



## CONTRACT AMENDMENT MHBG

DSHS CONTRACT NUMBER:  
1369-76932

Amendment No. 01

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number

Contractor Contract Number  
KC-168-13A

CONTRACTOR NAME <b>Kitsap County</b>		CONTRACTOR doing business as (DBA) <b>Peninsula Regional Support Network</b>	
CONTRACTOR ADDRESS <b>614 Division St., MS-23 Pt. Orchard, WA 98366-4676</b>		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) <b>601-139-034</b>	DSHS INDEX NUMBER <b>1076</b>
CONTRACTOR CONTACT <b>Anders Edgerton</b>	CONTRACTOR TELEPHONE <b>(360) 337-4886</b>	CONTRACTOR FAX <b>(360) 337-5721</b>	CONTRACTOR E-MAIL ADDRESS <b>aedgertn@co.kitsap.wa.us</b>
DSHS ADMINISTRATION <b>Behavioral Health and Service Integration</b>		DSHS DIVISION <b>Division of Behavioral Health and Recovery</b>	DSHS CONTRACT CODE <b>1687LS-69</b>
DSHS CONTACT NAME AND TITLE <b>Thomas Gray Mental Health Program Administrator</b>		DSHS CONTACT ADDRESS <b>4500 10th Avenue SE Lacey, WA 98503</b>	
DSHS CONTACT TELEPHONE <b>(360) 725-1314</b>	DSHS CONTACT FAX		DSHS CONTACT E-MAIL ADDRESS <b>graytr@dshs.wa.gov</b>
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? <b>No</b>		CFDA NUMBERS <b>93.958</b>	
AMENDMENT START DATE <b>07/01/2014</b>	CONTRACT END DATE <b>06/30/2015</b>		
PRIOR MAXIMUM CONTRACT AMOUNT <b>\$344,059.00</b>	AMOUNT OF INCREASE OR DECREASE <b>\$344,059.00</b>	TOTAL MAXIMUM CONTRACT AMOUNT <b>\$688,118.00</b>	
REASON FOR AMENDMENT; <b>CHANGE OR CORRECT CONTRACT TERMS OR SOW, SEE PAGE TWO</b>			
<b>ATTACHMENTS.</b> When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input checked="" type="checkbox"/> Additional Exhibits (specify): <b>Exhibit B - 2015 MHBG Plan</b>			
This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.			
CONTRACTOR SIGNATURE 	PRINTED NAME AND TITLE <b>Charlotte Garrido, Chair Robert Gelder, Commissioner Linda Streissguth, Commissioner</b>		DATE SIGNED <b>6-23-14</b>
DSHS SIGNATURE 	PRINTED NAME AND TITLE <b>DBHR Contracts Sandra Elliot</b>		DATE SIGNED <b>6/24/2014</b>

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. Amend the Total Maximum Agreement Amount, by an increase of \$344,059, for a revised Total Maximum Contract Amount of \$688,118.
2. Amend the Agreement by adding a new Exhibit B, 2015 MHBG Plan (attached).
3. Amend the Agreement's Special Terms and Conditions, Section 3. Statement of Work, subsection b, to read as follows:

**3. Statement of Work.**

- b. The Contractor shall provide services in alignment with the Contractor's submitted MHBG Plan (Exhibit A; not attached, remains in original contract), and 2015 MHBG Plan (Exhibit B), attached.

4. Amend the Agreement's Special Terms and Conditions, Section 7. Consideration, subsection a, to read as follows:

**7. Consideration.**

- a. Total Maximum Consideration payable to the Contractor for satisfactory performance of the work under this Agreement is \$688,118 and is for two (2) distinct and separate service-provided time periods.
  - i. Total allowable consideration payable to Contractor for satisfactory performance of the work under this Agreement for SFY 2014 is a maximum of \$344,059, 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.
  - ii. Total allowable consideration payable to Contractor for satisfactory performance of the work under this Agreement for SFY 2015 is a maximum of \$344,059, including any and all expenses and shall be based on maximum cost amounts as depicted within Exhibit B Contractor's Submitted Project Plan for SFY 2015.

All other terms and conditions of this Contract remain in full force and effect.





**Mental Health Block Grant Contract**  
**Regional Support Network (RSN) Project Plan**  
*SFY 2015 (1/14 - 6/30/15)*

**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. April 15, 2014. DBHR will contact the RSN Contact Person identified below if there are any questions.

**Note:**  
 This Plan is for the 2<sup>nd</sup> year of Your Current Contract (SFY 2015). All Mental Health Block Grant funds contractually allocated for services provided in SFY 2014, but not expended for services actually provided by June 30, 2014, may not be used or carried forward into SFY 2015.

RSN: PENINSULA
Current Date: May 5, 2014
RSN Contact Person: Anders Edgerton, Regional Administrator
Phone Number: (360) 337-4886
E-mail: aedgertn@co.kitsap.wa.us
Total SFY 2015 Contract Amount (see note immediately below): \$ 344,059
Unless notified otherwise, SFY 2015 funding is identical to the SFY 2014 allocation.

**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 (see final page for attachment). 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):  
 The PRSN Advisory Board appointed a FBG Planning Taskforce at the January 2014 meeting to provide the planning oversight of the FY 2015 PRSN FBG application. The FBG Taskforce comprised of four Board members; unfortunately one Board member resigned from the Taskforce and the remaining three members comprised of the Taskforce. All four Taskforce members are designated as members (clients or family members) in recovery.

The PRSN Resource Manager was the assigned staff to complete the activities as instructed by the Taskforce to complete this application.

- The Taskforce met on the following dates to review the FBG requirements, review and discuss agency selected projects, and assign follow-up activities to PRSN to complete in order to prepare a recommendation for the PRSN Advisory Board on March 6, 2014:  
 January 21, February 18, and February 24

On March 6, 2014 the FBG Taskforce presented the FY 2015 FBG projects to the PRSN Advisory Board. The Board reviewed the projects, voted to approve the plan and have the Chair complete a letter of support to be attached to the application (see last page of application).

Section 2

**Project Summary List**

**Instructions:**

- Do not modify or delete parts of this Template.
- **New Federal REQUIREMENT for SFY 2015** – A minimum of 5% of allocated funding must be expended on Evidence Based Practices noted within the Template below as (Qualifies as EBP); EBPs for SFY 2015 do not have to be provided at the level of Fidelity (Fidelity Reviews are not required).
- 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 2015. 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 2015.
- The column "Proposed # Other Non-Direct Services" is to allow RSNs to list anticipated projects; and, in 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				\$96,000	
(Qualifies as EBE) Screening, Brief Intervention and Referral to Treatment (SBIRT)	KMHS: Provide screening, referral and alternative community resources information to the general public.	1000 adults	500 children	\$ 38,000	500 hours will be provided. Majority of calls are from adults (even if inquiring about Children and Older Adult services).
(Qualifies as EBE) Brief Motivational Interviews					
Parent Training					
Facilitated Referrals					
Relapse Prevention/Wellness Recovery Support	BRIDGES Ombuds Services			\$ 38,000	PRSN uses a blend of Medicaid, state and FBO funds to subcontract for Ombuds services.
Warm Line					
Narrative	KMHS will provide screening, referral and alternative community resource information to the general public calling to Access services. Majority of calls are from adults (even if inquiring about Children and Older Adult services). The project supports improving health status and wellness, improving satisfaction with quality of life and decreasing population-level disparities. Does not meet fidelity for ERP. Ombuds services provide advocacy services to non-Medicaid individuals utilizing community mental health services. Majority of calls are from adults (even if inquiring about Children and Older Adult services). This project supports improving health status and wellness and satisfaction with quality of life, as well as decreasing population-level disparities.				
Engagement Services				\$ 9,740	
Assessment					
Specialized Evaluations (Psychological and Neurological)					
Service Planning (including crisis planning)					
Consumer/Family Education	PRSN Training funds: Advisory Board member, volunteers and staff attendance to BHC. PRSN typically uses remainder of funds to bring targeted training to region.	10 adults	0	unknown	PRSN Advisory Board comprises over 65% clients and family members.
Outreach					
Narrative	PRSN training funds have historically been used to send Advisory Board member, volunteers and staff to the Behavioral HealthCare Conference. If there is a remainder of training funds, the remaining funds have been used to provide targeted trainings as a result of Grievance trends (in the region) or interest in developing ERP. In the past funds have been used to provide "dignity and respect", "sensitivity to dual diagnosis" in the Inpt and Residential programs, as well as "Motivational Interviewing" training topics. The training funds project supports improving satisfaction with quality of life and depending on the training topics could impact other health priority outcomes.				

Outpatient Services							\$0
(Qualifies as EBF) Individual Evidenced Based Therapies							
Group Therapy							
Family Therapy							
Multi-Family Counseling Therapy							
Consultation to Caregivers							
Narrative							
Medication Services							
Medication Management	PBIE: Medications for non-Medicaid Individuals	121 adults	0	0	0	\$ 9,000 \$ 9,000	Provides funds to pay for mental health medications and related services for the unfunded/ non-Medicaid population that have limited means to pay for medication and related services.
(Qualifies as EBF) Pharmacotherapy (including MAT)							
Laboratory Services							
Narrative	Provides funds to pay for mental health medications for the unfunded/ non-Medicaid population that have no other means to pay for medications, pill boxes, bubble packs, required labs, and related costs. Voucher system with local pharmacies and labs. This project support improving health status and wellness and satisfaction with quality of life, as well as decreasing population-level disparities.						
Community Support Services							
Parent/Caregiver Support						\$197,319	
Skill Building (social, daily living, cognitive)							
Case Management	JMHS: Outpatient Services to non- Medicaid individuals	25 adults	0	0	0	\$18,682	Provides funds to pay for a range of outpatient services, to include routine case management and individual services, medication services and medications for the non-Medicaid population.
Continuing Care							
Behavior Management							

(Qualifies as EBP) Supported Employment	50 adults	0	0	\$ 79,000	<ul style="list-style-type: none"> <li>Rental Subsidies provides subsidies to maintain long-term permanent housing, based on client income.</li> <li>Housing Repairs maintain rental relationships in the community when damage to unit occurs as a result of client decompenation.</li> <li>Payee Services ensure stable permanent housing.</li> </ul>
(Qualifies as EBP) Permanent Supported Housing	53 adults	0	0	\$ 35,654	
	16 adults	0	0	\$ 11,850	
	3 adults	0	0	\$ 3,000	
	1 adult	0	0	\$ 1,000	
	195 adults	0	0	\$ 48,333	
Recovery Housing					
Therapeutic Mentoring					
Traditional Healing Services					
Narrative	These projects support a variety of safe and affordable recovery and permanent housing efforts in the community. Please reference notes column for specific information on each project. These housing projects support improving stable housing, health status and wellness, satisfaction with quality of life, and decreasing population-level disparities.				
Recovery Support Services				\$0	
Peer Support					
Recovery Support Coaching					
Recovery Support Center Services					
Supports for Self Directed Care					
Narrative					
Other Supports				\$0	
Personal Care					
Respite					
Supported Education					
Transportation					
Assisted Living Services					
Recreational Services					





Peer Based Crisis Services					
Urgent Care					
23 Hr. Observation Bed					
24/7 Crisis Hotline Services					
Narrative					
<b>Grand Totals</b>		1,462 adults	500 children		\$ 344,059

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):**

Cultural competence is incorporated into these flexible PRG projects by utilizing individuals in recovery as a steering Taskforce for the plan development, with input from the network provider agencies. These projects target funds to address community local gaps to ensure overall wellness of individuals served by the public mental health system. Most of these projects are long-standing efforts to address the housing and crisis stabilization resource shortage in rural and geographically isolated communities (located on the rural and frontier designated Olympic Peninsula).

- There are no new projects introduced for FY 2015. The FY 2015 identified projects are a continuation from FY 2014 and earlier.

These projects compliment the following PRSN values:

1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policy and procedures.

2. We value and respect cultural and other diverse qualities of each individual.
3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation.
4. We work in partnership with allied community providers to provide continuity and quality care.
5. We treat all people with respect, compassion, and fairness.
6. We value the continuous improvement of services.
7. We value flexibility and creativity in meeting the needs of each individual.

The PRSN will measure these projects through required FBG implementation and progress reports. The submitted monthly service reports to the PRSN allow for monthly monitoring of project success, such as allocated funds being spent and projected outcomes being met.

Please note the PRSN uses non-Medicaid state funds to execute annual Interlocal Agreements with the Tribes in our region. Currently, there are six executed Agreements for CY 2014 with the following Tribes:

- Port Gamble
- Jamestown
- Lower Elwha
- Quilteute
- Makah
- Hoh

