



CONTRACT AMENDMENT MHBG

DSHS CONTRACT NUMBER:
1369-76923

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)	
King County		King County RSN	
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
Mental Health Services (RSN) 401 - Fifth Avenue Suite 400 Seattle, WA 98104-		578-037-394	1067
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Jean Robertson	(206) 263-8904	() -	jean.robertson@kingcounty.gov

DSHS ADMINISTRATION Behavioral Health and Service Integration	DSHS DIVISION Division of Behavioral Health and Recovery	DSHS CONTRACT CODE 1687LS-69
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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
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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
\$1,880,150.00	\$1,880,150.00	\$3,760,300.00

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:
 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
	ADRIENNE QUINN, Director Community & Human Services	6/16/14
DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
	Michael Rice, DBHR Contracts Supv. DBHR Contracts	6/16/14

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 \$1,880,150, for a revised Total Maximum Contract Amount of \$3,760,300.
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 \$3,760,300 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 \$1,880,150, 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 \$1,880,150, 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:	King County RSN
Current Date:	April 14, 2014
RSN Contact Person:	René Franzen
Phone Number:	206-263-8935
E-mail:	Rene.Franzen@kingcounty.gov
Total SFY 2014 Contract Amount (see note immediately below):	\$1,880,150
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 in planning proposed RSN Mental Health Block Grant and other services and programs occurs through the following venues:

- The King County Mental Health Advisory Board is composed of a minimum 51% consumers or family members and one of their duties is to review and provide input to the King County Regional Support Network (KCRSN) in regards to the scope and appropriateness of services included in the Mental Health Block Grant Plan.
- Quality Council is composed of members of the King County Mental Health Advisory Board and Quality Review Team and reviews results of annual site reviews of providers, consumer/family member satisfaction surveys, the KCRSN Quality Management Plan and makes policy recommendations to the Mental Health Advisory Board as appropriate.

- Recovery Advisory Committee includes King County Mental Health Advisory Board members, consumers and family members, and provider staff. They provide recommendations for implementing recovery focused services and improve performance on key recovery outcomes.
- Voices of Recovery is composed of current or former mental health consumers and represent the voice of people who receive KCRSN services in regards to the design, implementation, and monitoring of a system that is recovery oriented.
- PACT Stakeholder Committee includes consumers and providers who provide oversight of the implementation and ongoing operations of Program of Assertive Community Treatment services.
- Mental Illness and Drug Dependency (MIDD) Oversight Committee includes consumers and numerous other stakeholders in the implementation of the use of the one-tenth of one percent sales tax used for mental health and chemical dependency services in King County.

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						
(Qualifies as EBP) Screening, Brief Intervention and Referral to Treatment (SBIRT)					\$2,500	
(Qualifies as EBP) Brief Motivational Interviews						
Parent Training						
Facilitated Referrals						
Relapse Prevention/Wellness Recovery Support	Training on Tribal Youth Suicide Prevention Strategies		25			
Warm Line						
Narrative	Priority Outcome: Improve health status and wellness. How: Educate tribal leaders and community members on strategies to prevent youth suicide. Practice to be determined by Tribe in consultation with Suicide Prevention Consultant.					
Engagement Services					\$337,864	
Assessment						
Specialized Evaluations (Psychological and Neurological)						
Service Planning (including crisis planning)						
Consumer/Family Education	National Alliance on Mental Illness (NAMI) Greater Seattle Consumer Training Fund	35				
Outreach	Geriatric Regional Assessment Team (GRAT) provides prompt stabilization services to keep older adults in their homes and prevent out of home placement	220				

Narrative	<p>Priority Outcome: 1) NAMI—Improve satisfaction with quality of life, including measures of recovery and resilience. How: NAMI provides scholarships for consumers, their families, and advocates for consumers of public mental health services to attend seminars, conferences, and workshops. The knowledge and experience gained will encourage active involvement in the consumer’s treatment and recovery as well as equip consumers to be more actively involved in all levels of treatment system planning and administration. Priority Outcome: 2) GRAT—Increase stable housing in the community. How: GRAT provides a modified Gatekeeper Program and Program to Encourage Active Rewarding Lives for Seniors (PEARLS).</p>				
Outpatient Services	\$0				
(Qualifies as EBP)					
Individual Evidenced Based Therapies					
Group Therapy					
Family Therapy					
Multi-Family Counseling Therapy					
Consultation to Caregivers					
Narrative					
Medication Services	\$0				
Medication Management					
(Qualifies as EBP)					
Pharmacotherapy (including MAT)					
Laboratory Services					
Narrative					
Community Support Services	385	165	\$90,855		
Parent/Caregiver Support					
Skill Building (social, daily living, cognitive)					
Case Management					
Continuing Care					
Behavior Management					

(Qualifies as EBP) Supported Employment							
(Qualifies as EBP) Permanent Supported Housing							
Recovery Housing							
Therapeutic Mentoring							
Traditional Healing Services	Tribal Contracts with the Muckleshoot and Snoqualmie tribes for services to provide mental health services that meet the unique needs of the tribal community, as defined by the tribe and in a manner that promotes culturally relevant services	385	165				
Narrative	<p><u>Priority Outcome:</u> Decrease population-level disparities. <u>How:</u> Integrate mental health interventions into everyday tribal life drawing upon community members and local businesses as resources to participate in the various activities. Services are conceived to strengthen intergenerational relationships and support cultural identity. Services include psychiatric services and opportunities for mentoring, teaching skills, establishing teamwork, enhancing decision making, improving self-confidence and self-esteem, and providing services to the tribal community.</p>						
Recovery Support Services		65				\$25,000	
Peer Support							
Recovery Support Coaching							
Recovery Support Center Services	Hero House, a Certified Clubhouse Program	65					
Supports for Self Directed Care							
Narrative	<p><u>Priority Outcome:</u> Increase meaningful activities, including employment and education. <u>How:</u> Assist consumers explore and access employment opportunities</p>						
Other Supports						\$0	
Personal Care							
Respite							
Supported Education							
Transportation							
Assisted Living Services							
Recreational							

Services								
Trained Behavioral Health Interpreters								
Interactive Communication Technology Devices								
Narrative								
Intensive Support Services						\$300,000		
(Qualifies as EBP) Assertive Community Treatment								
Intensive Home Based Services	Children's Crisis Outreach Response System (CCORS)							The Children's Crisis Outreach Response System program has been moved to the Acute Intensive Services category, sub category Acute Intensive Services.
(Qualifies as EBP) Multi-systemic Therapy								
Intensive Case Management	Forensic Integrated Reentry Support and Treatment (FIRST) are Assertive Community Treatment services tailored to offenders	25						
Narrative	Priority Outcome: 1) FIRST — Enhance safety and access to treatment for forensic patients. How: Provides pre-release planning in addition to post-release services, thereby facilitating treatment engagement. It delivers intensive case management, co-occurring mental health and substance abuse treatment, and provides close coordination with community corrections personnel. The program assists participants to find and retain housing, thus reducing homelessness.							
Out of Home Residential Services								
Crisis Residential/ Stabilization						\$0		
Adult Mental Health Residential								
Children's Residential Mental Health Services								
Therapeutic Foster Care								
Narrative								
Acute Intensive Services.						\$1,123,931		

<p>Mobile Crisis Qualifies as EBP (based CCORS being a recognized promising best practice)</p>	<p>Children's Crisis Outreach Response System (CCORS) provides mobile crisis outreach, stabilization and intensive stabilization services to children and families in crisis who are not covered by Medicaid.</p>	<p>450</p>	<p>\$1,123,931</p>	<p>King County RSN proposes that the CCORS model of mobile crisis outreach and stabilization is a recognized, promising practice. The core components of this model are now included as a service expectation in the Washington State Children's Mental Health Plan, as specified in the 2013 lawsuit settlement agreement between the HCA, DSHS and the "TR Plaintiffs."</p> <p>The CCORS model was implemented in 2005, following an extensive study of national best practices for crisis response systems for children and youth. In the CCORS model, crisis support and stabilization services are provided by uniquely trained, qualified clinicians and certified peer support specialists. Services are provided in homes and/or in community settings, based on the family's needs. Short-term crisis stabilization beds are available, if needed, in licensed therapeutic foster homes. Services must be of sufficient "urgency, intensity, and frequency" to meet the family's needs. A comprehensive evaluation of the CCORS program is conducted, and outcomes include effective diversion from inpatient admissions and out-of-home placements for a majority of participants.</p>
<p>Peer Based Crisis Services</p>				
<p>Urgent Care</p>				
<p>23 Hr. Observation Bed</p>				
<p>24/7 Crisis Hotline Services</p>				
<p>NARRATIVE</p>	<p>Priority Outcome: CCORS—Crisis support and stabilization services to increase stable housing in the community. How: Crisis support and stabilization services are a planning phase lasting up to eight weeks to provide families and youth with the support they need to develop a Child and Family Team of natural and formal supports and services. Utilizing a wraparound process, the team can then begin to plan for the unique needs of the child and family while linking them to the resources and supports necessary to meet those needs. This is an intensive service delivery program component lasting up to 90 days. It provides families and youth with immediate and extended family stabilization. Intensive stabilization services (ISS) last up to 90 days and build on the family's and youth's strengths. ISS provide creative and flexible solutions focusing on teaching and modeling parenting and problem-solving skills, developing the skills necessary to manage behavior within the home/community environment, and to prevent out of home placement.</p>			

Grand Totals	Total Categories =7	730	640	1,880,150
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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):

The RSN requires service providers seek cultural consultations related to assessment and treatment planning when providing services for individuals who have ethnic and cultural differences from the staff of the agency providing services or that they are not skilled in providing services for. Compliance site visits review whether consultations have been appropriately sought.

The RSN captures information that can be utilized to evaluate comparable access and service outcomes for service recipients. This information can be utilized to specifically review and address differential access and/or outcomes by demographic groups.

The RSN also participates in the King County Equity and Social Justice Initiative that is focused on eliminating disparity in King County programs and services and requires departments to measure their performance related to eliminating disparities.

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