Contract # 2011-13 WBH TX
AMENDMENT #1

PURPOSE OF THE CHANGE: To amend the contract between **Willapa Behavioral Health** and **Pacific County.**
IT IS MUTUALLY AGREED THEREFORE: That the contract is hereby amended as follows:

1. Exhibit A- Budget is deleted in its entirety and replaced with Exhibit B- Budget Amendment #1

2. The maximum consideration for the entire contract is increased by $285,842 to $518,742.40 as outlined in Exhibit B Budget Amendment #1.

3. Adds a new Statement of Work sub section entitled " Youth Outpatient Treatment" as follows:

STATEMENT OF WORK

I. YOUTH OUTPATIENT TREATMENT

A. PROVIDE THE FOLLOWING SERVICES:

- Youth Outpatient treatment in accordance with WAC 440-22-001-465

B. SERVICE ELIGIBILITY

Services shall be provided at the middle and senior high school campuses in Pacific County under this contract to youth ages 13 through 19. Limited Detention-Based Outpatient Services may be provided in detention for CDDA sanctioned youth. Collateral and family support services may also be provided to family members of clients.

Youth under the age of 13 being assessed for treatment services, especially residential services, are assessed with a special focus on their:

- history of child abuse and neglect;
- ability to express and advocate for self;
- ability to think abstractly;
- ability to relate to adults and older youths; and
- physical size.

Youth 18 years or older being assessed for treatment services, especially residential services, are assessed with a special focus on their:

- living arrangement (still with parents or in need of living quarters);
- educational status (still in high school or in need of completing some equivalent); and
- economic circumstances and source of income.

C. SERVICE STANDARDS

1. To assure that youth making application for services receive the full benefit of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program, the Agency shall screen each applicant and make referrals as follows:

   a. All youth shall be screened for financial eligibility and referred to the local DSHS Community Services Office for Title XIX eligibility determination if the financial screen so warrants.

b. The Agency should refer Title XIX eligible youth that have not previously received an EPSDT health screen to an EPSDT primary health care provider for such services.

2. The Agency shall provide a multi-dimensional assessment for each person applying for services. Assessments must include, at a minimum, the following:

   a. an alcohol and other drug use history, including an assessment of a pattern of use and consequences related to the use such as school dropout or family problems;

   b. a family use pattern and addiction history;

   c. a description and assessment of existing support systems, including family and peer relationships, current parental or custodial status;

   d. an assessment of high risk behaviors including a suicide risk evaluation, a HIV/AIDS Brief Risk Evaluation, and;

   e. an assessment of adolescent development, including level of maturation, emotional stability and functioning, educational history and learning ability.

3. The County may, at its option initiate negotiations and with the mutual consent of the Agency, require a specific minimum assessment protocol be incorporated into the Agency's assessment.

4. Youth outpatient services shall include treatment appropriate for misuse of alcohol and other drugs in addition to treatment for addiction.

5. Case Management Services: The case manager will provide individual support to youth by the services listed below, but not limited to:

   - Supporting youth as they move through one or more treatment modalities (assessment, inpatient, outpatient, aftercare, and ongoing recovery);
   - Addressing barriers to the access and use of treatment services;
   - Keeping the families of the youth involved in the treatment process to support the youth in treatment and recovery;
   - Serve as the consistent adult-to-youth contact/advocate during the course of their treatment and recovery;
   - Facilitate access to other needed services;
   - Serve as a resource person for the youth and his/her family;
   - Works as a team member with the youth Treatment staff;
   - Participates in all Youth Policy and Case Staffing Team meetings;
   - Participates in the state sponsored Youth Case Management Project training.

6. Youth outpatient services shall address the needs of those youth waiting for placement in youth residential treatment, and those youth requiring continuing care (aftercare) following youth

residential treatment. Outpatient programs should be involved in the continuum of services and the treatment planning for youth in residential treatment programs.

7. Youth Outpatient services shall be provided with services which addresses the age, gender, language, culture, ethnicity, and sexual orientation of participants and their family members.

8. The Agency shall develop and maintain linkages with local DCFS offices, DJR offices, Economic and Medical Field Service offices (CSO's), juvenile courts and residential youth treatment programs to assure support services and the full continuum of care are available to clients.

9. Staff, working the majority of their time in this program, must be actively pursuing the requirements set forth in WAC 388-805-6201-through 630.

10. The Agency shall include within the context of the structured outpatient program, recreational activities as part of the treatment plan

D. Guiding Principles for Youth Services

Youth Outpatient services will be delivered in accordance with the DSHS Guiding Principles listed below.

(a) Family and Youth Voice and Choice: Family and youth voice, choice and preferences are intentionally elicited and prioritized during all phases of the process, including planning, delivery, transition, and evaluation of services.

(b) Family-focused and Youth-centered: Services and interventions are family-focused and child-centered from the first contact with or about the family or child.

(c) Team-based: Services and supports are planned and delivered through a multi-agency, collaborative teaming approach. Team members are chosen by the family and connected to them through natural, community, and formal support and service relationships. The team works together to develop and implement a plan to address unmet needs and work toward the family's vision.

(d) Natural Supports: The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships (e.g. friends, neighbors, community and faith-based organizations). The recovery plan reflects activities and interventions that draw on sources of natural support to promote recovery and resiliency.

(e) Collaboration: The system responds effectively to the behavioral health needs of multi-system involved youth and their caregivers, including children in the child welfare, juvenile justice, developmental disabilities, substance abuse, primary care, and education systems.

(f) Culturally Relevant: Services are culturally relevant and provided with respect for the values, preferences, beliefs, culture, and identity of the youth and family and their community.

(g) Individualized: Services, strategies, and supports are individualized and tailored to the unique strengths and needs of each youth and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes.

Outcome-based: Based on the family's needs and vision, the team develops goals and strategies, ties them to observable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. Services and supports are persistent and flexible so as to overcome setbacks and achieve their intended goals and outcomes

2. Under "Specific Provisions- Chemical Dependency", section I., bullet number 3 is added as follows:

- For all funding sources under this contract, the maximum number of DBHR-funded assessments provided to each client, within a one year period, is two (2).

ALL OTHER TERMS & CONDITIONS of the original contract shall remain in full force and effect.
IN WITNESS WHEREOF, undersigned have affixed their signatures in execution thereof.

PACIFIC COUNTY BOARD OF COUNTY COMMISSIONERS

_____
Chairman Date

_____
Commissioner Date

_____
Commissioner Date

Attest

_____
Clerk of the Board Date

CONTRACTOR- Willapa Behavioral Health

_____
Signature Date

_____
Title

Contract #2011-13 WBH TX

Exhibit B- Budget

Amendment #1

		Original Budget			Amendment #1			
Fund Source	**Services**	**FY 12**	**FY 13**	**Total**	**FY 12**	**FY 13**	**2011-13 Total**	
Federal SAPT	Low Income Adult & Youth, ADATSA	$27,313.00	$0.00	$27,313.00	$ 36,792.00	$ 27,313.00	$ 64,105.00	
Adult CJTA (Biennial)	CJTA	$59,253.00	$0.00	$59,253.00	$	122,989.40	$ 122,989.40	
State GIA	Low Income Adult & Youth, ADATSA	$94,819.00	$0.00	$94,819.00	$ 125,266.62	$ 98,870.00	$ 224,136.62	
Title XIX/Disability Lifeline & ADATSA	Disability Lifeline & ADATSA	$29,015.00	$0.00	$29,015.00	$ 39,167.00	$ 29,010.00	$ 68,177.00	
GIA/CJTA (Biennial)	Low Income and CJTA Treatment	$0.00	$0.00	$0.00	$	10,278.00	$ 10,278.00	
Total Direct Bill		**$210,400.00**	**$0.00**	**$210,400.00**		-	**$ 489,686.02**	
Title XIX Set Aside	Youth and Adult Medicaid (non CJTA)	$15,000.00	$0.00	$15,000.00	$ 8,556.38	$ 8,500.00	$ 17,056.38	*
CJTA Title XIX Set Aside	Medicaid (CJTA)	$7,500.00	$0.00	$7,500.00	$	12,000.00	$ 12,000.00	*
	Total Set Aside	$22,500.00					$ 29,056.38	*
Contract Total		**$232,900.00**					**$ 518,742.40**	

*Medicaid "Set Aside" Funds are not billable directly to the county. The contractor bills Medicaid directly, and the county share is taken out from the state.