Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES	**COUNTY** **PROGRAM AGREEMENT** **Triple P Services**	DSHS Agreement Number 1363-88539

This Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below, and is issued in conjunction with a County and DSHS Agreement On General Terms and Conditions, which is incorporated by reference.	Administration or Division Agreement Number County Agreement Number

DSHS ADMINISTRATION	DSHS DIVISION	DSHS INDEX NUMBER	DSHS CONTRACT CODE
Behavioral Health and Service Integration	Division of Behavioral Health and Recovery	1231	1000CC-63

DSHS CONTACT NAME AND TITLE	DSHS CONTACT ADDRESS
Scott Waller Program Coordinator	4500 10th Avenue SE Lacey, WA 98503

DSHS CONTACT TELEPHONE	DSHS CONTACT FAX	DSHS CONTACT E-MAIL
(360) 725-3782	(360) 586-0341	scott.waller@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
Yes	93.958

PROGRAM AGREEMENT START DATE	**PROGRAM AGREEMENT END DATE**	MAXIMUM PROGRAM AGREEMENT AMOUNT
07/01/2013	09/30/2014	$42,893.00

EXHIBITS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this County Program Agreement by reference:

☐ **Exhibits (specify):** Exhibit A - Data Security Requirements , **Exhibit B and Exhibit C**

☐ **No Exhibits.**

The terms and conditions of this Contract are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise, regarding the subject matter of this Contract. The parties signing below represent that they have read and understand this Contract, and have the authority to execute this Contract. This Contract shall be binding on DSHS only upon signature by DSHS.

COUNTY SIGNATURE(S)	PRINTED NAME(S) AND TITLE(S)	DATE(S) SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE DBHR Contracts	DATE SIGNED

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

   a. "Community Coordinator" means persons paid to facilitate implementation of the Triple P program in the local community.

   b. "Operations & Sustainability Guide" means a list of questions and guidance for local communities developed during the first year of the project. There were three sections to the guide and local communities needed to develop specific responses to questions in each section.

   c. "OWL Electronic Learning System on the TheAthensFOrum.org website" means Members of the Athena Forum are able to participate in FREE online professional development training classes to increase their knowledge and skills. Continuing education hours will be offered for all completed courses. The OWL Electronic Learning System is located at: http//theathenaforum.org/owl.

   d. "Peer Support Network" means a group (or groups) of trained persons in the communities who meet to discuss barriers to implementation of the Triple P system, strategies for overcoming the barriers and ideas for increasing the effectiveness of the Triple P system.

   e. "Positive Parenting Program (Triple P)" means a multi-level, parenting and family support strategy. Triple P aims to prevent behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. Triple P is a system of easy to implement, proven parenting solutions that helps solve current parenting problems and prevent future problems before they arise. The program focuses on providing levels of training to professionals that may regularly come in contract with parents including, but not limited to: public health nurses, general practitioners, child care workers, teachers, psychologists, family counselors, social workers and other allied health professionals. Once trained, these professionals can provide a spectrum of services from brief consultations to behavioral family interventions in a group format.

   f. "Project Evaluator" means a researcher charged with the responsibility under the grant for determining whether the project had its intended impacts and outcomes.

   g. "Program Manager" means an employee of the Division of Behavioral Health and Recovery who is designated to monitor performance of the Contract.

2. **Purpose**. The purpose of the Contract is to provide Triple P Services, as described in Exhibits B and C from July 1 2013, through September 30, 2014.

3. **Statement of Work**. The County shall provide Triple P services for the July 2013 to September 2013 time period based upon on the Statement of Work in Exhibit B. For services provided in the October 2013 through September 2014 time period, the County shall provide those services as described in Exhibit C.

4. **Consideration**. The maximum consideration for the Contract is $42,893, of which $12,893 is for services provided in the July 2013 through September 2013 time period.

   a. $12,893 in FFY 11 Mental Health Block Grant, CFDA 93.458, funding from the 2011 integrated county Contract to support service delivery for this project between July and September 2013.

   b. $30,000 in FFY 12 Mental Health Block Grant, CFDA 93.458, funding for this project between October 2013 and September 2014.

5. Billing and Payment.

a. Invoice System. The County 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 Scott Waller by the County 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.

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

Exhibit A – Data Security Requirements

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

   a. "Authorized User(s)" means an individual or individuals with an authorized business requirement to access DSHS Confidential Information.

   b. "Hardened Password" means a string of at least eight characters containing at least one alphabetic character, at least one number and at least one special character such as an asterisk, ampersand or exclamation point.

   c. "Unique User ID" means a string of characters that identifies a specific user and which, in conjunction with a password, passphrase or other mechanism, authenticates a user to an information system.

2. **Data Transport**. When transporting DSHS Confidential Information electronically, including via email, the Data will be protected by:

   a. Transporting the Data within the (State Governmental Network) SGN or Contractor's internal network, or;

   b. Encrypting any Data that will be in transit outside the SGN or Contractor's internal network. This includes transit over the public Internet.

3. **Protection of Data**. The Contractor agrees to store Data on one or more of the following media and protect the Data as described:

   a. **Hard disk drives**. Data stored on local workstation hard disks. Access to the Data will be restricted to Authorized User(s) by requiring logon to the local workstation using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards.

   b. **Network server disks**. Data stored on hard disks mounted on network servers and made available through shared folders. Access to the Data will be restricted to Authorized Users through the use of access control lists which will grant access only after the Authorized User has authenticated to the network using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on disks mounted to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

      For DSHS Confidential Information stored on these disks, deleting unneeded Data is sufficient as long as the disks remain in a Secured Area and otherwise meet the requirements listed in the above paragraph. Destruction of the Data as outlined in Section 5. Data Disposition may be deferred until the disks are retired, replaced, or otherwise taken out of the Secured Area.

   c. **Optical discs (CDs or DVDs) in local workstation optical disc drives**. Data provided by DSHS on optical discs which will be used in local workstation optical disc drives and which will not be transported out of a Secured Area. When not in use for the contracted purpose, such discs must be locked in a drawer, cabinet or other container to which only Authorized Users have the key, combination or mechanism required to access the contents of the container. Workstations which access DSHS Data on optical discs must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

d. **Optical discs (CDs or DVDs) in drives or jukeboxes attached to servers.** Data provided by DSHS on optical discs which will be attached to network servers and which will not be transported out of a Secured Area. Access to Data on these discs will be restricted to Authorized Users through the use of access control lists which will grant access only after the Authorized User has authenticated to the network using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on discs attached to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

e. **Paper documents.** Any paper records must be protected by storing the records in a Secured Area which is only accessible to authorized personnel. When not in use, such records must be stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.

f. **Remote Access.** Access to and use of the Data over the State Governmental Network (SGN) or Secure Access Washington (SAW) will be controlled by DSHS staff who will issue authentication credentials (e.g. a Unique User ID and Hardened Password) to Authorized Users on Contractor staff. Contractor will notify DSHS staff immediately whenever an Authorized User in possession of such credentials is terminated or otherwise leaves the employ of the Contractor, and whenever an Authorized User's duties change such that the Authorized User no longer requires access to perform work for this Contract.

g. **Data storage on portable devices or media.**

(1) Except where otherwise specified herein, DSHS Data shall not be stored by the Contractor on portable devices or media unless specifically authorized within the terms and conditions of the Contract. If so authorized, the Data shall be given the following protections:

(a) Encrypt the Data with a key length of at least 128 bits

(b) Control access to devices with a Unique User ID and Hardened Password or stronger authentication method such as a physical token or biometrics.

(c) Manually lock devices whenever they are left unattended and set devices to lock automatically after a period of inactivity, if this feature is available. Maximum period of inactivity is 20 minutes.

Physically Secure the portable device(s) and/or media by

(d) Keeping them in locked storage when not in use

(e) Using check-in/check-out procedures when they are shared, and

(f) Taking frequent inventories

(2) When being transported outside of a Secured Area, portable devices and media with DSHS Confidential Information must be under the physical control of Contractor staff with authorization to access the Data.

(3) Portable devices include, but are not limited to; smart phones, tablets, flash memory devices (e.g. USB flash drives, personal media players), portable hard disks, and laptop/notebook/netbook computers if those computers may be transported outside of a Secured Area.

(4) Portable media includes, but is not limited to; optical media (e.g. CDs, DVDs), magnetic media (e.g. floppy disks, tape), or flash media (e.g. CompactFlash, SD, MMC).

h. **Data stored for backup purposes.**

(1) DSHS data may be stored on portable media as part of a Contractor's existing, documented backup process for business continuity or disaster recovery purposes. Such storage is authorized until such time as that media would be reused during the course of normal backup operations. If backup media is retired while DSHS Confidential Information still exists upon it, such media will be destroyed at that time in accordance with the disposition requirements in Section 5. Data Disposition

(2) DSHS Data may be stored on non-portable media (e.g. Storage Area Network drives, virtual media, etc.) as part of a Contractor's existing, documented backup process for business continuity or disaster recovery purposes. If so, such media will be protected as otherwise described in this exhibit. If this media is retired while DSHS Confidential Information still exists upon it, the data will be destroyed at that time in accordance with the disposition requirements in Section 5. Data Disposition.

4. Data Segregation.

a. DSHS Data must be segregated or otherwise distinguishable from non-DSHS data. This is to ensure that when no longer needed by the Contractor, all DSHS Data can be identified for return or destruction. It also aids in determining whether DSHS Data has or may have been compromised in the event of a security breach. As such, one or more of the following methods will be used for data segregation.

b. DSHS Data will be kept on media (e.g. hard disk, optical disc, tape, etc.) which will contain no non-DSHS data. And/or,

c. DSHS Data will be stored in a logical container on electronic media, such as a partition or folder dedicated to DSHS Data. And/or,

d. DSHS Data will be stored in a database which will contain no non-DSHS data. And/or,

e. DSHS Data will be stored within a database and will be distinguishable from non-DSHS data by the value of a specific field or fields within database records.

f. When stored as physical paper documents, DSHS Data will be physically segregated from non-DSHS data in a drawer, folder, or other container.

g. When it is not feasible or practical to segregate DSHS Data from non-DSHS data, then both the DSHS Data and the non-DSHS data with which it is commingled must be protected as described in this exhibit.

5. Data Disposition. When the contracted work has been completed or when no longer needed, except as noted in Section 3. Protection of Data b. Network Server Disks above, Data shall be returned to DSHS or destroyed. Media on which Data may be stored and associated acceptable methods of destruction are as follows:

Data stored on:	Will be destroyed by:
Server or workstation hard disks, or	Using a "wipe" utility which will overwrite the Data at least three (3) times using either random or single

Removable media (e.g. floppies, USB flash drives, portable hard disks) excluding optical discs	character data, or Degaussing sufficiently to ensure that the Data cannot be reconstructed, or Physically destroying the disk
Paper documents with sensitive or Confidential Information	Recycling through a contracted firm provided the contract with the recycler assures that the confidentiality of Data will be protected.
Paper documents containing Confidential Information requiring special handling (e.g. protected health information)	On-site shredding, pulping, or incineration
Optical discs (e.g. CDs or DVDs)	Incineration, shredding, or completely defacing the readable surface with a coarse abrasive
Magnetic tape	Degaussing, incinerating or crosscut shredding

6. **Notification of Compromise or Potential Compromise**. The compromise or potential compromise of DSHS shared Data must be reported to the DSHS Contact designated in the Contract within one (1) business day of discovery. If no DSHS Contact is designated in the Contract, then the notification must be reported to the DSHS Privacy Officer at dshsprivacyofficer@dshs.wa.gov. Contractor must also take actions to mitigate the risk of loss and comply with any notification or other requirements imposed by law or DSHS.

7. **Data shared with Subcontractors**. If DSHS Data provided under this Contract is to be shared with a subcontractor, the Contract with the subcontractor must include all of the data security provisions within this Contract and within any amendments, attachments, or exhibits within this Contract. If the Contractor cannot protect the Data as articulated within this Contract, then the contract with the sub-Contractor must be submitted to the DSHS Contact specified for this contract for review and approval.

Exhibit B

Positive Parenting Program (Triple P) Demonstration Project
Statement of Work
July 1 – September 30, 2013

The Triple P, Positive Parenting Program, is a multi-level, parenting and family support strategy. Triple P aims to prevent behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. Triple P is a system of easy to implement, proven parenting solutions that helps solve current parenting problems and prevents future problems before they arise.

The program focuses on providing levels of training to professionals that may regularly come in contact with parents including, but not limited to; public health nurses, general practitioners, child care workers, teachers, psychologists, family counselors, social workers, and other allied health professionals. Once trained, these professionals can provide a spectrum of services from brief consultations to behavioral family interventions in a group format.

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:

1. **Planning and Implementation**:

   a. Work with partners in the local community to plan for implementation of the Triple P system and develop and submit an implementation plan.

   b. Develop and implement Level One community awareness campaigns to promote Triple P and positive parenting approaches in the community throughout the contract period of performance indicated on page one.

2. **Community Coordination:**

   a. Communities will hire or designate a .25 FTE, Community Coordinator. The Community Coordinator shall:

   b. Coordinate local implementation of Triple P, recruit training participants, arrange for travel support for travel participants, collect service delivery and other information, and communicate with the Project Evaluator, Statewide Coordinator and with other Community Coordinators.

   c. Coordinate a minimum of two meetings with local Triple P service providers to discuss implementation issues, brainstorm solutions, and identify strategies for sustaining service delivery after termination of the demonstration project.

   d. Cooperate with State Project Evaluator and Statewide Coordinator:

   e. Participate in monthly meetings (teleconference and/or video conferences) with state coordinator to discuss implementation issues and brainstorm solutions.

   f. Collect monthly data and submit required monthly progress reports by the 15th of the month following the month of service delivery.

   g. The Contractor shall submit to the Project Coordinator, Statewide Coordinator and the DBHR Contract Manager, reports describing:

(1) Progress on implementation of Level One community awareness activities.

(2) Progress on recruiting and Level Three and Four trainings; and

(3) Provision of Triple P services provided in the community.

h. Ensure that a minimum of 70-percent of Triple P provider surveys sent to this community's providers are collected and returned to the program evaluator, Sue Kerns, Ph.D., at the University of Washington's Evidence-Based Practices Institute (EBPI) by September 30, 2013.

Exhibit C

Positive Parenting Program (Triple P) Demonstration Project
Statement of Work
October 1, 2013 – September 30, 2014

1. Evaluation

a. Coordinate all evaluation efforts with project evaluator.

b. Collect and report evaluation information according to a schedule described by project evaluator.

c. The use of project funds for evaluation information and techniques for other non-profit evaluation or reporting entities must be approved in advance by project manager.

2. Program implementation

a. Designate a Triple P community coordinator who will be the project contact in the community and who will be doing the community coordination work for the project.

b. Participate in training to increase capacity of community implementation, especially: 1) Physicians, physicians assistants, nurse practitioners; 2) Public health nurses; 3) Indian health service providers; 4) Home visiting providers

c. Obtain approval from project manager for changes in program operation and then update appropriate Operations & Sustainability Guide sections to reflect those changes. The agreed-upon changes will take effect when the appropriate Operations and Sustainability Guide changes are submitted and accepted.

3. New trainees

a. Potential new trainees shall participate in a GoTo meeting orientation regarding Triple P. The orientation will have two primary goals – make all potential trainees knowledgeable about the program and identify and address implementation barriers prior to Triple P training. The GoTo meetings shall be scheduled by the program manager and shall be held at least twice in the month prior to the scheduled Triple P trainings.

b. At least one of the GoTo meetings will be recorded and placed on the OWL Electronic Learning System on TheAthenaForum.org website for potential trainees to use, as needed.

c. Potential new trainees will be required to participate in at least one of the live GoTo meetings or to show evidence of completion of the online course before being allowed to participate in Triple P training.

d. Prior to finalizing the decision to participate in training, new trainees will receive and review Fact Sheets for that Triple P Level. Those who agree to participate in training should sign off on having read the Fact Sheet.

e. Community coordinators will participate in a GoTo meeting in advance of new Triple P trainings to discuss who should be invited to attend the training. The GoTo meetings will be scheduled by the program manager a minimum of six weeks prior to the scheduled training dates.

f. Primary Care Triple P training (Level 3) – November or December 2013. This training will be the most appropriate for healthcare providers.

g. Enhanced Triple P training (Level 5) - January 2014 - for community level 4 providers.

h. Participation in training means completing 95% of the training hours, including the training workshop and the accreditation session.

4. Program coordination and planning

a. Develop and implement peer support network comprised of trained Triple P providers. Peer support network will meet at least once every 2 months to identify barriers, solutions, improve networks, building relationships. The goal is to have participation in the Peer Support Network by 80 percent of trained Triple P providers. For this contract, each meeting will need have a minimum participation of 40 percent of trained Triple P providers.

b. Ensure that a minimum of 70-percent of Triple P provider surveys sent to this community's providers are collected and returned to the program evaluator, Sue Kerns, Ph.D., at the University of Washington's Evidence-Based Practices Institute (EBPI) by September 30, 2013.

c. Submit an updated sustainability plan by January 31st, 2014. This may include involving diverse stakeholders or the community coalition as a strategic implementation team, identifying ongoing sources of funding support for service delivery, etc.

d. Recruit participants and their travel support for trainings.

e. Implement Level 1 community awareness efforts in communities.

f. Participate in bi-monthly coordinator meetings to be scheduled by Triple P project staff following discussion with Triple P community coordinators.

g. Work with Triple P project staff to plan and coordinate a minimum of one site visit during the contract period. Specific expectations for site visits will be distributed to sites a minimum of one month in advance of the scheduled site visits. Additional site visits may be scheduled, as necessary.

h. Participate in person at a 1-day meeting to include members of DBHR, UW, Children's Hospital, local coordinators from all three communities, and other providers from across the state to prepare for training and implementation efforts.

5. Reporting

a. Submit a report, according to the schedule below regarding Triple P activities occurring in the community.

Each report shall identify and explain:

(1) All required evaluation information for the period of service.

(2) Level 1 community awareness efforts, including numbers of materials distributed. Any materials developed or distributed as part of the Level 1 effort shall be submitted with the report;

(a) Level 2-3 services delivered by physicians, physicians assistants and nurse practitioners;

(b) Level 2-3 services delivered by others in the community;

(c) Level 4 services delivered either by behavioral health services or by others in the

community;

(d) Level 5 services delivered either by behavioral health services or by others in the community;

(e) Other Triple P-related services delivered during the reporting period;

(f) All Triple P-related materials (tip sheets, workbooks, etc.) distributed to providers;

(g) Status of PSN groups – using online form to be developed by project evaluator and project manager.

(h) Any service delivery barriers as identified by all Triple P providers.

6. Reporting schedule:

Reporting Months	Report Due
July, August, September, October 2013	October 15, 2013
November, December 2013	January 15, 2014
January, February 2014	March 14, 2004
March, April 2014	May 15, 2014
May, June 2014	July 15, 2014
July, August 2014	September 15, 2014
September 2014 and overall final report	October 15, 2014