



CONTRACT AMENDMENT

DSHS CONTRACT NUMBER:
1163-27318
Amendment No. 07

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: Pacific County
CONTRACTOR doing business as (DBA):

CONTRACTOR ADDRESS: 1216 West Robert Bush Drive, Post Office Box 26, South Bend, WA 98586-
WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI):
DSHS INDEX NUMBER: 1231

CONTRACTOR CONTACT: Katie Oien-Lindstrom
CONTRACTOR TELEPHONE: (360) 875-9343
CONTRACTOR FAX: (360) 875-9323
CONTRACTOR E-MAIL ADDRESS: koien@co.pacific.wa.us

DSHS ADMINISTRATION: Aging and Disability Services Administration
DSHS DIVISION: Division of Behavioral Health and Recovery
DSHS CONTRACT CODE: 1611CS-63

DSHS CONTACT NAME AND TITLE: Ruth Leonard, Regional Treatment Manager
DSHS CONTACT ADDRESS: 4500 10th Avenue SE, Lacey, WA 98503

DSHS CONTACT TELEPHONE: (360) 725-3742
DSHS CONTACT FAX: (360) 586-9551
DSHS CONTACT E-MAIL ADDRESS: leonamr@dshs.wa.gov

IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?: No
CFDA NUMBERS: 93.959

AMENDMENT START DATE: 07/01/2013
CONTRACT END DATE: 06/30/2015

PRIOR MAXIMUM CONTRACT AMOUNT: \$865,956.00
AMOUNT OF INCREASE OR DECREASE: \$185,927.00
TOTAL MAXIMUM CONTRACT AMOUNT: \$1,051,883.00

REASON FOR AMENDMENT; CHANGE OR CORRECT CHOOSE ONE:

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):

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: [Signature Line]
PRINTED NAME AND TITLE: Lisa Ayers, Chair, Board of Pacific County Commissioners
DATE SIGNED:

DSHS SIGNATURE: [Signature Line]
PRINTED NAME AND TITLE:
DATE SIGNED:

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. Definitions.

The following definitions are either new to the contract or modified from previous versions:

- a. "Behavioral Health Administrator or BHA" means the DSHS contact identified on page one of this Contract.
- b. "BHISA" means Behavioral Health and Integrated Service Administration
- c. "Prevention System Manager" (PSM) means the designee assigned by the BHA to manage day to day responsibilities associated with this Contract.
- d. "Indigent Patients" means those receiving a DSHS income assistance grant (e.g. ADATSA, TANF, SSI) or medical assistance program (Categorically Needy, Medically Needy, Medical Care Services). They are usually identified by a medical coupon or Medicaid identification card. Food stamp recipients are not considered indigent patients unless they also receive one of the above grant or medical assistance programs.

2. Purpose.

The purpose of this contract is to:

- a. Extend the life of the current County contract for Treatment and Prevention outpatient services scheduled to expire June 30, 2013 by an additional six months.
- b. Add funding to cover services through the contract period.
- c. Modify language to update the contract content for all Counties.
- d. Add elements to the contract which are required for the term of the contract.

Items left unchanged remain in force.

3. Contract Term.

The term of this contract is amended to extend from July 1, 2013 until June 30, 2015

4. Statement of Work.

The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

The section on Admission Priority Populations is deleted and replaced with the following:

a. Admission Priority Populations

- (1) The Contractor shall ensure treatment admissions to all Medicaid eligible individuals as a service priority.

(2) The Contractor shall ensure treatment admissions are prioritized in the order as follows, per the Substance Abuse Prevention and Treatment (SAPT) Block Grant (45 CFR 96131 and 42 USC 300x-27):

- (a) Pregnant injecting drug users
- (b) Pregnant substance abusers
- (c) Injecting drug users

b. Background Check (RCW 43.43, WAC 388-877-0500)

Background Check language is deleted and replaced with the following:

- (1) The Contractor shall ensure a criminal background check is conducted for all staff members, case managers, outreach staff members, etc. or volunteers who have unsupervised access to children, adolescents, vulnerable adults, and persons who have developmental disabilities.
- (2) When providing services to youth, the contractor shall ensure that requirements of WAC 388-06-0170 are met.

c. Waiting List is deleted and replaced with the following:

(1) Waiting List Requirements: All publicly-funded treatment agencies shall:

- (a) Collect patient information as required on the DBHR Target Data Elements Waiting List-First Contact form, DSHS Form #04-444.
- (b) Enter the "Date of First Contact" into TARGET, at least every (7) days, by collecting data at the time the patient first contacts the agency to request services and is given a specific date for when services will begin.

d. Screening and Assessment

Add the following to the list of Screening and Assessment services:

- (5) The maximum number of DBHR-funded assessments provided to each client, within a one year period, is two (2).

e. Youth Outpatient Services

Add the following language to Youth Outpatient Services:

Youth Outpatient services, described in the Statement of Work above, will be delivered in accordance with the DSHS Guiding Principles listed below.

Guiding Principles for Youth Services

- (1) 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.
- (2) 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.

- (3) 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.
- (4) 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.
- (5) 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.
- (6) 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.
- (7) 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.
- (8) 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.

f. Pregnant, Post-partum and Parenting Persons Outpatient Services

The introductory language is modified to read:

The Contractor shall ensure the following assessment requirements in addition to standard assessment services pursuant to WAC 388-805-310:

All other language in this section remains in force.

5. Prevention Services Statement of Work, Consideration and Billing and Payment.

The following language replaces previous language for Prevention Services.

The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below.

- a. For the period July 1, 2013 through June 30, 2015, the Contractor shall use prevention funds to coordinate and implement prevention programs designed to prevent or delay the misuse and abuse of alcohol, tobacco, and other drugs. Prevention programs and services include, but are not limited to:
 - b. Coordination of Prevention Services

The Contractor shall ensure:

- (1) Subcontractor monitoring, using a DSHS approved subcontract monitoring protocol, including annual on-site reviews of programs that directly serve children and/or families.
- (2) Materials and media developed with DSHS funds shall be submitted to the BHA or designee for approval prior to publication. Acknowledgment of DSHS as the funding source when articles and materials related to prevention programs are published. The funding source shall be cited as: Washington State Department of Social and Health Services – Division of Behavioral Health and Recovery.
- (3) If funding permits Contractor to provide Community Based Coordination services in addition to meeting PRI requirements, (i.e., Contractors with PRI communities that each have at least \$110,000 of DBHR funding budgeted for PRI implementation, annually.) services may be provided at the county level. Services shall reflect work of the Contractor staff coordinating, organizing, building capacity, providing education and information related to prevention initiatives at the county level.

c. Prevention Redesign Initiative – link to <http://www.theathenaforum.org/> Website

The Contractor shall:

- (1) Provide PRI services in accordance with the Key Objectives and Task Guide found on the Athena Forum website which outlines the minimal standards to participate in the PRI.
- (2) Submit an annual budget with projected expenditures, including salary and benefits for DSHS funded prevention staff, program costs, training and travel to the Prevention System Manager, within 30 days upon request. A template will be provided.
- (3) Enter approved programs into the PBPS by July 1, 2013 based on the priorities, goals and objectives described in the approved Strategic Plan. Cohort 3 approved programs include the PRI Coalition and may include other programs as negotiated with BHA or their designee.
- (4) Ensure sixty percent (unless negotiated with BHA or designee) of programs supported by DSHS funds will be replications or adaptations of “Evidence-based Practice” substance abuse prevention programs as identified in the PBPS.
- (5) Ensure all of the programs supported by DSHS will meet the Center for Substance Abuse Prevention’s (CSAP) Principles of Effective Substance Abuse Prevention, found on the Athena Forum Website.

d. Prevention Training

- (1) Required Prevention Training
- (2) The Contractor shall participate in all required training events identified by DSHS and listed in the DBHR PRI Task Guide.
- (3) Non-Required Training in PRI
 - (a) In the absence of a strategic plan, all additional (non-required) training paid for by DSHS shall be approved by BHA or designee prior to training and relate to approved goals and objectives in PBPS.

- (b) The Contractor shall ensure any requests for training are requested in writing and sent directly to the Prevention System Manager, a minimum of ten working days before the date of the proposed training. Trainings shall relate to one of the following three categories.
 - i. Coalition building and community organization.
 - ii. Capacity building regarding prevention theory and practice.
 - iii. Capacity building for evidence based practice and environmental strategy implementation, related to the goals and objectives of the coalition's approved strategic plan.
- (c) The Contractor shall ensure training paid for by DSHS that requires travel follows state travel reimbursement guidelines accessible at <http://www.ofm.wa.gov/policy/10.90.htm>.
- (d) The Contractor shall record training events in the DSHS Performance Based Prevention System (PBPS) in accordance with the monthly reporting requirements described in Section 2. g., Prevention Report Schedule / Due Dates.

e. Prevention Reporting

(1) Prevention Reporting Requirements

The Contractor shall:

- (a) Implement and monitor prevention programs and reporting to assure compliance with these guidelines.
- (b) Develop and submit a protocol for monitoring subcontractors.
- (c) Conduct an on-site visit of prevention sub-contractors.

(2) Prevention Activity Data Reports – See Section 2. g., Prevention Report Schedule / Due Dates, below for schedule and reporting due dates. CHANGE

(3) The Contractor shall:

- (a) Ensure that monthly prevention activities are reported in the DSHS PBPS in accordance with the requirements and timelines set forth below.
- (b) Ensure demographic information is provided for each participant in single events, mentoring, environmental and recurring programs.
- (c) Provide Community Coalition Coordination Reports on its efforts in the PBPS for each month of the calendar year.

f. Outcome Measures

(1) The Contractor shall report on all required pre/post-tests in PBPS Program Selection Instruments identified in the PBPS.

Special situations and exceptions regarding pre/post tests and Program Selection Instruments identified in the PBPS include, but are not limited to, the following:

- (a) The Contractor may negotiate with the Prevention System Manager to reduce multiple administrations of surveys to individual participants.
- (b) Participants in recurring program groups in which the majority of participants are younger than 10 years old on the date of that group's first service.
- (c) Recurring programs that spend less than \$1,000 of DSHS prevention funds each biennium.
- (d) Programs that only provide single service events.
- (e) Environmental/Media services.

g. Prevention Report Schedule / Due Dates Guidelines

REPORTING PERIOD	REPORT(s)	Report Due Dates	Reporting System
One time report	Programs approved by DBHR for Contract ending June 30, 2015	July 31, 2013	PBPS
	GPRA measures	As requested	
Monthly	Prevention activity data input for all active services including community coalition coordination efforts, pre-tests, post-tests, and assessments	15 th of each month for activities from the previous month	PBPS
Monthly	Training Report	15 th of each month for trainings from the previous month	PBPS

h. Performance Work Statement / Evaluation

- (1) The Contractor shall ensure program results show positive outcomes for at least half of the participants in each program group.
 - (a) Positive outcomes means that at least half of the participants in a group report change between pre and post-tests consistent with the positive outcome goal.
 - (b) Positive outcomes will be determined using the pre-test and post-test data reported in the Performance Based Prevention System (PBPS).
 - (c) Survey results will be compared against the stated outcome for the program.
 - (d) Evaluation of PBPS data will occur on the 15th of the month following the final date of service for each group.
- (2) DSHS shall use the following protocol for evaluation:

- (a) Matched pre-test and post-test pairs will be used in the analysis.
- (b) To allow for normal attendance drop-off, a 20% leeway will be given for missing post-tests:
- (c) If there are missing post-tests for entered pre-tests in excess of 20% of pre-tests, missing post-test will be counted as a negative outcome.

Example: there are 10 pre-tests and 7 post-tests. The denominator would be 8 and the maximum numerator would be 7.

- (3) Different groups receiving the same program will be clustered by school district.
 - (a) In cases where multiple providers are serving the same school district, groups will be clustered by school district and provider.
 - (b) The results of one provider in a given school district will not impact another provider in the same district.
- (4) In cases where the survey instrument selected for a given program includes more than one scale, the scale that is most closely aligned with the outcome linked to the program in PBPS will be used.
- (5) Results for groups with services that span two contracting periods will be analyzed in the contracting period that the post-test was administered.

If fewer than half of the participants in a group, within a given school district, report positive change in the intended outcome:

- (a) The Contractor shall submit a Performance Improvement Plan (PIP) for the non-compliant program to the BHA or designee within 45 days of notice by DSHS.
- (b) Reimbursement for the CSAP Category row on the A19 for that program will be held until the PIP is approved by the BHA or their designee.
- (c) If a second group within that same school district has fewer than half of the participants report positive change in the intended outcome, then the following steps will be taken:
 - i. In cases where there is no active non-compliant program, the Contractor shall discontinue implementation of that program within the specified geography.
 - ii. In cases where the same programs as the non-compliant program are active and continuing in the same school district, those groups will be allowed to complete the expected number of sessions. No new groups will be started.
 - iii. Following the conclusion of all groups completing the program, results will be reviewed for those groups.
 - iv. If the results do not show positive change for each group, the Contractor shall take the following action:
 - (A) In cases where the program is being delivered by a single provider in the specified geography, the Contractor shall discontinue implementation of that program in the specified geography.

(B) In cases where the program is being delivered by multiple providers in the specified geography, the Contractor shall discontinue implementation of that program by the underperforming provider in the specified geography.

(6) A non-compliant program that resulted in the need for a Performance Improvement Plan during July 1-2013 to December 31, 2013 will carry that record forward into the January 2014- June 30, 2015 contract period.

i. Consideration:

Maximum consideration payable to Contractor for satisfactory performance of the work under the Prevention Statement of Work is identified on the Awards and Revenue document attached as Exhibit A, including any and all expenses, and shall be based on the following:

(1) The source of funds is the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. The Catalog of Federal Domestic Assistance number is 93.959.

(2) Reimbursable Costs

The Contractor shall ensure all expenditures for services and activities under this Contract are submitted on the A-19 invoice appropriate for PBPS entry.

(3) Funding Allocation

The Contractor shall manage the contract to ensure that services are provided in a manner that allocates the available resources over the life of the contract.

(4) Administrative Cost Limitations

Contract funds shall not be used for administrative costs.

(5) Period of Performance Service Costs

The Contractor shall ensure that service costs incurred are within the period of performance of this Contract.

j. Billing and Payment for the Prevention Statement of Work.

(1) Invoice System

The Contractor shall submit invoices using State Form A-19 Invoice Voucher, or such other form as designated by DSHS. Consideration for services rendered shall be payable upon receipt of properly completed invoices which shall be submitted to the DSHS Contact Person stated on page one (1) of this contract, by the Contractor, not more often than monthly. The invoices shall describe and document to DSHS' satisfaction a description of the work performed, activities accomplished, the progress of the project, and fees. The rates shall be in accordance with those set forth in Section 5, Consideration, of this Contract.

(2) Billing for CSAP

The Contractor shall ensure expenditures for each of the six CSAP strategies are reported monthly as part of the A-19 invoice.

(3) Timely Payment

Payment shall be considered timely if made by DSHS within thirty (30) days after receipt and acceptance by the DSHS Contact Person of the properly completed invoices. Payment shall be sent to the address designated by the Contractor on page one (1) of this Contract. DSHS may, at its sole discretion, withhold payment claimed by the Contractor for services rendered if Contractor fails to satisfactorily comply with any term or condition of this Contract.

(4) DSHS Obligation for Payment

DSHS shall not be obligated to reimburse the Contractor for any services or activities, performed prior to having a fully executed copy of this Contract.

(5) Duplication

The Contractor assures that work performed and invoiced does not duplicate work to be charged to the State of Washington under any other contract or agreement with the Contractor.

(6) Claims for Payment

The Contractor shall:

- (a) Submit invoices for costs due and payable under this agreement that were incurred prior to the expiration date within 90 days of the date services were provided.
- (b) The Contractor shall submit final billing for services provided during each fiscal year within 90 days after the end of that fiscal year.

k. Non-Compliance

(1) Failure to Maintain Reporting Requirements:

- (2) In the event the Contractor or a subcontractor fails to maintain its reporting obligations under this Contract, DSHS reserves the right to withhold reimbursements to the Contractor until the obligations are met.

l. Recovery of Costs Claimed in Error:

If the Contractor claims and DSHS reimburses for expenditures under this Contract which DSHS later finds were (1) claimed in error or (2) not allowable costs under the terms of the Contract, DSHS shall recover those costs and the Contractor shall fully cooperate with the recovery.

6. Subcontractor Monitoring

The following language is added as item a.

- a. The Contractor shall obtain prior approval before entering into any subcontracting arrangement. In addition, the Contractor shall submit to the DSHS Program Manager identified on Page 1 of the contract at least one of the following for review and approval purposes:

- (1) Copy of the proposed subcontract to ensure it meets all DSHS requirements; or
- (2) Copy of the contractor's standard contract template to ensure it meets all requirements and

approve only subcontracts entered into using that template; or

- (3) Certify in writing that the subcontractor meets all requirements under the contract and that the subcontract contains all required language under the contract, including any data security, confidentiality and/or Business Associate language, as appropriate.

All remaining sections are automatically renumbered as b. through d. and remain in force.

7. Consideration for Treatment Services.

- a. The maximum consideration for this Contract is identified on the Awards and Revenues document attached as Exhibit A.

The following language is inserted as item b.

- b. For Services to Pregnant and Parenting Women, SAPT may only be used as payment of last resort.

All remaining sections are automatically renumbered as c. through i. and remain in force.

8. Advance Payment and Billing Limitations.

The following language replaces the language in sections a. and b. of the Advance Payment and Billing Limitations section of the contract.

- a. Advance Payment

DSHS shall not make any payments in advance or in anticipation of the delivery of services to be provided pursuant to this Contract.

- b. Authorized Services

DSHS shall pay the Contractor only for authorized services provided in accordance with this Contract. If this Contract is terminated for any reason, DSHS shall pay only for services authorized and provided through the date of termination.

- (1) Timely Billing

DSHS shall not pay any claims for payment for services submitted more than ninety (90) days after the calendar month in which the services were performed, unless otherwise specified in this Contract.

- (2) Exception to 90-day billing limitation

The Contractor may submit a bill for services beyond the 90-day limitation:

- (a) When additional funds are added to or funds are decreased from the Contract by written amendment, those services previously provided shall be entered as a Community Services Fund source in TARGET.
- (b) When a billing submitted to the Medicaid payment system is denied due to ineligibility, the Contractor may submit a billing for the denied service using an A-19 invoice. The Contractor shall attach a copy of the Medicaid payment system denial to the A-19 to document the denial.

All remaining sections, items c. through e. remain unchanged and in force.

9. Incentive Research Project

The following language is added:

DSHS has received a grant from Brandeis University to participate in an incentive awards project to improve performance in “treatment engagement” for Outpatient and Intensive Outpatient treatment agencies (including qualified subcontractors) and detox facilities. The project will run from October 1, 2013 through March 31, 2015.

- a. Brandeis University will randomize the list of qualifying agencies and place each agency into one of three or one of four categories (“arms”).
- b. Because of the small number of detox facilities, they will be randomized into one of the following three:
 - (1) Control group
 - (2) Incentives only
 - (3) Alerts Only
- c. Outpatient agencies will be randomized into one of the following:
 - (1) Control group
 - (2) Incentives only
 - (3) Alerts Only
 - (4) Incentives and Alerts
- d. Funding for incentive award payments is provided by DSHS.
 - (1) These funds are pooled and not reflected in the Awards and Revenues (A&R) attachment.
 - (2) The earned incentive award payments shall be passed through to the subcontracted providers or directly to the agency providing services that are identified by DSHS as a quarterly awardee.
 - (3) The County is authorized to take up to an 8% administrative fee for each award and therefore may receive additional funding over and above that identified on the A&R.
- e. By September 30, 2013 DSHS will kick off the start of the program with information and a Webinar opportunity about:
 - (1) The randomization process
 - (2) The requirements for identification as a qualifying agency
 - (3) The award formula which identifies those who have earned an award based on a calculation using a combination of:

(a) Achievement points

(b) Improvement points

f. DSHS will notify you in writing and/or by e-mail of the status of your subcontractors as to:

(1) Which have qualified to participate in the project

(2) Into which each of the categories in a. above it has been placed after the randomization

(3) If any of your providers have achieved an incentive award payment and the amount awarded

(4) Provide a separate A-19 for billing purposes that will cover only the incentive payments.

g. The County shall:

(1) Familiarize itself with the incentive program and be prepared to answer basic questions from subcontractors about the project.

(2) Forward the information provided to the County in section c. above to all qualified subcontractors.

(3) Within 10 days of receiving the awardee list from DSHS, notify each awardee agency in writing and/or by electronic means that they have achieved an incentive award and to expect to receive it within the quarter following the quarter in which the reward was achieved.

(4) Send the separate A-19 for the project to Eric Larson at Eric.Larson@dshs.wa.gov or designee who will review and forward valid A-19s for payment.

10. TARGET: All TARGET Language is replaced with the following:

TARGET2000 Requirements.

a. Access and Security Requirements

A TARGET User ID is assigned to an individual employee and not to the Agency as a whole; therefore the Contractor shall ensure:

(1) At least one trained primary and one trained backup data operator must have a User ID from the secure Access Washington (SAW) system.

(2) Procedures are implemented to ensure that there is no sharing of User IDs, pass phrases or TARGET logon information and that new employees requiring access do not make use of User IDs issued to others.

(3) Computers that access TARGET shall be located in secure areas away from general public viewing and traffic.

(4) The TARGET Helpdesk (888-461-8898)

(5) The Contractor shall ensure:

(a) The Helpdesk is notified within three (3) business days regarding a staff member who holds

- a User ID for access to TARGET who resigns or is terminated.
- (b) The Helpdesk is notified when new staff needs access to TARGET data so an ID can be created.
- (c) Relevant Contractor staff has access to the technical assistance through the TARGET Helpdesk to keep TARGET resources operational.
- (6) The Contractor may enter into a qualified Service Agreement with another organization to meet TARGET Program Agreement reporting requirements and shall ensure section a. (1)-(4) above are included in the Service Agreement.
- (7) The instructions for new users are available through the DBHR website or through the TARGET Helpdesk.

b. Data Protection

The Contractor shall:

- (1) Not share TARGET user ID's or passwords between staff members or other workers.
- (2) Ensure that there is at least one trained back-up data-entry worker at the service agency throughout the Program Agreement period.
- (3) Take due care to protect said data from unauthorized physical and electronic access.

c. Data Disposition

The data provided to DSHS shall be maintained in a secure fashion until such time as the Department determines that it should be destroyed.

d. Requirements for Patient and Client Treatment Encounter DATA

Documentation of non-compliance with any reporting requirements may result in corrective actions towards the Contractor or the withholding of funds.

The Contractor shall:

- (1) Enter the date of first contact is input to TARGET within 3 days.
- (2) Enter all information into TARGET on or before the 10th day of the month after the month in which service was provided.
- (3) Ensure all reporting requirements are met.
- (4) Enter full and complete patient and client information including but not limited to Interim Waiting List Services, Assessment Services and Treatment Services, is entered into TARGET.
- (5) Provide special TARGET-based reports to the DSHS RA as requested
- (6) Prior to the implementation of a new program of service, the Contractor and DSHS shall agree upon a program guidance/instruction document that will specify the process for reporting the service activity under that program.

(7) To ensure on-time payment of submitted invoices

(a) All target data must be input no later than the 10th of the month after the month in which service was provided.

(b) Verification of TARGET data input will be made prior to payment.

All other terms and conditions of this Contract remain in full force and effect.

Exhibit A

Awards and Revenues

This document is being sent by e-mail along with the 2013-2015 amendment.

**AWARD AND REVENUES
2013-2015 Biennium**

COUNTY Pacific
PROGRAM AGREEMENT NUMBER 1163-27318

The above named County(ies), is hereby awarded the following amounts for the purposes listed.

<u>REVENUE SOURCE CODE:</u>	<u>TYPE OF SERVICE</u>	<u>AWARD AMOUNTS</u>			<u>Total 13-15 Biennium</u>
		<u>SFY 14</u>	<u>SFY 15</u>	<u>Biennial Funds</u>	
333.99.59	SAPT Grant-in-Aid	\$30,257	\$0		\$30,257
	<i>SAPT Base</i>	<i>\$14,901</i>	<i>\$0</i>		<i>\$14,901</i>
	<i>Prevention</i>	<i>\$15,356</i>	<i>\$0</i>		<i>\$15,356</i>
334.04.6X	State Grant-in-Aid	\$96,029	\$0		\$96,029
	<i>State GIA Administration</i>	<i>\$11,322</i>	<i>\$0</i>		<i>\$11,322</i>
334.04.6X	Criminal Justice Treatment Account (Biennial)			\$37,085	\$37,085
334.04.6X	Drug Court - State Funds	\$0	\$0		\$0
	STATE - SPECIAL PROJECTS	\$3,281	\$0		\$3,281
334.04.6X	<i>TANF Treatment Services</i>	<i>\$3,281</i>	<i>\$0</i>		<i>\$3,281</i>
334.04.6X	<i>CA Parents in Reunification</i>	<i>\$0</i>	<i>\$0</i>		<i>\$0</i>
	FEDERAL GRANTS	\$19,275	\$0	\$0	\$19,275
333.97.78	<i>TXIX -Fed Waiver for DL and ADATSA clients ONLY</i>	<i>\$19,275</i>	<i>\$0</i>		<i>\$19,275</i>
Total Federal Funds		\$49,532	\$0	\$0	\$49,532
Total State Funds		\$99,310	\$0	\$37,085	\$136,395
TOTAL ALL AWARDS		\$148,842	\$0	\$37,085	\$185,927

Federal CFDA:

SAPT Grant-in-Aid -CFDA 93.959 Substance Abuse and Mental Health Services Administration (SAMHSA)

Title XIX - CFDA 93.778

Criminal Justice Treatment Account

Criminal Justice Treatment Account (CJTA) funds are awarded to counties on a biennial basis.

No more than 10% of the CJTA and Drug Court award may be spent on BARS 566.11 for County Only Administration.

No more than 10% of the CJTA and Drug Court award may be spent on BARS 566.11 for Drug Court Administration.

County participation match programs include State Grant-in-Aid, Federal SAPT Grant-in-Aid, TXIX Fed Wvr and CJTA.