

**Contract # 2011-13 WBH TX
AMENDMENT #3**

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. **Extends the life of the current contract to provide substance abuse treatment services through June 30, 2015.**
2. **Adds \$142,911 in direct bill funding and \$10,000 in Medicaid set aside funding for state fiscal year 2014 (July 1, 2013- June 30, 2014), as outlined in Exhibit B- Budget Amendment #3.**
3. **Deletes the fourth paragraph of "III. Client Eligibility" of the section entitled "Specific Provisions" and replaces it with the following language:**

III. The Agency shall manage County contracted treatment referrals in a manner that assures feasible access to services for INDIGENT and LOW INCOME clients, PROVIDED, however, that access to services shall be first offered to persons within the following priority categories:

1. Medicaid eligible individuals
2. Pregnant injecting drug users
3. Pregnant substance users
4. Injecting Drug Users (IDUs)
5. Washington State defined priority populations; subsections (b) through (f) are in no particular order:
 - a. Parenting women (first priority)
 - b. Postpartum (up to one year, regardless of pregnancy outcome)
 - c. Parenting individuals involved with Child Protective Services
 - d. Youth
 - e. Offenders (as defined in RCW 70.96A.350)
 - f. Other Medicaid Clients

4. **Under "Specific Provisions- Chemical Dependency", the following paragraph will be added under the "Client Eligibility" section:**

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

5. **"Section VIII. Youth" is added to "Statement of Work", as follows:**

Youth Outpatient Services (WAC 388-805)

(1) Service Eligibility

The Contractor shall ensure:

(a) Services are provided to youth ages 10 through 17.

(b) The age at which a youth may self-refer for treatment without parental consent (age of consent) is 13 years of age.

(c) Patients under age 10 may be served with the approval of DSHS.

(d) Young adult patients, age 18 through 20 who, based on developmental needs, may be more appropriately served in a youth outpatient treatment setting. The case file shall contain documentation supporting the clinical decision.

(e) Youth patients who, based on developmental needs, may be more appropriately served in an adult outpatient treatment setting. The case files shall contain documentation supporting the clinical decision.

(2) Title-XIX funding for youth in treatment

The Contractor shall ensure:

(a) Treatment services provided to youth are billed under Title-XIX unless the youth is determined to be ineligible for this funding.

(b) Documentation identifying a youth as ineligible for Title-XIX is documented within the patient case file.

(4) Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services -The Contractor shall encourage subcontractors to refer Title-XIX eligible youth that have not previously received an EPSDT health screen to an EPSDT primary health care provider for an EPSDT health screen.

(5) Assessment Services -The Contractor shall ensure that each youth receives a multi dimensional assessment per Chapter 388-805-310 WAC: Requirements for chemical dependency assessments.

(6) Treatment Services -For youth that meet the financial and eligibility standards for publicly-funded chemical dependency treatment services the Contractor shall ensure:

(a) Youth outpatient services include treatment appropriate for substance abuse disorder in addition to treatment for substance dependency.

(b) Youth outpatient services address the needs of youth waiting for placement in youth residential treatment, and youth requiring aftercare following youth residential treatment.

(c) Outpatient subcontractors are involved in the continuum of services and the treatment planning for youth they have referred to residential treatment programs.

(7) Continuing Education: Requirements to Work with Youth DSHS Central Contract Services 1611CS County Program Agreement (7-21-11) Page 15

The Contractor shall require that Chemical Dependency Professionals (CDPs) who are working with the youth outpatient treatment population dedicate 10 of the 40 required Continuing Education credits for CDP recertification to adolescent specific training or professional development activities. Youth Outpatient services will be delivered in accordance with the DSHS guiding principles listed below:

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 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.

6. The following language is added to section VII. Waiting List Interim Services:

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.

7. Section XIV. Background Checks shall be deleted and replaced with the following:

Background Checks

The Contractor shall ensure a criminal background check is conducted for all staff members, case managers,

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Exhibit B- Budget
Amendment #3

Fund Source	Services	FY 14	FY 15	Total
Federal SAPT	Low Income Adult & Youth, ADATSA	\$14,901	\$0	\$14,901
Adult CJTA (Biennial)	CJTA	\$28,747	\$0	\$28,747
State GIA	Low Income Adult & Youth, ADATSA	\$76,707	\$0	\$76,707
Title XIX/Disability Lifeline & ADATSA	Disability Lifeline & ADATSA	\$19,275	\$0	\$19,275
State Special Projects	TANF Treatment Services	\$3,281	\$0	\$3,281
Total Direct Bill		\$142,911.00	\$0.00	\$142,911.00

Title XIX Set Aside	Youth and Adult Medicaid (non CJTA)	\$5,000.00	\$0.00	\$5,000.00
CJTA Title XIX Set Aside	Medicaid (CJTA)	\$5,000.00	\$0.00	\$5,000.00
Total Set Aside		\$10,000.00	\$0.00	\$10,000.00

Contract Total \$152,911.00

*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.