term or condition of this Agreement.

9. Remedial Action.

a. DBHR may initiate remedial action if DBHR determines any of the following situations exist:

(1) A problem exists that negatively impacts individuals receiving services.

(2) The Contractor has failed to perform any of the requirements or services required under this Agreement.

(3) The Contractor has failed to develop, produce, and/or deliver to DBHR any of the statements, reports, data, data corrections, accountings, claims, and/or documentation required under this Agreement.

(4) The Contractor has failed to perform any administrative function required under this Agreement, where administrative function is defined as any obligation other than the actual provision of mental health services.

(5) The Contractor has failed to implement corrective action required by the state and within DBHR prescribed time frames.

b. DBHR may impose any of the following remedial actions if DBHR determines the situations described in this Section exist:

(1) Corrective Action Plan

DBHR may require the Contractor to develop a corrective action plan, which must be submitted for approval to DBHR within 15 calendar days of notification. Corrective action plans may require modification of any policies or procedures by the Contractor relating to the fulfillment of its obligations pursuant to this Agreement. DBHR, at its sole discretion, may extend or reduce the time allowed for corrective action depending upon the nature of the situation.

(a) Corrective action plans at a minimum must include:

i. A brief description of the finding(s), including all relevant information specific to the issue(s).

ii. Specific actions taken and to be taken by Contractor, including: a timetable; a description of the monitoring to be performed; and, the individuals responsible for resolving the situation(s).

(b) Corrective action plans are subject to approval by DBHR. DBHR may:

i. Accept the plan as submitted.

ii. Accept the plan with specified modifications.

iii. Request a modified plan.

iv. Reject the plan.

(2) Hold on Invoices

DBHR at its sole discretion may hold and put in pending status the processing of any invoices under this Agreement until corrective action is approved as complete. DBHR at its sole discretion may release a portion or all of any payments withheld once satisfactory resolution has been achieved.

10. **Individuals Covered and Served by Medicaid and/or Other Mental Health Programs Are Not Third-Party Beneficiaries Under this Agreement.** Although DSHS and the Contractor mutually recognize that services under this Agreement may be provided by the Contractor to individuals receiving services under the Medicaid program, and chapters 71.05, 71.24, and 71.34 RCW, it is not the intention of either DSHS or the Contractor that such individuals, or any other persons, occupy the position of intended third-party beneficiaries of the obligations assumed by either party to this Agreement.

Exhibit A

Mental Health Block Grant Contract

Regional Support Network (RSN) Project Plan

SFY 2014 (7/1/13 – 6/30/14)

Introduction

Washington State's Mental Health strategies to further the goals of the 2014 – 2015 Combined Federal Block Grant will rely on service delivery through RSNs. Contracts with RSNs continue to support flexibility to meet the needs of populations based on local planning efforts and goals as identified in this Project Plan. Our collective overarching "Goal" is to ensure effective services are provided across populations with measurable outcomes and performance indicators.

Instructions:
Please complete this document and submit electronically to Tom Gray (Tom.Gray@dshs.wa.gov) no later than 5:00 P.M. May 10, 2013. DBHR will contact the RSN Contact Person identified below if there are any questions. Contracts will be executed for a period of two (2) years (SFYs 2014 & 2015).

Please Note:
DBHR will be requesting an updated application in February or March 2014 for the second year of this contract (SFY 2015). All Mental Health Block Grant funds contractually allocated for SFY 2014, but not expended for services actually provided by June 30, 2014, may not be used or carried forward into the second year of this contract.

RSN: Greater Columbia Behavioral Health
Current Date: 05/08/2013
RSN Contact Person: Mary Garza
Phone Number: (509) 735-8681
E-mail: maryg@gcbh.org
Total SFY 2014 Contract Amount (see note immediately below): $659,175
Unless notified otherwise, Application for SFY 2014 funding is identical to the FFY 2012 allocation; and, it is anticipated that SFY 2015 will be similar to SFY 2014.

Section 1

Local Board Involvement

Instructions:
Please attach a copy of a letter of support from the local RSN Advisory Board Chair for the RSN's Project Plan. In addition, provide a short narrative that describes how consumers and their families participated in planning the proposed RSN services and programs.

Consumer and Family Participation Narrative (no more than 2 paragraphs):
Greater Columbia Behavioral Health (GCBH) has a Regional Advisory Board (RAB) whose membership is made up of consumers and/or family members throughout our 10 county region (4 from the Eastern region, 4 from the Western region and 4 from the Central region). The RAB has a representative on the Board of Directors (BOD) and most Committees. The RAB meets monthly and is given information regarding BOD and Committee meetings. The RAB reviews all policies, procedures and plans (including the MHBG proposals) and makes recommendations to the BOD.

Section 2

Project Summary List

Instructions:

- **Insert Contractual Amount Allocated by Category under column "Proposed Category Allocation Amount." The Total at bottom of column must equal total contract amount for SFY 2014. Do not include RSN's specific amounts being allocated by Sub Category.**
- **The Project Names can be very short; please include short descriptions of anticipated range of services.**
- **Insert the projected number of Adults and Children anticipated to be served during SFY 2014.**
- **The column "Proposed # Other Non-Direct Services" is to allow RSNs to list anticipated projects; and, to count numbers served indirectly. This is to help document projects that do not easily "fit" into projects serving adults with SMI and/or Children with SED.**
- **In the space labeled "Narrative" provided on the left at the bottom of each Category, provide a short, clear summary how services noted within the Category support adults, older adults (65 and over), youth (10 -17) , and transitional age youth (18-21); and, are in alignment with the State's Behavioral Health Priority Outcomes noted as follows:**
  - **Improve health status and wellness.**
  - **Increase meaningful activities, including employment and education.**
  - **Reduce involvement with criminal justice systems, including jails and prisons.**
  - **Reduce avoidable costs in hospitals, emergency rooms, crisis services, and jails/prisons.**
  - **Increase stable housing in the community.**
  - **Improve satisfaction with quality of life, including measures of recovery and resilience.**
  - **Decrease population-level disparities.**
  - **Enhance safety and access to treatment for forensic patients.**

Note: Only complete Categories/Sub Categories that align with local plans. There is no requirement to provide services in each Category.

Category/Sub Category	Insert Project Names & Description (2-4 short sentences, per project); may include more than 1 project per Sub Category.	Proposed # Adults with SMI Served	Proposed # Children with SED Served	Proposed # "Other" Non-Direct Services (Add short narrative in "Notes"	Proposed Category Allocation Amount	Notes
Prevention & Wellness					$0	
Screening, Brief Intervention and Referral to Treatment (SBIRT)						
Brief Motivational Interviews						
Parent Training						
Facilitated Referrals						

Relapse Prevention/Wellness Recovery Support						
Warm Line						
Services in Category Sub Totals						
Narrative						
Engagement Services					$16,543	
Assessment	**Outpatient Services** **This program will include providing intake assessments to Non-Medicaid adults**	50				
Specialized Evaluations (Psychological and Neurological)						
Service Planning (including crisis planning)						
Consumer/Family Education	**Circle of Security** **This program will include an evidence-based training program for adults and staff**	18		10/4		In addition to serving at least 18 parents over the year the project will also train an additional 10 professionals and provide 4 child care stipends if needed.
Outreach						
Services in Category Sub Totals		68		10/4		
Narrative	**Reaching the Underserved:** Intake assessments have the overall goal of improving health status and wellness as they attempt to assess whether an individual is in need of mental health outpatient ongoing counseling to increase their level of functioning in daily life. This assessment may allow for an individual to engage in more effective and meaningful activities, increase employment opportunities, and increase education about healthy living. This step of beginning services allows for referrals to medical doctors, etc, to decrease what could be hospital or emergency room visits if they would not have come in and been assessed for receiving mental health services. Life domains are assessed at this time as well, which identifies a client's needs that are not being met. For example					

	housing, which can later be worked on with the counselor the client works with. This assessment is the beginning of working towards recovery and building resilience. **Circle of Security:** The Circle of Security® is an innovative intervention program designed to alter the developmental pathway of parents and their young children. This is an evidence-based program. The Circle of Security® integrates over fifty years of early childhood attachment research into a video-based intervention to strengthen parents' ability to observe and improve their care-giving capacity. Attachment theory, through the Circle of Security®, offers clear, individualized pathways for providing a secure relationship between parent and child. Using this theory base, parents and their children are able to better understand their relationship needs, improving this primary relationship and building a healthy base to generalize to future relationships.					
Outpatient Services					$24,855	
Individual Evidenced Based Therapies	**Outpatient Services** **This program will provide counseling services to Non-Medicaid adults**	58				
Group Therapy	**Outpatient Services** **This program will provide counseling services to Non-Medicaid adults**	10				
Family Therapy						
Multi-Family Counseling Therapy						
Consultation to Caregivers						
Services in Category Sub Totals		68				
Narrative	Individual and group services are directed at increasing the functioning of an individual's life on a daily basis. These services are goal driven and work towards wellness, recovery, building resiliency, and the goal of making positive progress to bring continual stabilization of someone's mental health functioning.					
Medication Services					$15,955	
Medication Management	**Outpatient Services** **This program will provide medication**	30	2			

	services to Non-Medicaid residents including Psychiatric services, injection services and medication monitoring					
Pharmacotherapy (including MAT)						
Laboratory Services						
Services in Category Sub Totals		30	2			
Narrative	Many individuals are served through medication management to allow for a stable mental status. Medication services allow for clients to have, quality of life, stability, and abilities to maintain in the community. Much of the time, without medication management, there is an increase in hospitalizations. Therefore providing these services can help to decrease/prevent hospitalizations.					
Community Support Services					$5,429	
Parent/Caregiver Support						
Skill Building (social, daily living, cognitive)						
Case Management	Outpatient Services This program will provide case management services to Non-Medicaid residents	65	2			
Continuing Care						
Behavior Management						
Supported Employment						
Permanent Supported Housing						
Recovery Housing						
Therapeutic Mentoring						

Traditional Healing Services						
Services in Category Sub Totals		65	2			
Narrative	Through the services of case management, individuals are able to work on finding stable housing and employment if it is an identified need. Education about mental illness is provided to the client and the family support system with the ultimate goal of decreasing the client's hospitalization risk. Social needs are also addressed to allow for increase in meaningful activities for the client and activities that focus on recovery and resilience for the client to maintain in the community successfully.					
Recovery Support Services					$13,875	
Peer Support	**Peer Support** **This program will provide peer support services to Non-Medicaid adults**	8				
Recovery Support Coaching						
Recovery Support Center Services	**Clubhouse Support** **This program will provide clubhouse services to Non-Medicaid adults including case management, pre-employment preparation, employment support and socialization**	3				Since consumers tend to use clubhouse services (case management, pre-employment preparation, employment support, socialization, etc.) fairly intensely, only a few non-Medicaid adults can be served by this project.
Supports for Self Directed Care						
Services in Category Sub Totals		11				
Narrative	<u>Peer Support:</u> Improve satisfaction with quality of life, including measures of recovery and resilience with the support of trained Peer Counselors. Increase meaningful activities, including encouragement to pursue employment and education activities. Improve health status and wellness by insuring adequate access to food, health care and support resources required to maintain independent living at the highest possible level of independence.					

	Clubhouse Support: The clubhouse model is one in which governance/club direction are shared between consumers and staff. It focuses on recovery and has a heavy emphasis on the work ordered day. In addition Harvest House has served members who have been homeless or are at risk of homelessness. This project will continue the MHBG plan from last year and provide a funding source for adults not covered by the Medicaid program. Multiple funding sources for this program are crucial to its sustainability.					
Other Supports					$1,000	
Personal Care						
Respite						
Supported Education						
Transportation	**Transportation** **This program will provide transportation services to Non-Medicaid residents**			2,000 Miles		Since this is new project miles reimbursed would be a more realistic outcome measure. However the number of individuals served will be tracked.
Assisted Living Services						
Recreational Services						
Trained Behavioral Health Interpreters						
Interactive Communication Technology Devices						
Services in Category Sub Totals				2,000 Miles		
Narrative	One of the real barriers to service is the lack of transportation for adults not covered by Medicaid. This project will be a pilot to determine if providing mileage reimbursement will allow the most in need adults to attend their counseling and/or medication sessions and thus decrease the need to move someone to a higher level of care.					
Intensive Support Services					$0	
Partial Hospital						
Assertive Community Treatment						
Intensive Home Based Services						
Multi-systemic Therapy						
Intensive Case Management						
Services in						

Category Sub Totals						
Narrative						
Out of Home Residential Services					$43,182	
Crisis Residential/ Stabilization	Crisis Stabilization This program will provide crisis residential/stabilization services to Non-Medicaid adults who are able to benefit from least restrictive supervision and support services for short-term residential services outside of their home including medication management and crisis case management	30				
Adult Mental Health Residential						
Children's Residential Mental Health Services						
Therapeutic Foster Care						
Services in Category Sub Totals		30				
Narrative	Reduce avoidable costs in hospitals, emergency rooms, crisis services, and jails/prisons through the provision of a 3-bed residential facility with on-site crisis stabilization staff and oversight of DMHP's to ensure client safety, appropriate medication management for short-durations and crisis case management. This critical component of our service delivery system enables many individuals to receive an appropriate, less restrictive level of care within the local community and enhances the ability to access local support resources to ensure client's safety until they are sufficiently stable to return to their homes.					

Acute Intensive Services.					$538,336	
Mobile Crisis	Crisis Outreach This program will provide crisis services to Non-Medicaid residents including crisis intervention and stabilization, ITA evaluations, facilitation of voluntary and involuntary psychiatric hospitalizations, crisis phone services	2,189	215			
Peer Based Crisis Services						
Urgent Care						
23 Hr. Observation Bed						
24/7 Crisis Hotline Services						
Services in Category Sub Totals		2,189	215			
Narrative	This project aims to reduce hospitalizations by providing crisis outreach services to Non-Medicaid residents who are experiencing mental health symptoms and who traditionally do not reach out for services due to lack of funding. Early intervention will reduce the necessity to hospitalize many of these residents. Services will be provided by crisis outreach professionals and bilingual assistants. By providing early intervention to this population, these residents can frequently be stabilized reducing the need for hospitalization or incarceration and improving the quality of life, including employment, housing and decreasing recovery time.					
Grand Totals		2,458	222	10/4/2000	$659,175	

Section 3

Age, Cultural and Linguistic Competence

Instructions:
Please provide a short narrative summarizing how cultural competence, overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.

Please Note: It is not necessary for each project to focus specifically on cultural competence. However, there should be a clear statement within each of the RSN's implemented subcontracts that one of the goals is to provide services in alignment with multiple factors, such as language, culture, emerging populations and age.

Cultural Competence Definition: "Cultural Competence" means a set of congruent behaviors, attitudes and policies that come together in a system, or agency, and enables that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, and expansion of cultural knowledge and adaptation of services, to meet culturally unique needs.

Cultural Competence Narrative (no more than 4 paragraphs):

Services are provided to all Non-Medicaid individuals regardless of cultural background, appropriate services are provided to address the needs of the individuals served. All members of identified minority groups, including geriatric, child, disabled or ethnic minority, are provided with a specialist consultation that considers age and cultural variables specific to the individual being served and provides information relevant to the individual's continuation in appropriate treatment. It is the expectation of GCBH that all agency/provider staff make best efforts to provide services in a culturally competent manner at all times.

In addition, GCBH has a Multi-Cultural Competency Committee (MC3) whose membership is made up of clinicians from several provider agencies throughout GCBH's 10 county region. MC3 provides cultural competence trainings, which are approved for Continuing Education Units through the National Association of Social Workers Washington Chapter, to its members and encourages agency/provider staff and allied agencies staff to participate.