### NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT #3

#### CONTRACT # NORTH SOUND BH-ASO-LIFELINE CONNECTIONS-MHBG-20-22

Based on the Agreement of the parties to the above-referenced Contract between the North Sound Behavioral Health Administrative Services Organization, LLC (North Sound BH-ASO) and Lifeline Connections (Provider) November 10, 2020, (as amended by North Sound BH-ASO and Provider November 9, 2021, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to provide the funding for Supportive Housing in Skagit County and Recovery Housing in Whatcom County:

By mutual agreement of the parties, the following documents is added to the agreement:

- 1. Replace Exhibit A-i Budget with Exhibit A-ii Budget
- 2. Replace Exhibit D with Exhibit D-i
- 3. Replace Exhibit F with Exhibit F-i
- 4. Replace Exhibit H with Exhibit H-i
- 5. Add Exhibit J
- Replace Section D.2 Financial Accounting Requirements, 2.d to read as follows:
   d. Contractor shall submit a completed monthly invoice within 30 days from the service month, (i.e., services in June are invoiced on or before August 1st) that includes the following information:

i. Contractor shall be paid on a cost reimbursement basis for appropriate program expenditures.

ii. Administrative Costs shall not exceed 15%.

iii. Total charges, based on Contractor standard billing rates for the services provided

ALL TERMS AND CONDITIONS OF CONTRACT SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

THIS AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF FINAL SIGNATURE BY THE PARTIES.

NORTH SOUND BH-ASO, LLC

LIFELINE CONNECTIONS

Joe Valentine Executive Director Date

Joe Foster VP of Finance and Operations Date

# North Sound Behavioral Health Administrative Services Organization HARPS

# **Cost Reimbursement Budget**

**Lifeline Connections** 

January 1, 2022 to June 30, 2022

### Revenues

HARPS Housing Subsidies SABG Housing Subsidies 5% Admin on Subsidies MHBG Deliverables General State Funds *	 145,451 47,619 9,654 95,220 47,047
Total	\$ 344,991
Expenses	
Housing Subsidies	193,070
HARPS Program Expenses	151,921
Total	\$ 344,991

\* Can increase depending on subsidies actually spent and/or deliverables earned

# North Sound Behavioral Health Administrative Services Organization DOC - CBRA Cost Reimbursement Budget

Lifeline Connections

July 1, 2021 to June 30, 2022

### Revenues

DOC Rental Assistance Program Operations Administration	122,362 37,650 28,237
Total	\$ 188,249
Expenses	
Rental Assistance Program Expenses	122,362 65,887
Total	\$ 188,249

# North Sound Behavioral Health Administrative Services Organization SABG Cost Reimbursement Budget

Lifeline Connections

July 1, 2021 to June 30, 2022

### Revenues

SABG Recovery Housing	318,000
Total	\$ 318,000
Expenses	
Skagit County Supportive Housing Whatcom County Recovery House	102,000 216,000
Total	\$ 318,000

## North Sound Behavioral Health Administrative Services Organization Peer Pathfinder Transition from Incarceration Pilot Cost Reimbursement Budget Lifeline Connections

July 1, 2021 to June 30, 2021

### Revenues

MHBG Covid Peer Pathfinders Transition from Incarceration Pilot SABG Covid Peer Pathfinders Transition from Incarceration Pilot	71,000 71,000
Total	\$ 142,000
Expenses	
Peer Pathfinders Transition from Incarceration Pilot	142,000
Total	\$ 142,000

#### EXHIBIT D-i

### PEER PATH FINDER

#### PERFORMANCE AND PAYMENT

Deliverables herein are funded with the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) funds and are subject to all restrictions and rules associated with that funding stream.

	Deliverables Table			
Goal Title	Performance Measure	Due Date	Payment	
Monthly Outreach and Engagement HMIS Report	Approval of report by HCA Contract Manager	Monthly by the 20 <sup>th</sup> of each month following each month of service.	12 reports @ \$7,987 each totaling \$95,844 for this goal.	
Quarterly Activities Report		Quarterly, by the 20 <sup>th</sup> of each month following the end of each quarter as follows: 1-20-2022, 4-20-2022 7-20-2022, 10-20-2022	4 reports @ \$5,000 each totaling \$20,000 for this goal.	
	Total Compensa	ation for HCA Contract K5613	\$115,844	
Peer Pathfinder Plan	Provider submitted and HCA reviewed & approved plan	Submit to HCA for approval by 07-15-2022 Due 08-01-2022	1 report totaling \$12,727 for this goal.	
	\$12,727			

## Exhibit F-i Federal Award Identification for Subrecipients (reference 2 CFR 200.331) Substance Abuse Block Grant

(i) associa	Subrecipient name (which must match the name uted with its unique entity identifier);	Lifeline Connections
(ii)	Subrecipient's unique entity identifier; (DUNS)	104266882
(iii)	Federal Award Identification Number (FAIN);	B08TI083486
(iv) date);	Federal Award Date (see §200.39 Federal award	10/1/2020
(v)	Subaward Period of Performance Start and End Date;	1/1/2021 - 12/31/2022
(vi)	Amount of Federal Funds Obligated by this action;	\$25,000
(vii) Total Amount of Federal Funds Obligated to the subrecipient;		\$6,603,876
(viii)	Total Amount of the Federal Award;	\$37,788,257
	Federal award project description, as required to be sive to the Federal Funding Accountability and arency Act (FFATA);	Block Grant for Prevention and Treatment of Substance Abuse
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,		SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 Keri.waterland@hca.wa.gov
	CFDA Number and Name; the pass-through entity lentify the dollar amount made available under each l award and the CFDA number at time of disbursement;	93.959
(xii)	Identification of whether the award is R&D and	Yes No
(xiii) the de r costs).	Indirect cost rate for the Federal award (including if minimis rate is charged per §200.414 Indirect (F&A)	10%

## Federal Award Identification for Subrecipients (reference 2 CFR 200.331) Substance Abuse Block Grant Covid Supplemental

	1
(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound Behavioral Health Organization
(ii) Subrecipient's unique entity identifier; (DUNS)	958386666
(iii) Federal Award Identification Number (FAIN);	B08TI083519
(iv) Federal Award Date (see §200.39 Federal award date);	3/15/21
(v) Subaward Period of Performance Start and End Date;	7/1/2021 - 3/14/2023
(vi) Amount of Federal Funds Obligated by this action;	\$2,257,014
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$2,257,014
(viii) Total Amount of the Federal Award;	\$35,415,872
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Block Grant for Prevention and Treatment of Substance Abuse (Covid Enhancement)
(x) Name of Federal awarding agency, pass-through	SAMHSA
entity, and contact information for awarding official,	WA State Health Care Authority
	Keri Waterland, Assistant Director DBHR
	626 8th Ave SE; Olympia, WA 98504-5330
	Keri.waterland@hca.wa.gov
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.959
(xii) Identification of whether the award is R&D and	Yes No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	10%

### Federal Award Identification for Subrecipients (reference 2 CFR 200.331) Mental Health Block Grant

(i) associa	Subrecipient name (which must match the name ated with its unique entity identifier);	North Sound Behavioral Health Organization
(ii)	Subrecipient's unique entity identifier; (DUNS)	958386666
(iii)	Federal Award Identification Number (FAIN);	B09SM083998
(iv) date);	Federal Award Date (see §200.39 Federal award	10/1/2020
(v)	Subaward Period of Performance Start and End Date;	1/1/2020 - 12/31/2022
(vi)	Amount of Federal Funds Obligated by this action;	\$75,000
(vii) subreci	Total Amount of Federal Funds Obligated to the ipient;	\$2,852,064
(viii)	Total Amount of the Federal Award;	\$ 16,726,128
	Federal award project description, as required to be sive to the Federal Funding Accountability and arency Act (FFATA);	Block Grant for Community Mental Health Services
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,		SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 <u>Keri.waterland@hca.wa.gov</u>
	CFDA Number and Name; the pass-through entity lentify the dollar amount made available under each l award and the CFDA number at time of disbursement;	93.958
(xii)	Identification of whether the award is R&D and	Yes No
(xiii) the de t costs).	Indirect cost rate for the Federal award (including if minimis rate is charged per §200.414 Indirect (F&A)	10%

## Federal Award Identification for Subrecipients (reference 2 CFR 200.331) Mental Health Block Grant Covid Supplemental

(i) associa	Subrecipient name (which must match the name ted with its unique entity identifier);	North Sound Behavioral Health Organization
(ii)	Subrecipient's unique entity identifier; (DUNS)	958386666
(iii)	Federal Award Identification Number (FAIN);	B09SM083829
(iv) date);	Federal Award Date (see §200.39 Federal award	3/15/2021
(v)	Subaward Period of Performance Start and End Date;	7/1/2021 - 3/14/2023
(vi)	Amount of Federal Funds Obligated by this action;	\$202,009
(vii) subreci	Total Amount of Federal Funds Obligated to the pient;	\$1,537,862
(viii)	Total Amount of the Federal Award;	\$19,222,372
	Federal award project description, as required to be sive to the Federal Funding Accountability and arency Act (FFATA);	Block Grant for Community Mental Health Services (Covid Enhancement)
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,		SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 Keri.waterland@hca.wa.gov
	CFDA Number and Name; the pass-through entity lentify the dollar amount made available under each award and the CFDA number at time of disbursement;	93.958
(xii)	Identification of whether the award is R&D and	Yes No
(xiii) the de r costs).	Indirect cost rate for the Federal award (including if minimis rate is charged per §200.414 Indirect (F&A)	10%

## EXHIBIT H-i

## Federal Award Identification for Subrecipients Washington State Opioid Response II (SOR II) Grant

<ul> <li>Subrecipient name (which must match the name associated with its unique entity identifier);</li> </ul>	Lifeline Connections
(ii) Subrecipient's unique entity identifier; (DUNS)	104266882
(iii) Federal Award Identification Number (FAIN);	H79TI083286
(iv) Federal Award Date (see §200.39 Federal award date);	08/27/2020
(v) Subaward Period of Performance Start and End Date;	September 30, 2021 through September 29, 2022
(vi) Amount of Federal Funds Obligated by this action;	\$115,844
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$115,844
(xiii) Total Amount of the Federal Award;	\$27,173,792
<ul> <li>(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);</li> </ul>	Washington State Opioid Response II (SOR II) Grant
(x) Name of Federal awarding agency, pass-through entity,	SAMHSA
and contact information for awarding official,	WA State Health Care Authority
	Keri Waterland, Assistant Director DBHR
	626 8th Ave SE; Olympia, WA 98504-5330
	Keri.waterland@hca.wa.gov
<ul> <li>(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;</li> </ul>	93.788
(xii) Identification of whether the award is R&D and	Yes 🛛 No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	de minimus (10%)

#### PEER PATHFINDERS TRANSITION FROM INCARCERATION PILOT PROGRAM

#### 1.1 Peer Pathfinders Transition from Incarceration Expectations

- 1.1.1 The Peer Pathfinders Transition from Incarceration Pilot Program is intended to serve those who are exiting correctional facilities in Washington State who have either a serious mental illness, a SUD, or co-occurring conditions.
  - 1.1.1.1 Participation in the program is voluntary.
  - 1.1.1.2 The Peer Pathfinders will attempt to engage Individuals in planning their discharge. BH-ASO contracted jail transition teams will help the Peer Pathfinder identify potential participants.
  - 1.1.1.3 The Peer Pathfinder will work with the Individual on transitioning out of incarceration and into community-based services to address identified needs.
  - 1.1.1.4 These supports may include spending time establishing social support, helping with independent living skills, developing coping skills, and community adjustment skills.
  - 1.1.1.5 The hand-off between the Peer Pathfinder and the community behavioral health provider who is providing behavioral health services will be gradual and based on the Individual's needs and their person-centered plan.
  - 1.1.1.6 The anticipated duration of in-community Peer Pathfinder services is 120 calendar days with extensions granted by the BH-ASO on a case-by-case basis.

#### 1.2 Staffing

- 1.2.1 Contractor is expected to have a minimum of one Peer Pathfinder FTE for an 18-month period with Coronavirus Response and Relief Supplement Appropriations (CRSSA) funds. Remaining funds must be used for participant engagement in order to ensure successful transition to treatment.
- 1.2.2 Contractor shall contract with an agency licensed by DOH as a Behavioral Health Agency certified to deliver peer services.
- 1.2.3 Peer Pathfinder is required to complete the Intersections of Behavioral Health and the Law training, within ninety (90) calendar days of training being made available.
- 1.2.4 Peer Pathfinder will work with an average of six to twelve program Individuals. Peer Pathfinders shall routinely engage and interact with potential program Individuals.
- 1.2.5 Participate in statewide Peer Pathfinder administrative support conference calls/coordination meetings as scheduled.
- 1.2.6 Participate in Peer Pathfinder training events scheduled by HCA.

- 1.2.6.1 Complete the current HCA Peer Pathfinder Jail Transition report log and submit to <u>HCABHASO@hca.wa.gov</u> via secured email. The first report is due April 30, 2022 (January-March), and quarterly thereafter on July 31 (April-June), October 31 (July-September), and January 31 (October-December).
- 1.2.6.2 Coordinate activities with the Jail Transitions Team and Trueblood Programs where applicable.

#### 1.3 Peer Pathfinder Program Duties:

- 1.3.1 In conjunction with the BH-ASO Jail Transitions team, the Peer Pathfinder will work to engage Individuals eligible for Jail Transitions services The Peer Pathfinder shall work directly with Individuals upon release and follow them through their transition back into the community to ensure linkage relevant services for their recovery.
- 1.3.2 The Peer Pathfinder shall support the jail transition team with release planning to include the following:
  - 1.3.2.1 Function as a member of the Individual's jail transition team.
  - 1.3.2.2 Identify Individual-perceived barriers to discharge, assist the Individual with working through barriers and assure the Individual that they will be supported throughout the process.
  - 1.3.2.3 Coordinating in conjunction with release planning efforts for the Individual to travel back to his or her community.
- 1.3.3 The frequency and duration of Peer Pathfinder services will be determined by the Individual's needs, the service level required to help the Individual stay safely in the community, and caseload prioritization. Peer Pathfinder services will be decreased when the Individual is receiving behavioral health treatment and peer services from a behavioral health agency or when the Individual no longer wants the Peer Pathfinder's support.
  - 1.3.3.1 The Peer Pathfinder shall facilitate a "warm hand-off" to the behavioral health agency chosen by the Individual. Warm hand-off activities may include:
    - 1.3.3.1.1 Function as a member of the Individual's jail transition team.
    - 1.3.3.1.2 Identify Individual-perceived barriers to discharge, assist the Individual with working through barriers and assure the Individual that they will be supported throughout the process.
    - 1.3.3.1.3 Coordinating in conjunction with release planning efforts for the individual to travel back to his or her community.
- 1.3.4 Examples of Peer Pathfinder engagement activities may include:
  - 1.3.4.1 Interacting with potential participants.
  - 1.3.4.2 Developing a trusting relationship with participants.

- 1.3.4.3 Promoting a sense of self-direction and self-advocacy.
- 1.3.4.4 Sharing their experiences in recovery.
- 1.3.4.5 Helping motivate through sharing the strengths and challenges of their own illness.
- 1.3.4.6 Considering the Individual's medical issues and helping them develop wellness plans they can pursue in accordance with their physician recommendations.
- 1.3.4.7 Helping the Individual plan how they will successfully manage their life in the community.
- 1.3.4.8 Educating Individuals about resources in their home community.
- 1.3.4.9 When requested by the Individual join in treatment team meetings if there are no safety concerns. Help to convey the Individual's perspectives and assist the Individual with understanding the process.
- 1.3.5 Community-based post-release activities will include:
  - 1.3.5.1 Assisting the Individual in developing a crisis plan with the Individual's behavioral health service agency. The Peer Pathfinder may be identified as a non-crisis resource in the plan.
  - 1.3.5.2 Work to connect the Individual with natural support resources and the local recovery community and attend meetings as allowed.
  - 1.3.5.3 Support the Individual in developing skills to facilitate trust-based relationships, develop strategies for maintaining wellness and develop skills to support relationships.
  - 1.3.5.4 Assist the Individual in developing a life structure, including skills for daily living such as visits to coffee shops, use of local transportation, opening a bank account, work effectively with a payee if needed, understand benefits, budget planning, shopping and meal preparation, access leisure activities, find a church or faith home, attain, and maintain housing, etc.
  - 1.3.5.5 Support the Individual in developing skills to schedule, track and attend appointments with providers.
  - 1.3.5.6 Assist the Individual develop skills for self-advocacy so that the Individual can better define his or her treatment plan and communicate clearly with professionals such as psychiatric prescribers, primary care doctors, etc. The Peer Pathfinder should also help Individuals prepare for appointments and identify questions or comments the Individual might have for the provider.
    - 1.3.5.6.1 Explore supported employment that addresses the following:
      - 1.3.5.6.1.1 Employment goals and how they relate to recovery.

- 1.3.5.6.1.2 The availability of additional training and education to help the Individual become employable.
- 1.3.5.6.1.3 The array of employment programs and supported employment opportunities available within the region.
- 1.3.6 Peer Pathfinders should demonstrate that recovery is possible and model the ten components of recovery as defined in the SAMHSA Consensus Statement on Mental Health Recovery (<u>http://store.samhsa.gov/shin/content/SMA05-4129/SMA05-4129.pdf</u>).
- 1.3.7 The Peer Pathfinder team, including Peer Pathfinder Supervisor will:
  - 1.3.7.1 Participate in statewide Peer Pathfinder Program administrative support conference calls as applicable.
  - 1.3.7.2 Participate in Peer Pathfinder Training events scheduled by DBHR.
  - 1.3.7.3 Ensure that Peer Pathfinders complete the Peer Pathfinder Jail Transition report log monthly and submit logs to <u>HCABHSO@hca.wa.gov</u>.
  - 1.3.7.4 Coordinate and communicate Peer Pathfinder team schedules for participating at the inpatient settings with Peer Pathfinder coordinator.
- 1.3.8 The Peer Pathfinder Job Description must contain the following elements:
  - 1.3.8.1 Required Qualifications include:
    - 1.3.8.1.1 Lived experience of mental health recovery and the willingness to share his/her own experiences.
    - 1.3.8.1.2 Ability to work flexible hours.
    - 1.3.8.1.3 Valid Washington Driver's license or the ability to travel via public transportation.
    - 1.3.8.1.4 Ability to meet timely documentation requirements.
    - 1.3.8.1.5 Ability to work in a cooperative and collaborative manner as a team member with Hospital staff, MCO/BH-ASO staff, and program Individuals.
    - 1.3.8.1.6 Strong written and verbal communication skills.
    - 1.3.8.1.7 General office and computer experience.
    - 1.3.8.1.8 Washington Certified Peer Specialist with at least two years' experience working as a peer preferred.
    - 1.3.8.1.9 Dress professionally and appropriately.
  - 1.3.8.2 Desired Qualifications include:

- 1.3.8.2.1 Ability and experience working with people from diverse cultures.
- 1.3.8.2.2 Familiarity with the criminal court system.
- 1.3.8.2.3 Ability to form trusting and reciprocal relationships.