



CONTRACT AMENDMENT MHBG

DSHS CONTRACT NUMBER:
1312-76929

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

CONTRACTOR NAME		CONTRACTOR doing business as (DBA)	
United Behavioral Health			
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
3315 South 23rd Street, Suite 310 Tacoma, WA 98405-		601-804-132	105365
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Cheri Dolezal	(253) 292-4183	(253) 292-4220	cheri.dolezal@optum.com
DSHS ADMINISTRATION Behavioral Health and Service Integration		DSHS DIVISION Division of Behavioral Health and Recovery	DSHS CONTRACT CODE 1687XS-12
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS	
Thomas Gray Mental Health Program Administrator		4500 10th Avenue SE Lacey, WA 98503	
DSHS CONTACT TELEPHONE (360) 725-1314	DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS graytr@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?		CFDA NUMBERS	
No		93.958	
AMENDMENT START DATE	CONTRACT END DATE		
07/01/2014	06/30/2015		
PRIOR MAXIMUM CONTRACT AMOUNT \$813,140.00	AMOUNT OF INCREASE OR DECREASE \$813,140.00	TOTAL MAXIMUM CONTRACT AMOUNT \$1,626,280.00	
REASON FOR AMENDMENT: CHANGE OR CORRECT CONTRACT TERMS OR SOW, SEE PAGE TWO			
ATTACHMENTS. 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): Exhibit B - 2015 MHBG Plan			
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		DATE SIGNED
	Andrew Sekal, CEO		8/6/14
DSHS SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
	Michael Rice, Contracts Supv. DBHR Contracts		8/7/14

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 \$813,140, for a revised Total Maximum Contract Amount of \$1,626,280.
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 \$1,626,280 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 \$813,140, 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 \$813,140, 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 (7/1/14 – 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 2nd 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: Optum Pierce RSN
Current Date: April 15, 2014
RSN Contact Person: Ingrid Jean-Baptiste Lewis
Phone Number: (253) 292-4198
E-mail: ingrid.jeanbaptiste@optum.com
Total SFY 2015 Contract Amount (see note immediately below): \$813,140
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. 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):

OptumHealth Pierce RSN continuously ensures that direct consumer participation is represented not only in the development of community-based, recovery-oriented treatment and support services, but also that consumers are competitively employed within the projects funded by the Mental Health Block Grant.

Consumers were involved in all phases of the development of this MHBG Plan at both the provider and RSN level. At OptumHealth Pierce RSN, we look to our consumers to take a lead in determining their own services by lending their voices to system development, as well as through taking their place as professionals within

the system they look to change. Providers involved consumers in the design and planned implementation of all projects proposed, the Plan will be shared with the OptumHealth Pierce RSN Consumer and Stakeholder Advisory Subcommittee, and the final Plan will receive the approval of the OptumHealth Pierce RSN Mental Health Advisory Board (MHAB) which is composed of consumers and families and community stakeholders. OptumHealth Pierce RSN and its providers firmly believe that with consumer input and participation, our system will exemplify the principles of recovery and resiliency needed to further the belief that Pierce County mental health consumers can lead fulfilled lives in the community.

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, 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.

<u>Category/Sub Category</u>	<u>Insert Project Names & Description (2-4 short sentences, per project); may include more than 1 project per Sub Category.</u>	<u>Proposed # Adults with SMI Served</u>	<u>Proposed # Children with SED Served</u>	<u>Proposed # "Other" Non-Direct Services (Add short narrative in "Notes")</u>	<u>Proposed Category Allocation Amount</u>	<u>Notes</u>
Prevention & Wellness						
<u>(Qualifies as EBP)</u> Screening, Brief Intervention and Referral to Treatment (SBIRT)					\$15,000	
<u>(Qualifies as EBP)</u> Brief Motivational Interviews						
Parent Training						
Facilitated Referrals						
Relapse Prevention/Wellness Recovery Support	Tacoma Area Coalition of Individuals with Disabilities (TACID) groups and workshops will focus on wellness and wellness plans, employment and volunteering, education, and social opportunities	1000			\$15,000	
Warm Line						
<u>Narrative</u>	Services provided in this category will provide early intervention and increase access to wellness services that will reduce risk factors that contribute to poor functioning, social isolation and potential crisis involvement.					
Engagement Services						
\$105,000						
Assessment						
Specialized Evaluations (Psychological and Neurological)						
Service Planning (including crisis planning)						

<p>Consumer/Family Education</p>	<p>Tacoma Area Coalition of Individuals with Disabilities (TACID) Groups will focus on providing individuals with social and group supports to use the peer support process to help them more effectively understand and work with their disability and embark upon a recovery pathway.</p>	<p>1500</p>	<p>\$40,000</p>	
<p>Outreach</p>	<p>Medicaid Eligibility Specialist Program assists unfunded individuals at the community mental health centers, evaluation and treatment centers, and community in either enrolling on or re-enrolling onto Medicaid in order to access mental health services</p>	<p>300</p>	<p>\$65,000</p>	
<p>Narrative</p>	<p>Services provided under this category will help individuals increase their knowledge of how to successfully live with complex mental health needs in ways that work best within their individual cultures and will reinforce their individualized resiliency and ability to navigate the public assistance system. Expected results include a decrease in breaks in mental health services, improvement in quality of life for consumers and a reduction on under-funded and more expensive community services (hospitals, jails, etc.)</p>			
<p>Outpatient Services</p>				
<p>(Qualifies as EBP) Individual Evidenced Based Therapies</p>			<p>\$0</p>	
<p>Group Therapy</p>				
<p>Family Therapy</p>				
<p>Multi-Family Counseling Therapy</p>				
<p>Consultation to Caregivers</p>				
<p>Narrative</p>				
<p>Medication Services</p>				
<p>Medication Management</p>			<p>\$0</p>	
<p>(Qualifies as EBP) Pharmacotherapy (including MAT)</p>				

Laboratory Services							
Narrative							
Community Support Services							
Parent/Caregiver Support							\$47,000
Skill Building (social, daily living, cognitive)	Tacoma Area Coalition of Individuals with Disabilities (TACID)	Services are designed to move people to goal setting, planning, and achieving in a number of different areas including the establishment of advanced directives, creating and managing personal budgets, job clubs, supported education groups, and more	2500				\$47,000
Case Management							
Continuing Care							
Behavior Management							
Supported Employment (Qualifies as EBP)							
Permanent Supported Housing (Qualifies as EBP)							
Recovery Housing							
Therapeutic Mentoring							
Traditional Healing Services							
Narrative	Services provided in this category encourage and support an individual's efforts to obtain work, live independently, improve education, and to have a stronger role in self-advocacy and participation in their own care. They also help keep people independent by providing services that help promote self-direction and reduce incidences of hospitalization by linking individuals to services that will help them to improve their ability to remain safe and healthy in the community.						
Recovery Support Services							
Peer Support	Tacoma Area Coalition of Individuals with Disabilities (TACID)	All one on one services, groups, and	6150				\$546,140
Recovery Support Services							
							\$546,140

<p>workshops are provided by peers per the recovery model</p> <ul style="list-style-type: none"> - Peers in the ED Peer teams staff the Multicare/Good Samaritan Puyallup Emergency Department in order to work and educate emergency room staff to improve the care for consumers who present to the emergency room in crisis by providing them comfort and making sure their basic needs are being met - A Common Voice This parent-driven organization whose goal will provide support, education, and empowerment to other parents with children with complex mental health needs by conducting support groups, trainings, making community connections, and partnering with professionals in the schools, mental health care agencies, and any other child-serving system, all in the best interest of the child. - Peer Bridgers Peer Bridgers will provide in-home and community supports to non-Medicaid individuals being discharged from Evaluation & Treatment Centers and community hospitals. Participants receive assistance in their transition into community life and Peer Bridgers help to significantly decrease their need for readmission and use of crisis services 				
<p>Recovery Support Coaching</p>				
<p>Recovery Support Center Services</p>				
<p>Supports for Self Directed Care</p>				
<p>Narrative</p>	<p>Services provided under this category will allow consumers participating to have an increased sense of empowerment and ability to shape their lives, reduce their sense of isolation and increase their sense of social connectedness, and which in turn can reduce incidences of hospitalization and/or crisis and improve</p>			

Therapy							
Intensive Case Management Narrative	Intensive services provided under this category are expected to reduce recidivism of arrests, lower rates of criminal justice contacts, hospital admissions, emergency room and crisis contacts, and link individuals to Medicaid and community services.						
Out of Home Residential Services						\$0	
Crisis Residential/ Stabilization							
Adult Mental Health Residential							
Children's Residential Mental Health Services							
Therapeutic Foster Care Narrative							
Acute Intensive Services.						\$0	
Mobile Crisis							
Peer Based Crisis Services							
Urgent Care							
23 Hr. Observation Bed							
24/7 Crisis Hotline Services Narrative							
Grand Totals				11,480		\$813,140	

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):

Understanding and respecting a person's culture and background is the cornerstone of an effective relationship between a service provider and consumers and families. It is OptumHealth Pierce RSN's expectation that each of our own staff, and all those employed by our provider network, be sensitive to other's beliefs, culture, history and family background, because when these factors are considered, they can shape an individual's goals and resources.

Mental Health Block Grant recipients will be required to attend an annual Cultural Competency training conference, as well as have representation on the OptumHealth Pierce RSN Cultural Competency Subcommittee. Demographic information will also be collected on all programs on a monthly basis. This data will funnel to various committees, one of which will be the OptumHealth Pierce RSN Cultural Competency Subcommittee. This subcommittee will review and recommend standards of practice and outcomes related to cultural competency and will review access to service data, monitoring data, and complaint and grievance data to identify trends and make recommendations for quality improvement initiatives related to culturally competent services.

