



CONTRACT AMENDMENT MHBG

DSHS CONTRACT NUMBER:
1369-76921

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)	
Greater Columbia Behavioral Health		Greater Columbia RSN	
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
101 N. Edison Street Kennewick, WA 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 Behavioral Health and Service Integration		DSHS DIVISION Division of Behavioral Health and Recovery	DSHS CONTRACT CODE 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 NUMBERS	
No		93.958	
AMENDMENT START DATE	CONTRACT END DATE		
07/01/2014	06/30/2015		
PRIOR MAXIMUM CONTRACT AMOUNT	AMOUNT OF INCREASE OR DECREASE	TOTAL MAXIMUM CONTRACT AMOUNT	
\$659,175.00	\$659,175.00	\$1,318,350.00	
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
	Sharon Small Chair, GCBH Board of Directors		6-25-14
DSHS SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
	Michael Rice, DBHR Contracts Supv. DBHR Contracts		6-26-14

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 \$659,175, for a revised Total Maximum Contract Amount of \$1,318,350.
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 \$1,318,350 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 \$659,175, 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 \$659,175, 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: Greater Columbia Behavioral Health
Current Date: 04/10/2014
RSN Contact Person: Mary Garza
Phone Number: 509-735-8681
E-mail: maryg@gcbh.org
Total SFY 2015 Contract Amount (see note immediately below): \$659,175
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):

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. The RAB has a representative on the Board of Directors (BOD) and 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:

- 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.

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	

<p>Qualifies as SFBF Screening, Brief Intervention and Referral to Treatment (SBIRT)</p>				
<p>Qualifies as SFBF Brief Motivational Interviews</p>				
<p>Parent Training</p>				
<p>Facilitated Referrals</p>				
<p>Relapse Prevention/Wellness Recovery Support</p>				
<p>Warm Line</p>				
<p>Not a Program</p>				
<p>Engagement Services</p>				
<p>Assessment</p>	<p>Assessment</p>	<p>This program will include providing intake assessments to Non-Medicaid adults</p>	<p>50</p>	<p>\$13,543</p>
<p>Specialized Evaluations (Psychological and Neurological)</p>				
<p>Service Planning (including crisis planning)</p>				
<p>Qualifies as SFBF Consumer/Family Education</p>	<p>Circle of Security (SFBF)</p>	<p>This program will include an evidence-based training program for adults and staff</p>	<p>12</p>	<p>\$7,043</p>
<p>Outreach</p>			<p>7/4</p>	<p>In addition to serving at least 12 parents over the year the project will also train an additional 7 professionals and provide 4 child care stipends if needed.</p>
<p>Not a Program</p>	<p>Assessment: 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</p>			

<p>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.</p> <p>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 promising practice 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.</p>		\$27,855		
<p>Outpatient Services</p>		\$19,855		
<p>Individual Evidenced Based Therapies</p>	<p>Individual Outpatient Services (\$19,855) This program will provide counseling services to Non-Medicare adults</p>	58		
<p>Group Therapy</p>	<p>Group Outpatient Services (\$8,000) This program will provide counseling services to Non-Medicare adults</p>	10	5	
<p>Family Therapy</p>				
<p>Multi-Family Counseling Therapy</p>				
<p>Consultation to Caregivers</p>				
<p>Narrative</p>	<p>Individual and Group Outpatient Services: These 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.</p>			
<p>Medication Services</p>		\$15,955		
<p>Medication Management</p>	<p>Medication Services This program will provide medication services to Non-Medicare residents including Psychiatric services, injection services and medication monitoring</p>	30	2	
<p>Pharmacotherapy (including MAT)</p>				
<p>Laboratory Services</p>				

<p>Medication Services: 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.</p>								
Community Support Services								
Parent/Caregiver Support								\$5,429
Skill Building (social, daily living, cognitive)								
Case Management	Case Management							
	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								
<p>Case Management: 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.</p>								
Recovery Support Services								
Peer Support	Peer Support							\$13,875
	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					
Supports for Self Directed Care				3		
NAHMG	<p><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.</p> <p><u>Clubhouse Support:</u> 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.</p>					
Other Supports						\$1,000
Personal Care						
Respite						
Supported Education						
Transportation	Transportation				2,000 miles	
	This program will provide transportation services to Non-Medicaid residents					Miles reimbursed is a more realistic measure. However the number of individuals served will be tracked.
Assisted Living Services						
Recreational Services						
Trained Behavioral Health Interpreters						
Interactive Communication Technology Devices						
NAHMG	<p><u>Transportation:</u> 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</p>					

Intensive Support Services		someone to a higher level of care.		\$0
Qualifies DBB Assertive Community Treatment				
Intensive Home Based Services				
Qualifies ASBDB Multi-systemic Therapy				
Intensive Case Management				
Not Applicable				
Out of Home Residential Services				
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			\$43,182
Adult Mental Health Residential Children's Residential Mental Health Services			30	
Therapeutic Foster Care				
Not Applicable				
Crisis Stabilization: Reduces 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						
	Crisis Outreach: 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		2,455	224	7/42,000	\$659,175	7 Staff trained/4 parent stipends/2,000 miles

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.