Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES	**COUNTY PROGRAM AGREEMENT AMENDMENT**	DSHS Agreement Number 1163-27318 Amendment No. 11

This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below.	Administration or Division Agreement Number County Agreement Number

DSHS ADMINISTRATION	DSHS DIVISION	DSHS INDEX NUMBER	CCS CONTRACT CODE
Behavioral Health and Service Integration	Division of Behavioral Health and Recovery	1231	1231

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

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

COUNTY NAME	COUNTY ADDRESS
Pacific County	1216 West Robert Bush Drive Post Office Box 26 South Bend, WA 98586-
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER	COUNTY CONTACT NAME Katie Oien-Lindstrom

COUNTY CONTACT TELEPHONE	COUNTY CONTACT FAX	COUNTY CONTACT E-MAIL
(360) 875-9343	(360) 875-9323	koien@co.pacific.wa.us

IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT?	CFDA NUMBERS
No	93.959

AMENDMENT START DATE	**PROGRAM AGREEMENT END DATE**
07/01/2014	06/30/2015

PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT	AMOUNT OF INCREASE OR DECREASE	TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT
$1,440,431.00	$15,439.00	$1,455,870.00

REASON FOR AMENDMENT;
CHANGE OR CORRECT CONTRACT TERMS OR SOW, SEE PAGE TWO

EXHIBITS. When the box below is marked with a check (4) or an X, the following Exhibits are attached and are incorporated into this Program Agreement Amendment by reference:

☒ Exhibits (specify): Exhibit B, Exhibit D, Exhibit F

This Program Agreement 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 Program Agreement. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Program Agreement remain in full force and effect. The parties signing below warrant that they have read and understand this Program Agreement Amendment, and have authority to enter into this Program Agreement Amendment.

COUNTY SIGNATURE(S)	PRINTED NAME(S) AND TITLE(S)	DATE(S) SIGNED

DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
	DBHR Contracts	

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

The Maximum Amount Payable is increased by $15,439, from $1,440,431 to $1,455,870. The Awards and Revenues (A&R) for the July 14 through June 2015 time period is attached as Exhibit B.

Amend Definitions, Section 1h-j. as follows:

h. "Substance Use Disorder (SUD)" means a problematic pattern of alcohol/drug use leading to clinically significant impairment or distress as categorized in the DSM 5. This definition replaces the definition for Chemical Dependency.

i. "Community Prevention and Wellness Initiative" or "CPWI" means the DSHS substance abuse prevention delivery system that focuses prevention services in high-need communities in Washington State as selected by County and approved by DSHS. Contract Manager" means the DSHS contact identified on page one of this Contract.

j. "Contract Manager" means the DSHS contact identified on page one of this Contract.

Amend Definitions, Section 1w. as follows:

w. "IDU and IVDU" mean the same population: Injecting Drug User and Intra-venous Drug User. The acronyms may be used interchangeably to refer to a person or patient who has used a needle one or more times to illicitly inject drugs.

Amend Definitions, Section 1x. as follows:

x. "Indigent Patients" means those receiving a DSHS income assistance grant (e.g., TANF, SSI) or WA Apple Health. They are usually identified by a Medicaid identification card. Food stamp recipients are not considered indigent patients unless they also receive one of the above grant or medical assistance programs.

Add new Definitions, 1tt as follows:

tt. "Appointment time" means the time set for assessment or treatment service for Medicaid-qualified clients; appointments are set based on priority populations.

Amend Definition 1qq as follows:

qq. "Waiting List" means a list of SAPT-qualified clients for whom a date for service has not been scheduled due to a lack of capacity. A person will be selected from the list to fill an opening based on the required order of precedence identified in the Contract.

Add new section 5 Requirements, g., Other Requirements subsection (3) as follows:

g. Other Requirements

(3) Federal Block Grant Annual Report

The County shall submit to the DSHS contact listed on Page 1 the following information on an annual basis:

(a) Needs Assessment – (See 45 CFR 96.133, 45 CFR 96.122 and 42 USC 300x.29)

i. How have the needs of the population identified in the county strategic plan or other demographic report been met?

ii. What strategies have been used to improve existing programs, create new programs, or actions taken to remove barriers?

(b) Provide specialized services for pregnant women and women with dependent children – (See 42 USC 300x-22(b)(1)(C) and 45 CFR 96.124(c)(e))

i. Treatment services designed for pregnant women and women with dependent children

ii. How the county ensure subcontractors make available prenatal care and child care.

(c) Capacity Management

i. How many providers are at or above capacity?

ii. Describe how the county ensures treatment admission is provided within 14-120 days.

iii. What activities or initiatives are in place to ensure that IVDUs and PPWs receive treatment, referrals, or interim service?

(d) Provide continuing education for treatment and prevention staff - (See 42 USC 300x-28(b) and 45 CFR 96.132(b))

i. Describe efforts made to ensure that training is made available to treatment and prevention staff.

ii. What has the county done to ensure that subcontractors provide opportunities for staff to attend trainings?

(e) Coordinate prevention activities and treatment services with other appropriate services - (See 42 USC 300x-29(c) and 45 CFR 96.132(c))

Add new section 5 Requirements, g., Other Requirements, subsection (4) as follows:

g. Other Requirements

(4) CJTA Annual Report Requirements for Innovative Project

The County shall submit to the DSHS contact listed on Page 1 the following information on an annual basis:

i. Identify the of project (innovation, best practice, or regional project)

ii. Status of project (innovation, best practice, or regional project)

(A) How has implementing the project enhanced treatment services?

iii. Capacity – number of people serve in the report period

iv. Progress in meeting project's goals and objectives

v. Evaluation strategy that addresses at a minimum:

(A) Treatment retention/completion

(B) Reduced involvement in criminal activity

Amend Prevention Statement of Work, Section 8f. (7) (a), Consideration as follows:

(a) Pass a local sales tax, or secure local funds through other private or public entities.

Amend Treatment Statement of Work, Section 9v.(2) (b) i., Other Required Services, Screens and Urinalysis Testing, (b) i. Certification as follows:

The County shall ensure the following standards and protocols are used as minimum requirements when contracting for urinalysis testing services with testing laboratories:

i. Certification

The testing facility must maintain current laboratory certifications with the Department of Health and Human Services (HHS) and one of the following:

(A) Substance Abuse and Mental Health Services Administration (SAMHSA)

(B) Other national laboratory certification body

Amend Treatment Statement of Work, Section 9v. (1) Other Required Services as follows:

Section v. (1) (a) Childcare and prenatal services are provided at the treatment facility or arrangements for provision of these services are made for patients receiving chemical dependency assessment and treatment services from subcontracted providers.

Section v. (1) (d) is deleted.

Delete Treatment Section of Work, Section 9cc. (6) (b) Allocating Medicaid Match.

Delete Treatment Section of Work, Section 9cc. (6) (c) iii., Medicaid Rules and Limitations.

Amend Treatment Statement of Work, Section 9x. Driving Under the Influence (DUI) repeat offender Services as follows:

x. Driving Under the Influence (DUI) repeat offender Services

(1) For the time period January 1, 2014 through June 30, 2015, the County shall provide court ordered chemical dependency assessment and treatment services for low-income or Medicaid eligible "repeat DUI offenders." Eligible individuals, defined as "repeat DUI offenders", must meet the following conditions:

(a) Have a current offense for a violation of RCW 46.61.502 (Driving Under the Influence) or 46.61.504 (Physical Control of Vehicle Under the Influence).

(b) Have at least one prior offense under RCW 46.61.5055 (14)(a).

(2) The County shall:

(a) Prioritize the use of the DUI funds as the first source for reimbursement of services to the DUI repeat offenders.

(b) Use no more than ten percent of the total DUI funds for County administration.

(c) Use no more than ten percent of the total DUI funds for the combined cost of the following support services:

i. Transportation

ii. Child Care Services

(3) The County may provide any of the following treatment services for adults and youth:

(a) Community Intervention and Referral

(b) Interim Services

(c) Outreach

(d) Crisis Services

(e) Detoxification Services

(f) Involuntary Commitment

(g) Outpatient Treatment

(h) Opiate Substitution Treatment

(i) Case Management

(j) Assessment

(k) Screens and UA tests limited to no more than eight (8) tests per month for each repeat DUI offender.

(l) Expanded Assessment

(m) Residential Treatment Services:

i. Intensive Inpatient

ii. Long Term Care

iii. Recovery House

iv. Parenting and Pregnant Women's Services including Residential Services and Therapeutic Childcare

v. Youth Intensive Inpatient Level 1

vi. Youth Intensive Inpatient Level 2

vii. Youth Recovery House

viii. Youth Acute Detoxification

ix. Youth Sub-acute Detoxification

(4) TARGET Requirements. The County shall require subcontractors to document "repeat DUI Offender" services in TARGET using the following codes:

(a) Contract Type – Criminal Justice

(b) State Special projects – the County shall use one of the following:

i. CJ – DUI Court - to be used in those cases where the client is enrolled in a state-recognized DUI Court.

ii. CJ – Non-DUI Court - to be used in those cases where the client is not enrolled in a state-recognized DUI Court.

(5) For the time period January 1, 2014 through June 30, 2014, the County shall bill for DUI Repeat Offender Services on a monthly basis on an invoice provided by DBHR. DUI Repeat Offender Services shall be billed separately from the other services outlined in this Contract.

(6) For the time period July 1, 2014 through June 30, 2015, the County shall bill for DUI Repeat Offender Services on a monthly basis on the county community services contract billing invoice under the column designated for DUI Repeat Offender Services.

(7) The County shall maintain documentation in the client's file of the following:

(a) That both the previous and current offense occurred within ten years of the arrest for the current offense; and

(b) The order by a court that the client participates in chemical dependency assessment and treatment services for low-income or Medicaid eligible clients.

Amend Service Availability, Section 4 as follows:

The County shall budget funds awarded under this Contract that are allocated for prevention, assessment and treatment services in such a manner to ensure availability of such services throughout the entire term of this Contract subject to available funds.

Amend Requirements, Section 5b. (1) as follows:

(1) Ensure all services and activities provided by the County or subcontractor under this Contract shall be designed and delivered in a manner sensitive to the needs of all diverse populations.

Amend Requirements, Section 5d. as follows:

The County shall ensure all subcontractors, whether treatment providers or CPWI/prevention subcontractors, understand that Single Source Funding means that a subcontractor can use only one source of funds at any given time.

(1) Treatment: All Treatment services provided to an individual patient during any one period of time must be funded from a sole source of funds under this Contract.

(2) The funding designated by the treatment subcontractor in TARGET defines the single source of funds to be used to fund the treatment services provided to an individual patient.

(3) Prevention: Each cost reimbursement Prevention service provided must be billed only one time through the source selected for funding this expense. At no time may the same expense be billed through more than one funding source.

Amend Requirements, Section 5f (3) as follows:

(3) Peer Review Required (42 USC 300x-53(a) and 45 CFR 96.136)

The SAPT Block Grant requires an annual peer review by individuals with expertise in the field of drug abuse treatment. At least five percent of treatment providers will be reviewed. The County and subcontractors shall participate in the peer review process when requested by DSHS.

Delete Strategic Plan, Section 7 in its entirety and replace as follows:

7. Strategic Plan

a. Guidelines for County Two Year Strategic Planning 2014-2016

The following serves as the guidelines for the County Strategic Planning process and should addresses the Prevention -Intervention- Treatment- Aftercare (P-I-T-A) continuum of services. The County may opt to continue with the traditional six year process.

(1) Plan is Due: July 1, 2014

(2) Guidelines on process:

(a) Networking and community assessment

(b) Mobilize and/or build capacity to address needs

(c) Develop comprehensive strategic plan

(d) Implementation

(e) Evaluation

(3) Authorities:

RCW 70.96A.320 (3) - the County legislative authority shall submit a plan that meets the following conditions:

(a) Describes the services and activities to be provided

(b) Anticipated expenditures and revenues

(c) Plan must be prepared by the County CD board and adopted by the County legislative authority

(d) Reflect maximum effective use of existing services and programs, and

(e) Meet other conditions as defined by DSHS

b. Block Grant requirements:

County shall provide responses to the following Block Grant requirements:

(1) Needs assessment (45 CFR 96.133, 45 CFR96.122, and 42 USC 300x.29).

(a) Include copies of any other demographic reports used for the responses.

(b) What strategies will the county use to improve existing programs, create new programs, or actions taken to remove barriers?

(c) Describe specialized services provided for pregnant women and women with dependent children (42 USC 300x-22(b)(1)(C) and 45 CFR 96.124(c)(e)).

i. Describe treatment services that are designed for pregnant women and women with dependent children.

(d) Describe continuing education plan for treatment and prevention staff (42 USC 300x-28(b) and 45 CFR 96.132(b)).

(e) Describe the County's plan to ensure that training is made available to treatment and prevention staff.

(f) Describe process for coordination of prevention activities and treatment services with other appropriate services. (42 USC 300x-29(c) and 45 CFR 96.132(c)).

(g) Describe what activities or initiatives will be implemented to coordinate services.

(h) Describe the County's plan to support better coordination of services.

(i) Describe the County's plan to raise public awareness in communities.

(2) Additional Requirements:

(a) Strategies for monitoring the increased capacity need for Medicaid services.

(b) Details on how counties will meet Medicaid expansion including how the determination will be made to increase capacity and the subsequent processes.

(c) Address how counties will incorporate Systems of Care principles

(d) What steps will counties take to help support Evidence Based Practices within their community.

(e) Details on how counties will support care coordination and linkages to primary health care.

(f) Identify Recovery Support Services and resources.

(3) CJTA:

(a) Requirements Specific to the Criminal Justice Section

A narrative describing how funds from the Criminal Justice Treatment Account (CJTA) allocation will be expended, to include:

i. Estimated number of offenders with an addiction problem against whom charges are filed by a prosecuting attorney in Washington State.

ii. Estimated numbers of persons with a substance abuse problem that, if not treated would result in addiction, against whom charges are filed by a prosecuting attorney in Washington State.

iii. Estimated number of nonviolent offenders for a drug court program.

iv. Role of the County's judicial system in delivery of PITA services.

v. Residential service needs for offenders.

(b) A narrative describing how funds from the Innovated Grant portion of the CJTA allocation will be expended to include:

Selection of one or more of the following types of projects:

i. Innovation Project: An approach that contains either traditional/cultural treatment methods, or elements of a Best Practice to treat an underserved population(s) of offenders.

ii. Best Practice Project: A treatment strategy that has been documented as a Best Practice in published research. See the following website to assist in identifying Best Practices: Evidence Based Practices for Treating Substance Use Disorders - Home page.

iii. Regional Project: A project in which a minimum of two (2) counties combine funding to provide treatment services to offenders.

(c) A narrative of the type of project(s) chosen (see above) that includes:

i. A description of the project and how it will enhance treatment services

ii. Reason for choosing either a drug court or non-drug court project

iii. Number of persons that will receive services

iv. Measurable goals and objectives

(4) Prevention:

The County must follow the strategic plan guidelines as set forth in the DBHR Community Coalition Guide for each Community Prevention and Wellness Initiative (CPWI) community. If funding permits County to provide community based coordination (CBC) services in addition to meeting CPWI requirements, (i.e. contractors with CPWI communities that each have at least $110,000 per community of DBHR funding budgeted for CPWI implementation annually) and services will be provided at the County level the County must include plans for CBC prevention services in their County strategic plan. Narrative should include:

(a) Goals, objectives, and strategies/activities for CBC.

(b) Explanation for how CBC strategies and activities connects to overall County strategic plan including the assessment.

(c) Explanation of how it supports furthering work of CPWI.

(d) The CBC goals and objectives must be entered into PBPS and approved prior to implementation.

Amend Treatment Statement of Work, Section 9b. Other Treatment as follows:

b. Other Treatment

(1) Access to Services

The County shall, subject to allocated funds, ensure that treatment services to eligible persons are not denied to any person regardless of:

(a) The person's drug(s) of choice.

(b) The fact that a patient is taking medically-prescribed medications.

(c) The fact that that a person is using over the counter nicotine cessation medications or actively participating in a Nicotine Replacement Therapy regimen.

(d) Washington State resident's County of residence. The County shall, subject to allocated funds and service availability, serve all eligible Washington State residents who may be transient and require services.

Amend Treatment Statement of Work, Section 9d heading as follows:

d. Waiting List and Initial Appointment Requirements

Amend Treatment Statement of Work, Section 9f. (1)(c) by adding the following:

(c) Refer client to Health Plan Finder Website for eligibility determination at http://www.wahbexchange.org/.

Delete Treatment Statement of Work, Section 9f (2)(c) in its entirety.

Amend Treatment Statement of Work, Section 9g (5), Screening and Assessment as follows:

(5.) The maximum number of DBHR-funded assessments provided to each client, within a one (1) year period, is two (2). In the event an additional medically necessary assessment is required, contact the DBHR contract manager for an exception.

Amend Treatment Statement of Work, Section 9k.(4)(a), Services specific to Post-Partum Women as follows:

(a) Assessment and treatment services are scheduled within 14 days after the service has been requested

Amend Treatment Statement of Work, Section 9k.(5)(a), Services specific to Parenting Persons as follows:

(a) Assessment and treatment services are scheduled within 120 days after the service has been requested

Amend Treatment Statement of Work, Section 9m. (1) and (2), Performance-based Goals as follows:

m. Performance-based Goals

(1) Youth

(a) Effective July 1, 2014, if the County's baseline is in good standing at or above the statewide goal of 76.2% for 90-day retention, the County shall maintain good standing.

If, during any monitored calendar quarter, the County falls below the statewide goal, the County shall follow the process for correction in Section "n." below.

(b) Effective July 1, 2014, if the County's baseline for 90-day retention performance is lower than the statewide goal, the County shall increase the 90-day retention performance rate by 10% of their individual baseline or reach the statewide goal, by the end of the fiscal contract year. For example, if the County has a baseline completion rate of 62%, the expectation would be an increase of 6.2%.

If, during any monitored calendar quarter, the County does not demonstrate progress towards the expected 90 day-retention goal, the County shall follow the process for correction in Section "o." below.

(2) Adult

(a) Effective July 1, 2014, if the County is in good standing at or above the statewide average of 70.7% for 90-day retention, the County shall maintain good standing.

If, during any monitored calendar quarter, the County falls below the statewide goal, the County shall follow the process for correction in Section "n." below.

(b) Effective July 1, 2014, if the County's baseline for 90-day retention performance is lower than the statewide goal, the County shall increase the 90-day retention performance rate by 10% of their individual baseline or reach the statewide goal, by the end of the fiscal contract year. For example, if the County has a baseline completion rate of 62%, the expectation would be an increase of 6.2%.

Amend Treatment Statement of Work, Section 9n. as follows:

n. Performance Goals Results/Actions for a County falling below the statewide goal

If performance outcome falls below the statewide goal or performance expectation within a calendar quarter, as determined through SCOPE or report generated by DSHS, the County shall:

(1) Submit a Performance Improvement Plan (PIP) to the DSHS Manager within 45 days of notice by DSHS.

(2) Have 90 days to return to the original individual 90-day retention baseline percentage.

(a) Submit an updated PIP requesting an additional 90 days for performance improvement to the DSHS Manager, if after the original 90 days, the 90-day retention baseline percentage has still not been reached.

Amend Treatment Statement of Work, Section 9o. as follows:

o. Performance Goals Results/Actions for a County starting below the statewide goal

If performance outcome does not demonstrate progress toward the expected rate for 90-day retention within a calendar quarter, as determined through SCOPE or report generated by DSHS, the County shall:

(1) Submit a Performance Improvement Plan (PIP) to the DSHS Manager within 45 days of notice by DSHS.

(2) Have 90 days to demonstrate progress toward the expected rate for 90-day retention.

(a) Submit an updated PIP requesting an additional 90 days for performance improvement to the DSHS Manager, if after the original 90 days, the 90-day retention baseline percentage has still not been reached.

Amend Treatment Statement of Work, Section 9y. (7)(d) as follows:

(d) Send the separate A-19 for the project to Ruth Leonard leonamr@dshs.wa.gov and cc Amy Martin martiak2@dshs.wa.gov,
or designee who will review and forward valid A-19s for payment.

Amend Treatment Statement of Work, Section 9cc., Consideration (4) Reimbursement Rates as follows:

(4) DSHS shall reimburse the County based upon the Service Rate Plan.

Amend Prevention Statement of Work, Section 8k, Advance Payment and Billing Limitations, by adding new (C)(iii) as follows:

iii. The County shall not reimburse providers for individual's co-payment or deductible fees using any DBHR funding or SAPT Block grant funds.

Delete Exhibit C, Service Rate Plan (SRP) and any reference to the SRP in any section of the Contract.

Exhibit D is revised and included as an attachment.

Exhibit F is revised and included as an attachment.

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

PROGRAM STANDARD AND GUIDELINES
CHEMICAL DEPENDENCY ASSESSMENT AND TREATMENT SERVICES
FOR CHILDREN'S ADMINISTRATION CLIENTS (CAR)

The County shall provide funding for chemical dependency assessment, detoxification, treatment, and case management services to clients who are not Medicaid eligible and seeking to remain or reunify with their families. These clients shall be known as "Children's Administration Parents in Reunification" patients and shall have priority access category status.

DSHS shall reimburse the County as identified on Exhibit B, Awards & Revenues.

1. Limitations:

The County may provide any of the following services as described in the Division of Behavioral Health and Recovery (DBHR) Budgeting, Accounting and Reporting System supplement:

a. Chemical Dependency Assessment

b. Outpatient Treatment, General

c. Case Management, General

d. Chemical Dependency Detoxification

e. Opiate Substitution Treatment

2. Patient Identification and Referral

The Children's Administration social workers are the primary source of referrals for this program. Children's Administration social workers will identify clients as "Children's Administration Parents in Reunification" on the referral form.

The treatment provider or Children's Administration social worker is responsible for notifying the county when a client may need ancillary services, such as transportation and childcare, in order to participate in assessment and treatment.

3. Medicaid Eligibility

The County shall ensure that all clients are screened for Title XIX financial eligibility and referred to the Washington Health Plan Finder at http://www.wahealthplanfinder.org/ for Title XIX eligibility determination if the financial screen so warrants. State funding source shall only be the payer of last resort. If the client is eligible for Medicaid, the County shall ensure services are paid through the Medicaid funding source. This funding source is designed to serve CA clients who cannot access other sources of funding.

http://www.wahbexchange.org/

4. Eligible Providers

All assessment, detoxification, and treatment services provided by these funds must be provided by DBHR certified treatment providers.

5. Service Rates

The rates paid shall not exceed the County negotiated low-income rates for services outlined above.

6. Reporting Requirements

a. The County shall comply with the DBHR TARGET data entry and reporting requirements using a specific TARGET state special project code, CA-REUNITE, to identify clients for treatment, interim and ancillary services (support services).

b. The County shall ensure the treatment provider communicates with the Children's Administration social worker regarding the client's progress, with appropriate written consent. Communication is expected to include but not be limited to:

(1) verification of client attendance at appointments;

(2) efforts made to engage the client;

(3) treatment recommendations; and

(4) client progress and outcomes.

GAIN-SS shall be entered into TARGET by the treatment provider of first access.

Exhibit F

Parent Child Assistance Program (PCAP) – Grant County

1. **Definitions Specific to Exhibit**. The words and phrases listed below, as used in this Exhibit, shall each have the following definitions:

   a. "Advocate" means a paraprofessional case manager working within the Parent Child Assistance Program.

   b. "Agencies" means any state office or activity of the executive and judicial branches of the state government, including state agencies, departments, offices, divisions, boards, commissions, and educational, correctional, and other types of institutions.

   c. "Agreement" means this Interlocal Agreement, including all Exhibits and other documents attached or incorporated by reference.

   d. "Contract Manager" means DSHS contact person stated on page one (1) of this contract, responsible for the day to day management of the contract.

   e. "Contract Monitor" means the person identified by the Contract Manager that monitors the contract.

   f. "DBHR" means the DSHS Division of Behavioral Health and Recovery.

   g. "DSHS" means the Department of Social and Health Services.

   h. "PCAP" means Parent Child Assistance Program for women who abuse alcohol and/or drugs during pregnancy or postpartum.

2. **Statement of Work.**

   The Contractor shall:

   a. Ensure the following requirements are met:

      (1) Based on the new legislative requirements of the THIRD ENGROSSED SUBSTITUTE SENATE BILL 5034, Chapter 4, Laws of 2013, 63rd Legislature, 2013 2nd Special Session, Operating Budget, Sec 208- (1) (b), page 72, PCAP will be required to implement "program modifications needed to maximize access to federal Medicaid funding [which] will be phased in over the course of the 2013-2015 fiscal biennium."

      (2) Beginning immediately and without exception or exemption, all PCAP advocates and clinical supervisors hired on or after August 1, 2013 shall be required to hold at least a bachelor's degree.

   b. Maintain the Parent Child Assistance Program (PCAP) site.

   c. Ensure that the site has a minimum number of slots, as identified in I. below to serve the highest risk women in the Contractor County.

   d. Enroll women who:

      (1) Abuse alcohol and/or drugs during pregnancy; and

      (2) Are pregnant or postpartum (priority shall be given to women who are pregnant and up to six months postpartum; referrals shall be accepted up to twelve months postpartum on a space available basis); and,

(3) Are not successfully or effectively engaged with community service providers.

e. Alternatively, women may be enrolled who:

(1) Have previously had a child diagnosed with Fetal Alcohol Spectrum Disorders; and

(2) Are currently abusing alcohol and/or drugs; and

(3) Are in childbearing years.

f. Ensure that each advocate have an active caseload of up to eighteen clients, with a minimum full-time advocates on staff as identified in l. below.

g. Provide advocacy services to clients and their families that shall include, but are not limited to, the following:

(1) Identification and prioritization of realistic goals, initiation of necessary steps, and evaluation of progress toward these goals.

(2) Support for substance abuse treatment, recovery, and follow-up.

(3) Support for utilization of local resources including, but not limited to, family planning, safe housing, health care, domestic violence services, parenting skills, and mental health services.

(4) Respond appropriately to client needs in a timely manner.

(5) Provision of funds for food, unmet health needs, other necessities, and incentives as needed. The contractor shall only use State funds to pay for this component.

h. Provide appropriate and timely PCAP supervision at the FTE level, as identified in l. below at each site and ongoing training to advocates to ensure provision of the best advocacy possible, and to safeguard advocates, clients, and their families.

i. Provide comprehensive training to ensure maintenance of the core components of the PCAP advocacy model and consistency among sites.

j. Participate in the protection of Human Subjects for clients enrolled in research activities at the PCAP site through the State of Washington Department of Social and Health Services' Human Research Review Section using approved protocols and informed consent procedures, and the Federal Certificate of Confidentiality.

k. Develop and maintain professional relationships with community providers.

l. Submit monthly reports to the PCAP State Director at the University of Washington, describing the number of clients enrolled at the site. Submit to the PCAP Director at the University of Washington, quarterly reports (every six months) describing progress at the site, number of referrals, advocate training, community linkages, client characteristics, and client and child outcomes.

m. Site Requirements

(1) Each site will provide appropriate supervision. Complaints or concerns by regional partners, DBHR, other PCAP sites or other entities will be referred to the Clinical Supervisor of the appropriate PCAP site or the PCAP State Director at the University of Washington.

(2) Each site will have a minimum FTE to support staff in clerical and administrative duties as follows:

Minimum Full Time Advocates	2.0
Supervision FTE	0.3
Staff Support FTE	0.2
Minimum Client Slots	30

(3) Each site will hire an exit interviewer to conduct interviews with clients who complete PCAP (approximately three years after enrollment). The exit interviewer will be trained by PCAP at the University of Washington according to evaluation protocols. Each exit interview will require approximately five hours (1 hour for scheduling/rescheduling/transportation; 2 hours to conduct the interview; 2 hours to code the interview and enter data in the PCAP web-based system). There is not a minimum FTE requirement. Exit interviewers may be paid on a per exit interview basis. Exit interviewers cannot be an advocate, the site Supervisor, or the same person who did the intake interview. A site Supervisor may administer exit interviews to clients from other PCAP sites.

(4) Each site (to include program staff and host site staff) will attend PCAP meetings as requested by the PCAP State Director at the University of Washington or the DBHR Contract Manager.

n. CORE COMPONENTS REQUIRED FOR THE PARENT-CHILD ASSISTANCE PROGRAM

This is a three-year home visitation case management model for very high-risk substance abusing women and their children. Caseload recommendation is fifteen to eighteen active client families per advocate.

The Contractor shall ensure that the following Core components of the program are met:

(1) Clients are not asked to leave the program because of relapse or setbacks.

(2) To facilitate an effective service plan, advocates develop and coordinate a network of contacts with family, friends, and providers involved in a client's life.

(3) At least every four months, advocates work with clients to define and evaluate the clients' personal goals and steps towards those goals; advocates coordinate client goals with program goals.

(4) Advocates link clients with appropriate and available community services.

(5) Advocates work with both mother and target child regardless of who has custody, and provide advocacy for other family members as needed.

(6) A minimum of twice-monthly group staffing sessions are required.

(7) A minimum of twice-monthly individual supervision is required. Notes from these sessions shall be submitted monthly to University of Washington PCAP State Director for review.

(8) Supervisors and advocates are required to submit completed evaluation instruments according to PCAP protocol.

3. Performance Work Statement.

The Contractor shall provide the services and staff, and otherwise do all things necessary to serve 85% or more of contracted monthly clients as set forth in 2. Statement of Work above.

4. **Consideration**. Total consideration available for PCAP services is based on performance and is identified on Exhibit B, Awards & Revenues.

a. Reaching the 85% goal:

Number of Clients At 85% and Above	Set Rate Per Month if Utilization is 85% and Above
26	$13,594

b. Failing to reach the 85% goal:

Number of Clients Below 85%	Rate Per Client if Utilization is Below 85% or Less
25	$453

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

5. **Billing and Payment.**

a. 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.

b. The Contractor shall bill monthly for services under this contract: The invoice shall list:

(1) Month of service; and

(2) Number of clients served during the billing month; and

(3) If serving less than 85% of contracted slots per month, the invoice shall reflect and DSHS shall pay $453 per client, per month as identified in 4. Consideration above; or

(4) If serving 85% clients or more per month, the invoice shall reflect and DSHS shall pay the monthly set rate as identified in the 4. Consideration above.

c. Payment. Payment shall be considered timely if made by DSHS within thirty (30) days after receipt and acceptance by 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.

6. **Background Checks**. Revised Code of Washington (RCW) 43.43 and Washington Administrative Code (WAC) 388-805-200(2) require criminal background checks (CBCs) when employing staff members, including volunteers and subcontractors, who have unsupervised access to child, adolescents, vulnerable adults, and persons who have developmental disabilities. All Contractor's staff members; subcontractors, such as treatment staff members, prevention staff members, case managers, outreach staff members, etc.; or volunteers who have unsupervised access to children, adolescents, or vulnerable adults are required to have a background check.

7. **Reporting.** When a participant in Parent Child Assistance Program (PCAP) also participates in the WorkFirst program, the contractor shall:

   a. Coordinate the PCAP and services at the local level with the Community Service Offices and WorkFirst Case Manager.

   b. When a verification form is provided by WorkFirst program Specialist or Social Worker, the Contractor will return a completed WorkFirst participation Verification Form, DSHS 04-432, or its successor, on the fifth (5th) of every month to the WorkFirst Program Specialist or Social Worker indicating that a TANF participant received services from the Contractor.

8. **Data Security Requirements** – See Exhibit A

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.

REVENUE SOURCE CODE:	TYPE OF SERVICE	AWARD AMOUNTS			
		SFY 14	SFY 15	Biennial Funds	Total 13-15 Biennium
333.99.59	**SAPT Grant-in-Aid**	**$60,514**	**$63,496**		**$124,010**
	SAPT Treatment	*$29,802*	*$31,168*		*$60,970*
	***SAPT Treatment-Resource Development*	*$2,384*	*$5,960*		*$8,344*
	SAPT Prevention	*$30,712*	*$32,328*		*$63,040*
334.04.6X	**State Grant-in-Aid**	**$171,938**	**$150,589**		**$322,527**
	State GIA Administration	*$19,219*	*$15,805*		*$35,024*
334.04.6X	**Criminal Justice Treatment Account (Biennial)**			**$119,162**	**$119,162**
334.04.6X	**Drug Court - State Funds**	***$0***	***$0***		***$0***
334.04.6X	**Repeat Driving Under the Influence-RDUI State Funds**		**$4,708**		**$4,708**
	STATE - SPECIAL PROJECTS	**$6,563**	**$6,563**		**$13,126**
334.04.6X	*TANF Treatment Services*	$6,563	$6,563		*$13,126*
334.04.6X	*CA Parents in Reunification*	$0	$0		*$0*
	FEDERAL GRANTS	**$19,275**	**$0**	**$0**	**$19,275**
333.97.78	***TXIX** -Fed Waiver for DL and ADATSA clients **ONLY***	$19,275	$0		$19,275
Total Federal Funds		**$79,789**	**$63,496**	**$0**	**$143,285**
Total State Funds		**$178,501**	**$161,860**	**$119,162**	**$459,523**
TOTAL ALL AWARDS		**$258,290**	**$225,356**	**$119,162**	**$602,808**

Federal CFDA:

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

***Title XIX - CFDA 93.778 - DL and ADATSA is for July-December, 2013 services only**

*****SAPT Treatment-Resource Development is for services starting January, 2014***

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

No more than 10% of the CJTA and no more than 10% of the 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, and CJTA.