

CONTRACT AMENDMENT A

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBH-ASO", and Kitsap Mental Health Services hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-136-20, and executed on May 11, 2020, shall be amended as follows:

1. Page 1 shall be amended as follows:
 - **Contract Amount** is increased by \$171,640, increasing the contract total from \$81,020 to \$252,660.
 - **Contract end date** is extended from June 30, 2020 to June 30, 2021. New contract period is January 1, 2020 to June 30, 2021.
 - **Attachment B HARPS Statement of Work** is deleted and replaced in its entirety as attached.
 - **Attachment C Budget** is deleted and replaced in its entirety as attached.
 - Services Team funding
1/1/20-6/30/20 funding remains unchanged at \$81,020.
7/1/20-6/30/21 funding increases by \$171,640 from \$0 to \$171,640.
 - **Attachment C-2 Deliverables Table** for July 1, 2020-June 30, 2021 is attached.
2. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

Program Lead, Salish Behavioral Health Organization
Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366.

Upon receipt, the Human Services Department will ensure submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.
3. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

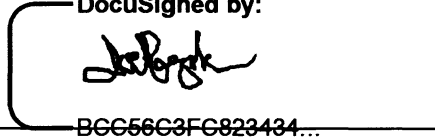
This amendment shall be effective July 1, 2020.

**SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES
ORGANIZATION, By
KITSAP COUNTY BOARD OF
COMMISSIONERS, Its Administrative
Entity**

**CONTRACTOR: Kitsap Mental Health
Services**


Charlotte Garrido, Chair

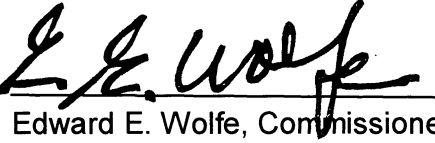
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Robert Gelder, Commissioner

Name: Joe Roszak
Title: Executive Director

8/26/2020

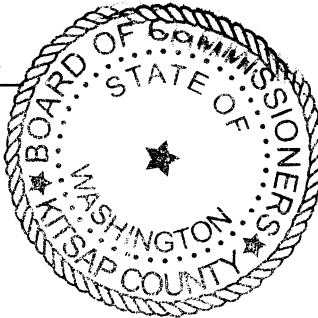

Edward E. Wolfe, Commissioner

DATE

DATE 9-14-2020

ATTEST

Dana Daniels, Clerk of the Board



Attachment B:

Schedule A SOW Services/Bridge Subsidy

- 1. Statement of Work.** The Contractor must provide for the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth herein.

- 1.1.** In the original budget for this project, three (3) supportive housing pilot projects were funded to assist individual's transition from institutional settings into permanent supportive housing, provide the basis for supportive housing services, and provide integration opportunities between substance abuse treatment services and BH ASOs. Each Team consists of:

- 1.1.1.** 1 FTE MA Professional
 - 1.1.2.** 2 FTE Certified Peer Counselors
 - 1.1.3.** 20% Benefits
 - 1.1.4.** 15% Administration
 - 1.1.5.** Total Team Costs: \$190,440

- 1.2.** Payments for deliverables can be prorated for understaffed teams.

- 2. Principles of Evidence-based Permanent Supportive Housing.**

Permanent Supportive Housing (PSH) is decent, safe, and affordable community-based housing that provides tenants with the rights of tenancy under state and local landlord-tenant laws and is linked to voluntary and flexible support and services designed to meet tenants' needs and preferences. PSH makes housing affordable to someone on SSI, (either through rental assistance or housing development). It provides sufficient wraparound supports to allow people with significant support needs to remain in the housing they have chosen. Dimensions of PSH EBP include:

- 2.1.** Choice in housing and living arrangements
 - 2.2.** Functional separation of housing and services
 - 2.3.** Decent, safe, and affordable housing
 - 2.4.** Community integration and rights of tenancy
 - 2.5.** Access to housing and privacy
 - 2.6.** Flexible, voluntary, and Recovery-focused services
 - 2.7.** Even though HARPS will not require high fidelity PSH EBP, we encourage sites to become familiar with the dimensions of PSH EBP. A link to the SAMHSA PSH toolkit can be found at <http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>.

- 3. HARPS Priority Populations:**

- 3.1.** Individuals who are not eligible for Medicaid Foundational Community Supports Supportive Housing Services and who are experiencing a serious mental illness,

substance use disorder or Co-Occurring disorder (Mental Illness & Substance Abuse Disorder)

- 3.1.1. Who are released from or at risk of entering:
 - 3.1.1.1. Psychiatric Inpatient settings
 - 3.1.1.2. Substance Abuse Treatment Inpatient settings
 - 3.1.1.3. Who are Homeless/At Risk of homelessness
 - 3.1.1.4. Broad definition of homeless (couch surfing included)

4. Peer Services.

4.1. The HARP's program will build from the Permanent Options for Recovery-Centered Housing (PORCH) project. PORCH is designed to transform service delivery by promoting sustainable access to evidence based Permanent Supportive Housing. PORCH provides consumers with meaningful choice and control of housing and support services, utilizes Peer Housing Specialists, reduces homelessness and supports the Recovery and resiliency of individuals with serious mental illness. <https://www.dshs.wa.gov/sesa/rda/research-reports/permanent-options-recovery-centered-housing>.

4.2. SAMPLE Job Description: Peer Support Specialist II

4.2.1. Principal Duties and Responsibilities

Provide peer counseling and support with an emphasis on enhancing access to and retention in permanent supported housing. Draw on common experiences as a peer, to validate clients' experiences and to provide empowerment, guidance and encouragement to clients to take responsibility and actively participate in their own recovery. Serve as a mentor to clients to promote hope and empowerment. Provide education and advocacy around understanding culture-wide stigma and discrimination against people with mental illness and develop strategies to eliminate stigma and support client participation in consumer self-help programs and consumer advocacy organizations that promote recovery. Teach symptom-management techniques and promote personal growth and development by assisting clients to cope with internal and external stresses. Coordinate services with other Mental Health and allied providers.

4.2.2. Housing

Assist participants to find and maintain a safe and affordable place to live, apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing and decorating, and procuring necessities (telephone, furniture, utility hook-up). Identify the type and location of housing with an exploration of access to natural supports and the avoidance of triggers (such as a neighborhood where drug dealing is prolific if the participant has a history of substance abuse). Provide practical help and supports such as:

- mentoring,
- teaching self-advocacy,
- coordination of services,

- side-by-side individualized support,
- problem solving,
- direct assistance and supervision to help clients obtain the necessities of daily living including:
 - medical and dental health care;
- legal and advocacy services;
- accessing financial support such as government benefits and entitlements (SSI, SSDI, veterans' benefits);
- accessing housing subsidies (HUD Section 8);
- money-management services (e.g., payee services, budgeting, managing credit score, financial wellness); and
- use of public transportation.

4.2.3. Landlord Outreach and Engagement

Recruit and cultivate relationships with landlords and property management agencies, leading to more housing options for HARPS Participants. Make use of printed materials and in-person events, such as landlord organization or rental housing association meetings, to educate landlords and property managers about the benefits of working with supportive housing providers, individuals with treated behavioral health conditions, subsidies, housing quality and safety standards, and the Department of Commerce's Landlord Mitigation Program.

<https://www.commerce.wa.gov/building-infrastructure/housing/landlord-mitigation-program/>

4.2.4. Employment

Assist with referrals to job training and supported employment services provided by Foundational Community Supports (FCS) or Division of Vocational Rehabilitation (DVR) or other supports. Perform mentoring, problem solving, encouragement and support on and off the job site. Provide work-related supportive services, such as assistance securing necessary clothing and grooming supplies, wake-up calls, and assistance with navigating public transportation.

4.2.5. Activities of Daily Living Services

Provide ongoing assessment, goal setting, problem solving, side-by-side services, skill teaching, support (prompts, assignments, encouragement), and environmental adaptations to assist clients with activities of daily living. Assist and teach/support clients to organize and perform household activities, including house cleaning and laundry. Assist and teach/support clients with personal hygiene and grooming tasks. Provide nutrition education and assistance with meal planning, grocery shopping, and food preparation. Ensure that clients have adequate financial support (help to gain employment and apply for entitlements). Teach money-management skills (budgeting and paying bills) and assist clients in accessing financial services (e.g., professional financial counseling, emergency loan services, and managing their credit score). Help clients to access reliable transportation

(obtain a driver's license and car and car insurance, arrange for cabs, use public transportation, and find rides). Assist and teach/support clients to have and effectively use a personal primary care physician, dentist, and other medical specialists as required.

4.2.6. Social and Interpersonal Relationships and Leisure Time

Provide side-by-side support, coaching and encouragement to help clients socialize (going with a client to community activities, including activities offered by consumer-run peer support organizations) and developing natural supports. Assist clients to plan and carry out leisure time activities on evenings, weekends, and holidays. Organize and lead individual and group social and recreational activities to help clients structure their time, increase social experiences, and provide opportunities to practice social skills.

4.2.7. Education, Experience, and Knowledge Required

Two of the FTEs must be Peer Counselors certified by the state or complete certification within six months of hire. The certified peer counselors must have good oral and written communication skills. Must have a strong commitment to the right and the ability of each person to live in normal community residences; work in competitive market-wage jobs; and have access to helpful, adequate, competent, and continuous supports and services in the community of their choice. It is essential the peer specialist have skills and competence to establish supportive trusting relationships with persons living with severe and persistent mental illnesses and/or substance use disorder and respect for clients' rights and personal preferences in treatment is essential.

5. HARPS Housing Bridge Subsidy.

- 5.1.** HCA will issue quarterly payments of (\$81,500 to Great Rivers BH ASO, Greater Columbia BH ASO, Catholic Charities, CVAB, Thurston-Mason BH ASO and North Sound BH ASO) (\$125,000 to King County BH ASO, Salish BH ASO, Spokane BH ASO, and Greater Lakes Mental Health) to the contractor to utilize as short-term bridge subsidies for HARPS eligible individuals.
- 5.2.** Contractor may use 5% of the quarterly payment for administrative expenses which are not reimbursed through any other source. The administrative costs can include staff and staff expenses relevant to issuing subsidies in a manner consistent with the HARPS Housing Bridge Subsidy Guidelines below.
- 5.3.** HCA will issue one-time payment of \$50,000 to the contractor to utilize as short-term bridge subsidy for HARPS SUD only eligible individuals.
- 5.4.** Any unspent subsidy funds will be returned to the Health Care Authority at the end of the state fiscal year, June 30th.

6. HARPS Housing Bridge Subsidy Guidelines.

- 6.1.** The budget for the HARPS Housing Bridge Subsidy is short-term funding to help reduce barriers and increase access to housing. Individuals exiting detox, 30, 60, and

90-day inpatient substance use disorder treatment facilities, residential treatment facilities, state hospitals, E&T's, local psychiatric hospitals and other inpatient behavioral healthcare settings could receive up to 3 months of housing 'bridge' subsidy.

- 6.2.** HARPS Bridge Subsidies are temporary in nature and should be combined with other funding streams, whenever possible, to leverage resources to assist individuals in obtaining and maintaining a permanent residence.
- 6.3.** HARPS Bridge subsidies are estimated at \$500 per person for 3 months. Allowable expenses for HARPS Housing Bridge Subsidy:
 - 6.3.1. Monthly rent and utilities, and any combination of first and last months' rent for up to three (3) months. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's may be included with the first month's payment.
 - 6.3.2. Rental and/or utility arrears for up to three months. Rental and/or utility arrears may be paid if the payment enables the household to remain in the housing unit for which the arrears are being paid or move to another unit. The HARPS bridge subsidy may be used to bring the program participant out of default for the debt and the HARPS Peer Specialist will assist the participant to make payment arrangements to pay off the remaining balances.
 - 6.3.3. Security deposits and utility deposits for a household moving into a new unit.
 - 6.3.4. HARPS rent assistance may be used for move-in costs including but not limited to deposits and first months' rent associated with housing, including project- or tenant-based housing.
 - 6.3.5. Application fees, background and credit check fees for rental housing.
 - 6.3.6. Lot rent for RV or manufactured home.
 - 6.3.7. Costs of parking spaces when connected to a unit.
 - 6.3.8. Landlord incentives (provided there are written policies and/or procedures explaining what constitutes landlord incentives, how they are determined, and who has approval and review responsibilities).
 - 6.3.9. Reasonable storage costs.
 - 6.3.10. Reasonable moving costs such as truck rental and hiring a moving company.
 - 6.3.11. Hotel/Motel expenses for up to 30 days if unsheltered households are actively engaged in housing search and no other shelter option is available.
 - 6.3.12. Temporary absences. If a household must be temporarily away from his or her unit, but is expected to return (e.g., participant violates conditions of their DOC supervision and is placed in confinement for 30 days or re-hospitalized), HARPS may pay for the households rent for up to 60 days. While a household is temporarily absent, he or she may continue to receive HARPS services.
- 6.4.** HARPS Reporting. A monthly report format (see separately attached Excel Spreadsheet "HARPS Subsidy Log, which includes a worksheet for tracking Landlord Outreach and Engagement) will be submitted to DBHR HARPS Program Manager or DBHR SH/SE Behavioral Health Program Administrator by the 15th of the following month through secure (encrypted) email to the DBHR HARPS Program Manager.

6.5. Housing and Recovery through Peer Services (HARPS) teams' caseload Size.

The case mix must be such that the HARPS Teams can manage and have flexibility to be able to provide the intensity of services required for each individual, according to the Medical Necessity of each individual. It is estimated that 20% of individuals accessing HARPS Housing Bridge Subsidy Funding will receive supportive housing services from HARPS teams each year. This assumes that each team will support an active caseload of 50 individuals at any one time and assumes turnover of thirty five percent (35%) per year.

- 6.5.1. HARPS Housing Specialists must have the capacity to provide multiple contacts per week with individuals exiting or recently discharged from inpatient behavioral healthcare settings, making changes in a living situation or employment, or having significant ongoing problems in maintaining housing. These multiple contacts may be as frequent as two to three times per day, seven days per week, and depend on individual need and a mutually agreed upon plan between individuals and program staff. Many, if not all, staff must share responsibility for addressing the needs of all individuals requiring frequent contact.
- 6.5.2. HARPS Teams must have the capacity to rapidly increase service intensity and frequency to an individual when his or her status requires it or an individual request it.
- 6.5.3. Operating as a continuous supportive housing service, HARPS Teams must have the capability to provide support services related to obtaining and maintaining housing. This will include direct contact with landlords on behalf of the participant.
- 6.5.4. HARPS Teams must have a response contact time of no later than two calendar days:
- 6.5.5. Upon discharge from a behavioral healthcare inpatient setting, such as an Evaluation & Treatment Center, Residential Treatment Center, Detox, or State Psychiatric Hospital.
- 6.5.6. Services must minimally include the following:
 - 6.5.6.1. Hospital Liaison Role. The BH ASO's hospital liaison must actively coordinate the transition of individuals from behavioral healthcare inpatient treatment center discharge to the HARPS Team in the community of residence in order to minimize gaps in outpatient health care, and housing.
 - 6.5.6.2. Service Coordination. Service coordination must incorporate and demonstrate basic recovery values. The individual will have choice of his or her housing options, will be expected to take the primary role in their personal Housing Plan development, and will play an active role in finding housing and decision-making.
 - 6.5.6.3. Crisis Assessment and Intervention. Behavioral Health Crisis assessment and intervention must be available 24-hours per day, seven days per week through the BH ASO's crisis system. Services must be coordinated with the assigned Care Coordinator. These services include telephone and face-to-face contact.
- 6.5.7. Services should include the following, as determined by medical necessity:
 - 6.5.7.1. Housing Services. Assess housing needs, seek out and explain the housing options in the area, and resources to obtain housing. Educate the individual on factors used by landlords to screen out potential tenants. Mitigate

negative screening factors by working with the individual and landlord/property manager to clarify or explain factors that could prevent the individual from obtaining housing. Ongoing support for both the individual and landlord/property manager to resolve any issues that might arise while the individual is occupying the rental.

6.5.7.2. Education Services. Supported education related services are for individuals whose high school, college or vocational education could not start or was interrupted and made educational goals a part of their recovery (treatment) plan. Services include providing support to applying for schooling and financial aid, enrolling and participating in educational activities.

6.5.7.3. Vocational Services. These services may include work-related services to help individuals' value, find, and maintain meaningful employment in community-based job sites as well as job development and coordination with employers. These activities should also be part of the individual's recovery (treatment) plan. Activities of Daily Living Services. Services to support activities of daily living in community-based settings include individualized assessment, problem solving, skills training/practice, sufficient side-by-side assistance and support, modeling, ongoing supervision (e.g. prompts, assignments, monitoring, encouragement), environmental adaptations to assist to gain or use the skills required to access services, and provide direct assistance when necessary to ensure that individuals obtain the basic necessities of daily life.

6.5.7.4. Social and Community Integration Skills Training. Social and community integration skills training serve to support social/interpersonal relationships and leisure-time skill training and include supportive individual therapy (e.g., problem solving, role-playing, modeling, and support); social-skill teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure individuals' time, increase their social experiences, and provide them with opportunities to practice social skills, build a social support network and receive feedback and support.

6.5.7.5. Peer Support Services. These include services to validate individuals' experiences and to inform, guide and encourage individuals to take responsibility for and actively participate in their own recovery, as well as services to help individuals identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce individuals' self-imposed stigma. Peer Support and Wellness Recovery Services include:

6.5.8. Promote self-determination; and

6.5.9. Model and teach advocating for one's self

6.6. Encourage and reinforce choice and decision-making.

6.6.1. Introduction and referral to individual self-help programs and advocacy organizations that promote recovery.

6.6.2. "Sharing the journey" (a phrase often used to describe individuals' sharing of their recovery experience with other peers). Utilizing one's personal experiences as information and a teaching tool about recovery.

- 6.6.3. The Peer Specialist will serve as a consultant to the Treatment team to support a culture of recovery in which each individual's point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, support, vocational and community activities.
- 6.6.4. Each HARPS Participant will be assigned a Peers Specialist or Housing Specialist who assist in locating housing, and resources to secure housing, as well as maintain housing. The primary responsibilities of the Peer Specialist are to work with the individual to find, obtain and maintain housing to promote recovery, locate and secure resources related to housing and utilities, offer information regarding options and choices in the types of housing and living arrangements, and advocate for the individual's tenancy needs, rights (including ADA Accommodations), and preferences to support housing stability. Service coordination also includes coordination with community resources, including Consumer self-help and advocacy organizations that promote recovery.
- 6.6.5. Each individual receiving HARPS Services must have an individualized, strengths-based housing plan that includes action steps for when housing related issues occur. As with the treatment planning process, the individual will take the lead role in setting goals and developing the housing plan.
- 6.7.** Substance Use Disorder Treatment. If clinically indicated, the HARPS Team may refer the individual to a DBHR-licensed SUD treatment program. The HARPS Team shall use an LRA/AOT referral form, as provided by DBHR.
- 6.8.** Housing Search and Placement. Includes services or activities designed to assist households in locating, obtaining, and retaining suitable housing. Services or activities may include: tenant counseling, assisting households to understand leases, securing utilities, making moving arrangements, representative payee services concerning rent and utilities, and mediation and outreach to property owners related to locating or retaining housing.
- 6.9.** Housing Stability. Includes activities for the arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of individuals exiting or at risk of entering inpatient behavioral healthcare settings and helping them obtain housing stability. Services and activities may include developing, securing, and coordinating services including:
 - 6.9.1. Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance.
 - 6.9.2. Referrals to Foundational Community Supports (FCS) supportive housing and supported employment services
 - 6.9.3. Seeking out and assistance applying for long-term housing subsidies
 - 6.9.4. Affordable Care Act activities that are specifically linked to the household's stability plan;
 - 6.9.5. Activities related to accessing Work Source employment services;
 - 6.9.6. Referrals to vocational and educational support services such as Division of Vocational Rehabilitation (DVR)
 - 6.9.7. Monitoring and evaluating household progress;
 - 6.9.8. Assuring that households' rights are protected; and

- 6.9.9. Applying for government benefits and assistance including using the evidence- based practice SSI/SSDI through SSI/SSDI Outreach, Access, and Recovery (SOAR)
- 6.10.** HARPS Teams will not suggest or provide Medication Prescription, Administration, Monitoring and Documentation.
 - 6.10.1. The HARPS Team should work with the Treatment Team:
 - 6.10.2. Establish a peer relationship with each participant.
 - 6.10.3. Assess each individual's housing needs and provide verbal and written information about housing status. The physician or psychiatric Advanced Registered Nurse Practitioner (ARNP) will review that information with the individual, HARPS Team members and, as appropriate, with the individual's family members or significant others.
 - 6.10.4. HARPS Team Members can provide direct observation, available collateral information from the family and significant others as part of the comprehensive assessment.
 - 6.10.5. In collaboration with the individual, assess, discuss and document the individual's housing needs and behavior in response to medication and monitor and document medication side effects. Review observations with the individual and Treatment Team.
- 6.11.** HARPS Team Members must participate in the HARPS Monthly Administrative Conference Call. This call occurs on the last Monday of each month from 10 AM to 11 AM HARPS Deliverables Table

ATTACHMENT C: BUDGET

Budget Summary			
Contractor:	<u>Kitsap Mental Health Services HARPS</u>		
Contract No:	KC-136-20-B		
Contract Period:	1/1/20-6/30/21		
HARPS Subsidies			
	Previous Budget	Changes this Amendment	Current Budget
Budget Period: 1/1/20-6/30/20			
HARPS Team	81,020	0	81,020
Budget Total	81,020	0	81,020
Budget Period: 7/1/20-6/30/21			
HARPS Team	0	171,640	171,640
Budget Total	0	171,640	171,640
Contract Total	81,020	171,640	252,660
Revenue Source: Health Care Authority Contract K4579 [KC-302-20]			
Billed according to HARPS deliverables table.			
Funded with Mental Health Block Grant Funds			

HARPS Deliverables Table

July 1, 2020 – June 30, 2021

Goal	Task	Performance Measure	Due Date*	Payment	KMHS
1	Weekly updates on number of referrals from state psychiatric hospitals (Western State Hospital and Eastern State Hospital)	Send a Word Document via email to the HCA HARPS Program Manager with the number of individuals referred by the State Hospital(s), date of the referral, and current housing status for participants referred by the state hospitals. (Do NOT include any identifying personal information in the updates)	Tuesday of each following week	\$100 per HARPS team weekly update x 4 weeks per month x 12 month for a maximum of 12 months	\$4,800
2	At least two (2) FTE from the HARPS team attend an HCA facilitated training event on the SAMHSA model Evidence-Based Practice of Permanent Supportive Housing (EBH PSH)	Sign in sheet verifying program staff attended the HCA facilitated EBH PSH Training Event	by 6/30/2020	1 payment of \$5,000 for EBH PSH Training	\$5,000
3	Document HARPS Landlord Outreach and Engagement Activities in monthly HARPS Participant Excel Log using the Landlord Outreach Tab submitted to the HCA through the FTP site, or an alternative acceptable secured email transmission no later than the 15th of following month.	At least 5 landlord/property manager contacts documented in the Landlord Outreach Tab of the Monthly HARPS Participant Excel Log Report the submitted to HCA and approved by the Program Manager.	Due by the 15th of each following month	12 months (assuming full staffing and start of services 7/1/2019) @ \$4,500 per report received and approved	\$54,000
4	Document and submit monthly HARPS Participant Excel log report detailing HARPS enrolled participants that receive services and/or subsidies using Exhibit xxx Monthly HARPS Participant Excel Log 7.1.2017. Monthly and aggregate information is needed on HARPS subsidies. Monthly HARPS Participant Excel report of number of individuals enrolled, actively receiving supportive housing supportive services, housed and number of individuals achieving 6 months of housing retention. (Retention may consist of moving into different dwellings but continually housed). Payment will be pro-rated for unfilled positions based upon 3 FTE.	Monthly HARPS Participant Excel Log Report submitted to HCA via secure process and approved by the Program Manager	Due by the 15th of each following month	12 months (assuming full staffing and start of services 7/1/2019) @ \$4,500 per monthly HARPS participant Excel log received	\$54,000

5	Quarterly report with results of the project activities for the period including a participant success story with a signed media release. Report shall include:	Due by the 20th of the month following the quarter	Quarterly HARPS Report submitted to HCA and approved by the program manager.	4 quarterly reports (assuming start of services 7/1/2019) @ \$9,500 per report	\$38,000
	1. Describe staff development activities for reporting period (including orientation and training). Indicate:	Quarter 1, July-September, report due October 20th			
	Any other project activities or events, including meetings with local Continuums of Care, Coordinated Entry Programs, Peer Bridger's, housing, and housing services providers meetings.	Quarter 2, October-December, report due January 20th			
	• Date(s)/duration of the training or meeting	Quarter 3, January-March, report due April 20th			
	• Subject of the training or meeting				
	• Discuss value/impact on the pilot project. • A Participant Success Story	Quarter 4, April-June, report due July 20th			
6	One (1) HARPS team member shall participate as a reviewer in one (1) PSH cross-site fidelity review (in- person or virtually) to be facilitated by the Department's HARPS Program Manager.	A copy of the consensus scored report with recommendations from the fidelity review team and travel expenditures	by 6/30/2020	Minimum of one (1) FTE participant in at least one (1) cross-site fidelity review @ \$15,840	\$15,840
				TOTAL	\$171,640

SAM Search Results
List of records matching your search for :

Search Term : KITSAP MENTAL HEALTH SERVICES*
Record Status: Active

ENTITY	KITSAP MENTAL HEALTH SERVICES	Status: Active
DUNS: 021312129	+4:	CAGE Code: ONL52 DoDAAC:
Expiration Date: 07/06/2021	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 5455 ALMIRA DR		
City: BREMERTON	State/Province: WASHINGTON	
ZIP Code: 98311-8330	Country: UNITED STATES	