



## CONTRACT AMENDMENT MHBG

DSHS CONTRACT NUMBER:  
1369-76925

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)
North Sound Regional Support Network	

CONTRACTOR ADDRESS	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
117 North First Street, Suite 8 Mount Vernon, WA 98273-2858	601-291-840	1553

CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Joe Valentine	(360) 416-7013	(360) 416-7017	joe_valentine@nsmha.org

DSHS ADMINISTRATION	DSHS DIVISION	DSHS CONTRACT CODE
Behavioral Health and Service Integration	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 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
\$1,100,750.00	\$1,100,750.00	\$2,201,500.00

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
	Joe Valentine, Executive Director	6-17-14

DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
	Michael Rice, DBHR Contracts Supv. DBHR Contracts	6-18-14

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 \$1,100,750, for a revised Total Maximum Contract Amount of \$2,201,500.
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 and f, to read as follows:

**7. Consideration.**

- a. Total Maximum Consideration payable to the Contractor for satisfactory performance of the work under this Agreement is \$2,201,500.
  - i. Total allowable consideration payable to Contractor for satisfactory performance of the work under this Agreement for services provided in SFY 2014 shall not exceed a maximum of \$1,100,750, 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 services provided in SFY 2015, including any carry forward unexpended SFY 2014 funds shall not exceed the lesser of \$1,269,250 or Total Maximum Consideration, 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.
- 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. All MHBG Funds obligated under this Agreement in total for SFY 2014 and 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.

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](mailto: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).**

**RSN:** North Sound

**Current Date:** **March 26, 2014 Revised April 25, 2014**

**RSN Contact Person:** Margaret Rojas

**Phone Number:** 360.416.7013

**E-mail:** [Margaret\\_rojas@nsmha.org](mailto:Margaret_rojas@nsmha.org)

**Total SFY 2015 Contract Amount:** \$1,100,750; and, not to exceed \$168,500 in SFY 2014  
**Carry Forward Funds to Support SFY 2015 Services, for a Grand Total of \$1,269,250.**

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):

NSMHA conducted a survey during the month of January 2013 to solicit feedback on our 2013-16 Strategic Plan and priorities. The target audience was intentionally broad to include individuals/families living with mental illness, providers, member counties, NAMI, Tribes and other stakeholders in the region. Our intent is to use the results, which prioritized the strategic goals and strategies, for planning and funding purposes. We had over 200 responses to the survey from a diverse spectrum of our population. The results were then used to build the Request for Proposals which was released on March 20, 2013 for our MHBG funding. The proposals were due to NSMHA on April 15, 2013. The evaluation team was made up of Advisory Board members, county coordinators and NSMHA staff the proposals were evaluated on April 24<sup>th</sup>. The results of the evaluation team are listed below on the matrix. It was our intent to have our 2013 plan and contracts to run the 2 year cycle, so there are no new providers for this FY. Our Advisory Board has monthly presentations on services and programs that NSMHA funds, including but not limited to MHBG projects.

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
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March 18, 2014 Distributed Version

Prevention & Wellness

<b>Qualifies as EBP</b> Screening, Brief Intervention and Referral to Treatment (SBIRT)						\$0	
<b>Qualifies as EBP</b> Brief Motivational Interviews	See Permanent Supported Housing provided by Opportunity Council in Whatcom County. They have also incorporated Motivational Interviewing in their project for adults and youth.						Funding is in designated Engagement services
Parent Training							
Facilitated Referrals							
Relapse Prevention/Wellness Recovery Support							
Warm Line							
<b>Narrative</b>							

Engagement Services

<b>Assessment</b>	1. San Juan County District Court provides court ordered assessments and treatment to individuals living in the county who are low income and Non-Medicaid.	5 adults				\$437,854	Participants have mental health issues that have resulted in criminal justice involvement; reduced from 15 adults to 5 adults.
<b>Specialized Evaluations (Psychological and Neurological)</b>	1. Senior Services provides Geriatric Depression Screening for older adults in Snohomish County. The referrals are made through senior services and short term therapy is provided in the home.	100 older adults					Older adults with depression symptoms are the target population
<b>Service Planning (including crisis planning)</b>							
<b>Consumer/Family Education</b>							
<b>Outreach</b>	1. Sunrise Services will be providing outreach into east Snohomish County.	150 + adults					Sunrise will be providing mental health therapeutic services to individuals and families, including mental health therapy/counseling.
<b>Narrative</b>	As determined by our Strategic Plan Priorities Survey and the State's outcomes we have determined the above mentioned projects fit nicely into both NMSHA and State priorities. Population: older adults and adults isolated by geography.						

<p><u>Outcomes:</u>                  Improve health status and wellness;                  Increase stable housing in the community;                  Decrease population-level disparities                  Reduce involvement with criminal justice systems, including jails and prisons;</p> <ul style="list-style-type: none"> <li>• SJ County project serves an isolated geographic area with limited service provision, this fits nicely in NSMHA's Strategic priorities and the outcome of reducing criminal justice involvement;</li> <li>• Senior Services is a project that works to keep older adults in their home and provide short term treatment for depression, which fits nicely with NSMHA's Strategic priority of increasing services to Older Adults and increasing the stability of housing for this population;</li> <li>• Sunrise Services will be serving rural Snohomish County meeting NSMHA's Strategic priority of providing services in rural/isolated areas while improving health status and wellness;</li> <li>• Outreach and engagement for East Snohomish County. Sunrise will be providing mental health therapeutic services to individuals and families, including mental health therapy/counseling.</li> </ul>		\$0
<b>Outpatient Services</b>		
<b>Qualifies as EBP</b> Individual Evidenced Based Therapies		
Group Therapy		
Family Therapy		
Multi-Family Counseling Therapy		
Consultation to Caregivers		
Narrative		
<b>Medication Services</b>		
Medication Management		\$0
<b>Qualifies as EBP</b> Pharmacotherapy (including M/AT) Laboratory Services		
<b>Narrative</b>		
<b>Community Support Services</b>		\$422,282

Parent/Caregiver Support						
Skill Building (social, daily living, cognitive)						
Case Management	1. Compass Health in San Juan County will offer short term case management services to Non-Medicaid individuals living in remote areas of the county.	3-4 adults				The funding for this project is \$10K per year, the adults served was reduced from 5-7 to 3-4 adults
Continuing Care						
Behavior Management						
(Qualifies as EBP)						
Supported Employment						
(Qualifies as EBP)						
Permanent Supported Housing	<p>1. Island County is using MHBG funding to develop a homeless service center serving all of Island County. Housing case management, landlord tenant relations, access funding sources and other supports will be available at the center.</p> <p>2. Opportunity Council of Whatcom County has two programs, one adult and youth in providing supportive housing models. The Homeless Service Center is the hub of activity and provides this service in conjunction with an array of county services for the homeless population. <u>The project provides Permanent Supported Housing and Motivational Interviewing, both Evidence Based Practices.</u></p> <p>3. Sun House in Whatcom County is a transitional house for individuals with mental illness and chemical dependency, housing is provided for up to 6 months. MH &amp; CD services are provided at community agencies.</p> <p>4. Everett Housing Authority provides housing stabilization to older adults; this includes securing housing, providing case management and short term</p>	<p>1. 10 heads of household</p> <p>2. 30 adults</p> <p>3. 60 older adults</p>	<p>25 youth/transition age youth</p>	<p>\$104,696 EBP focused funding</p>	<p>Depression and other mental health issues are evident in the populations identified for these projects. Island County reduced from 15 to 10 Head of household.</p> <p><b>Permanent Supported Housing and Motivational Interviewing is being provided by Opportunity Council at a current rate of \$104,696 annually, over the 5% benchmark.</b></p>	

Recovery Housing	therapy.				
Therapeutic Mentoring					
Traditional Healing Services	1. Tulalip Tribes offers a youth program to reengage youth in traditional ways. Canoe Journey, Salmon Days and Sweat Lodges are some of the activities this program engages youth and families in, along with native language exposure.	1. 100 unduplicated	200 youth		Prevention is the focus of this program
<b>Narrative</b>	<p>As determined by our Strategic Plan Priorities Survey and the State's outcomes we have determined the above mentioned projects fit nicely into both NMSHA and State priorities.</p> <p><u>Population:</u> older adults, youth and transition age youth;</p> <p><u>Outcomes:</u></p> <ul style="list-style-type: none"> <li>Improve health status and wellness;</li> <li>Increase meaningful activities, including employment and education;</li> <li>Increase stable housing in the community;</li> <li>Decrease population-level disparities;</li> <li>Improve satisfaction with quality of life, including measures of recovery and resilience;</li> <li>Reduce involvement with criminal justice systems, including jails and prisons;</li> </ul> <ul style="list-style-type: none"> <li>Island County will be developing a housing hub, fitting in with NSMHA's Strategic priority of increasing housing options for individuals with mental illness;</li> <li>Opportunity Council is increasing housing stability by providing housing support case management to adults and transition age youth as is called out in the NSMHA Strategic plan and in the State's outcomes;</li> <li>Sun House is providing transitional housing prior to a permanent housing placement which aligns with NSMHA's Strategic plan and the State's outcomes of reduction in criminal justice involvement while improving the quality of life;</li> <li>Everett Housing Authority "Hope Options" is a project that increases housing stability, improves quality of life, health and wellness and serves the older adult population;</li> <li>Tulalip Tribes brings traditional healing services to adults, older adults, youth and transition age youth to improve quality of life, reduction in criminal justice involvement and increase meaningful activities such as involvement in education and employment;</li> </ul>				
<b>Recovery Support Services</b>					\$409,114
Peer Support	1. Senior Services has an older adult peer network to provide support and resources to older adults who are isolated in Snohomish County.	1. 40 older adults			
Recovery Support Coaching					
Recovery Support	1. Bailey Peer Center in Snohomish County	1. 1,200			



Center Services	provides wellness classes, support groups and WRAP groups.  2. REACH Peer Center in Skagit County provides wellness classes, support groups and WRAP groups.  3. Rainbow Recovery Center in Whatcom County provides wellness classes, support groups and WRAP groups.	undupl icated adults 2. 1,000 undupl icated over 16yo 3. 500 undupl icated	
Supports for Self Directed Care			
Narrative	<p>Population: older adults, adults and transition age youth</p> <p>Outcomes:                      Improve health status and wellness.                      Increase meaningful activities, including employment and education.                      Reduce involvement with criminal justice systems, including jails and prisons                      Increase stable housing in the community.                      Improve satisfaction with quality of life, including measures of recovery and resilience.</p> <ul style="list-style-type: none"> <li>• Senior Services older adult peer services improves health status and wellness, increases housing stability and quality of life;</li> <li>• Peer Center services are provided in three counties, increasing meaningful activities such as employment and education, improving quality of life and recovery and resilience in adults and transition age youth</li> </ul>		
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									
	Intensive Support Services									\$0
<b>(Qualifies as EBP)</b>	Assertive Community Treatment									
	Intensive Home Based Services									
<b>(Qualifies as EBP)</b>	Multi-systemic Therapy									
	Intensive Case Management									
<b>Narrative</b>										
	Out of Home Residential Services									\$0
	Crisis Residential/ Stabilization									
	Adult Mental Health Residential									
	Children's Residential Mental Health Services									
	Therapeutic Foster Care									
<b>Narrative</b>										
	Acute Intensive Services.									\$0
	Mobile Crisis									
	Peer Based Crisis Services									
	Urgent Care									
	23 Hr. Observation Bed									
	24/7 Crisis Hotline Services									
<b>Narrative</b>										
	Grand Totals		3,244	225	0	1,269,250				Total funding is inclusive of \$168,500 FFY

					2014 carry over
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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):

NSMHA has been diligent about identifying the needs in the context of cultural competence within our system of care, especially when it comes to finding cultural experts and/or special population consults. Currently 90% of our providers are in corrective action revolving around special population consults. We know this is just the tip of a larger issue, which in our opinion is a focused effort in workforce development. In our 2013-16 Strategic Plan we have identified workforce development and cultural competence as a strategic priority, "Increase workforce capabilities to provide culturally competent services through long-term consistent training" to help us move forward. In 2013 we intend to survey the needs of our providers in building cultural competence throughout the region, looking at traditional models, such as training and more creative models such as finding "cultural guides" to help us understand the more nuanced differences in culture.

NSMHA is currently in the process of evaluating a Cultural Competent Program-Annual Self-Evaluation developed by San Diego County Mental Health. The programs will rate themselves on the scale to determine their current capability for providing culturally competent services.

Exploring the barriers to service entry is also one of our initiatives, for example how to market services to individuals and families that have little or no understanding to what constitutes a mental health issue or disease. Because stigma and lack of resources have a profound effect on the ability to access services, NSMHA instituted a Dignity & Respect Campaign in 2012, its purpose is to share the belief that everyone deserves to be treated with dignity and respect and that differences are what make us unique, and acceptance is what makes us human. We are in the phase of the "awareness campaign", we've printed brochures, posters, marketing materials such as post it notes, calendars and a 30 tips flyer. We have also placed placards on the Whatcom and Skagit Transit Authority buses for exposure and are looking at ways to expose the campaign in other counties to get the word out. There is an online pledge drive, where individuals pledge to treat others with dignity and respect. We have four providers that have initiated their own campaigns and we are working with them to create an organizational assessment and HR training module.

NSMHA had its first Dignity & Respect Conference on March 4, 2014. The title of the conference was "Celebrating Workplace Diversity", we had over 130 attendees and received positive feedback on the evaluation forms. Our presenters ranged from Diversity Officers from Marriott Hotels, Weyerhaeuser,

Walmart, Western Washington University, Multnomah County and Consumer Voices are Born, all of whom represented a panel for discussion on diversity issues in the workplace. We had a keynote speaker, Louie Gong, who is an artist and speaker on diversity/identity issues. It was a great start to bring the conversation out into the community at large.