Washington State Department of Social & Health Services Transforming lives	**BHO PROGRAM AGREEMENT** 17 HARPS/Peer Bridger	DSHS Agreement Number: 1769-96821
This BHO Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below, and is issued in conjunction with the DSHS and BHO Agreement on General Terms and Conditions (GT&C), which is incorporated by reference.		BHO GT&C Contract Number: 1684-56867 Contractor Contract Number:

CONTRACTOR NAME North Sound Behavioral Health Organization, LLC		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 301 Valley Mall Way Ste 110 Mount Vernon, WA 98273-5462		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 603-583-336	DSHS INDEX NUMBER 1553
CONTRACTOR CONTACT Joe Valentine	CONTRACTOR TELEPHONE (360) 416-7013	CONTRACTOR E-MAIL ADDRESS joe_valentine@northsoundbho.org	

DSHS ADMINISTRATION Behavioral Health Administration	DSHS DIVISION Division of Behavioral Health and Recovery	DSHS CONTRACT CODE 1690LC-69
DSHS CONTACT NAME AND TITLE Melodie Pazolt Program Administrator	DSHS CONTACT ADDRESS 4500 10th Avenue SE Lacey, WA 98503	
DSHS CONTACT TELEPHONE (360)725-0487	DSHS CONTACT FAX (360)725-2278	DSHS CONTACT E-MAIL ADDRESS melodie.pazolt@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? Yes	CFDA NUMBER(S) 93.958	
AGREEMENT START DATE 07/01/2017	**AGREEMENT END DATE** 06/30/2018	**MAXIMUM AGREEMENT AMOUNT** $240,000.00

EXHIBITS. The following Exhibits are attached and are incorporated into this Agreement by reference:

☒ **Exhibits (specify):** Exhibit A - HARPS Statement of Work; Exhibit B - Peer Bridger Program Standards; Exhibit C - Peer Bridger Distribution Table; Exhibit D - HARPS Deliverables Table; Exhibit E - HARPS Excel Log; Exhibit F - Permanent Supportive Housing Fidelity Tool

The terms and conditions of this Agreement 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 Agreement, between the parties. The parties signing below represent they have read and understand this Agreement, and have the authority to execute this Agreement. This Agreement shall be binding on DSHS only upon signature by DSHS.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE Joe Valentine, Executive Director	DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE BHA Contracts	DATE SIGNED

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

a. "Behavioral Health Administration" or "BHA" means the DSHS Administration governing mental health care and substance abuse services, and its employees and authorized agents.

b. "Consumer" means an individual who has applied for, is eligible for, or who has received mental health services. This also includes parents and legal guardians when they have a child under the age of 13, or a child 13 or older and they are involved in their treatment plan (WAC 388-865-0150).

c. "Cost Reimbursement" means the subcontractor is reimbursed for actual costs up to the maximum consideration allowed in the Program Agreement.

d. "Cultural Competence" means a set of congruent behaviors, attitudes and policies that come together in a system, or agency, and enables that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, and expansion of cultural knowledge and adaptation of services, to meet culturally unique needs.

e. "Division of Behavioral Health and Recovery" or "DBHR" means the DSHS, BHA, Division of Behavioral Health and Recovery, and its employees and authorized agents.

f. "Eastern State Hospital" or "ESH" or "Hospital" means a psychiatric hospital owned and operated by the State of Washington, DSHS, Behavioral Health Administration, situated at 850 Maple & 1451 West Maple Street, Medical Lake, Washington 99022.

g. "Fee-for-service" or "set rate" means the subcontractor receives a negotiated fixed rate of pay based on performance of a defined unit of service such as per treatment, per hour or per session.

h. "For Profit" means of business or institution initiated or operated for the purpose of making a profit.

i. "Lump sum" means the subcontractor is reimbursed a negotiated amount for completion of the Program Agreement performance.

j. "Medicaid" means the Centers for Medicare and Medicaid Services (CMS) Federal Department of Health and Human Services (DHHS) program, which is state-operated and provides medical benefits for certain indigent or low-income persons in need of health and medical care. The program is authorized by Title XIX of the Social Security Act and may only be used to cover costs for specified services for people who meet specific eligibility criteria, and program eligibility requirements. Additionally, these funds are only paid out for these services utilizing specified rates of payment for providers following a specified administration methodology.

k. "Mental Health Block Grant" or "MHBG" means those funds granted by the Secretary of the DHHS, through the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), to states to establish or expand an organized community-based system for providing mental health services for adults with SMI and children with SED. States must submit an application in accordance with the law for applicable fiscal years for which they seek MHBG funds. Awarded MHBG funds must be used to carry out the State plan contained within the application, to evaluate programs and services set in place under the plan, and to conduct planning, administration, and educational activities related to the provision of services under the plan.

l. “Peer Bridger” means a trained Peer Support Specialist who has personally dealt with a major mental health condition and is successfully managing his or her Recovery. He or she has overcome many of the challenges facing people with mental illnesses discharged from a state Hospital, making him or her uniquely qualified to support Consumers on their Recovery journey.

m. “Peer Counselor” means a person recognized by DBHR as a person who:

(1) Is a self-identified Consumer of mental health services;

(2) Is a counselor registered under RCW 18.19;

(3) Has completed specialized training provided by or contracted through DBHR. If the person was trained by trainers approved by the mental health division (now DBHR) before October 1, 2004, and has meet the requirements of this section by January 21, 2005, the person is exempt from completing this specialized training;

(4) Has successfully passed an examination administered by DBHR or an authorized contractor; and

(5) Has received a written notification letter from DBHR stating that DBHR recognizes the person as a “peer counselor”.

n. “Peer Support” means services provided by certified Peer Counselors under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. Services include scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Program participants are actively involved in decision-making and the operation of the programmatic supports. Other activities may include self-help support groups, telephone support lines, drop-in centers, and sharing the Peer Counselor’s lived experiences related to mental illness.

o. “Performance-based" means the subcontractor is compensated on attainment of specific outcomes (for example, placement of a consumer with SMI into employment).

p. “Reasonable costs" means amounts that do not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. A prudent person normally considers the following:

(1) Whether the cost is of a type generally recognized as ordinary and necessary for the operation of the performance of the Program Agreement.

(2) The restraints or requirements imposed by such factors as: sound business practices; arm’s length bargaining; Federal, State and other laws and regulations; and, terms and conditions of the Federal award.

(3) Market prices for comparable goods or services.

(4) Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities to the entity, the public at large, and the provider of the funds.

q. “Recovery” means the processes through which people are able to live, work, learn, and participate fully in their communities.

r. "Western State Hospital" or "WSH" or "Hospital" means a psychiatric hospital owned and operated by the State of Washington, DSHS, Behavioral Health Administration, and is situated at 9601 Steilacoom Blvd. SW, Lakewood, Washington 98498.

2. Purpose. The purpose of this Program Agreement is for the BHO to provide, in accordance with federal and state MHBG requirements, to perform the services listed in the Performance Work Statement, below, as well as detailed in the attached Exhibit A – HARPS Statement of Work and Exhibit B – Peer Bridger Statement of Work.

3. Performance Work Statement. The BHO shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

a. HARPS **(Applies only to King County BHO, Optum/Pierce BHO, Salish BHO, and Spokane County Regional BHO)**

(1) The Contractor shall implement a program staffed by two Certified Peer Specialists and one Mental Health Professional (or a combination of non-MHP as long as the team is under the supervision of an MHP) to implement the Housing and Recovery through Peer Services program. Payment will be pro-rated for any unfilled positions.

(2) The funds in this contract shall pay for services provided through the HARPS Program. The housing subsidies and related move-in costs are covered in the amended BHSC contract for King County BHO, Optum/Pierce BHO, Salish BHO, and Spokane County BHO.

(3) The HARPS Program must follow the HARPS Statement of Work in Exhibit A of this Program Agreement.

(4) BHO HARPS subcontractors must be licensed as Community Behavioral Health Agencies to provide and certified to provide peer support services.

b. Peer Bridger

(1) The Contractor shall implement a program staffed by one or more Peer Bridgers to facilitate and increase the number of state Hospital discharges and to promote continuity of services when participants return to their communities. The number of Peer Bridgers funded for the BHO is listed in Exhibit C – Peer Bridger Distribution Table.

(2) BHO Peer Bridger Program subcontractors must be licensed as Community Behavioral Health Agencies to provide mental health services and certified to provide peer support services.

(3) The Peer Bridger Program must follow the Peer Bridger Program Standards contained in Exhibit B of this Program Agreement.

(4) BHOs who consistently have four or fewer individuals on the state Hospital ready for discharge list may submit a plan to the division to modify the Peer Bridger Program Standards for that BHO and potentially use the Peer Bridgers for local psychiatric inpatient discharges.

The plan cannot be implemented without prior approval of DBHR.

(5) The BHO will submit reports to DBHR reflecting the state Hospital discharges and community placements.

DBHR will provide a template and timeframe for submitting the reports. A monthly report will be submitted to DBHR Peer Bridger Program Manager or DBHR SH/SE Behavioral Health Program Administrator by the 15th of the following month through secure email or SFTP server.

(6) Data Reporting: Service Encounters using the Rehabilitation Case Management Service Encounter Definition code in the Service Encounter Reporting Instructions (SERI) will be reported on a monthly basis. A Program Code (to be developed in the Data Dictionary) will be used to track individuals engaged with Peer Bridger services.

(7) Rural and frontier multi-county BHOs may site the Peer Bridgers at multiple provider agencies.

(8) The BHO or its subcontractors will insure that Peer Bridgers are provided with smart phones for conducting Peer Bridger Program activities. Smart phones may not be used in patient care areas within the state hospitals.

(9) The BHO will require its mental health network providers to allow the Peer Bridgers to attend treatment activities with the participant during the 120 days post discharge if requested by the participant. Examples would include intakes, prescriber appointments, treatment planning meetings with the primary clinician, etc.

4. MHBG Funding Requirements and Limitations.

a. The BHO shall comply with the utilization Funding Program Agreement guidelines within the State's most recent MHBG plan, as referenced herein, and which was provided to BHO prior to commencement of services under this Program Agreement. BHO agrees to comply with Title V, Section 1913 of the Public Health Service Act [42 U.S.C. 300x-1 et seq.].

b. The BHO shall not use MHBG Funds for the following:

(1) Services and programs that are covered under the capitation rate for Medicaid-covered services to Medicaid enrollees.

(2) The BHO's administrative costs associated with salaries and benefits at the BHO's organizational level.

(3) Inpatient mental health services.

(4) Construction and/or renovation.

(5) Capitol assets or the accumulation of operating reserve accounts.

(6) Equipment costs over $5,000.

(7) Cash payments to Consumers.

(8) State match for other federal funds.

5. Subcontracts and Subcontract Monitoring.

a. All activities and services performed pursuant to this Program Agreement, which are not performed directly by the BHO, must be subcontracted in accordance with the terms set forth under this Program Agreement.

b. MHBG funds may not be used to pay for services provided prior to the execution of subcontracts, or to pay in advance of service delivery. All subcontracts and amendments must be in writing and executed by both parties prior to any services being provided.

c. MHBG fee-for-service, set rate, performance-based, cost reimbursement, and lump sum subcontracts shall be based on reasonable costs.

d. The BHO shall retain, on site, all subcontracts. Upon request by the Department, BHO will immediately make available any and all copies, versions, including all amendments of subcontracts.

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

(1) Copy of the proposed subcontract to ensure it meets all DSHS requirements; or

(2) Copy of the BHO's standard contract template to ensure it meets all requirements and approve only subcontracts entered into using that template; or

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

f. The Contractor shall ensure that its subcontractors receive an independent audit if the subcontractor expends a total of $750,000 or more in federal awards from any and/or all sources in any fiscal year. Contractor shall require all subcontractors to submit to Contractor the data collection form and reporting package specified in 2 CFR Part 200, Subpart F, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor within 10 days of audit reports being completed and received by subcontractors. Contractor shall follow up any corrective actions for all subcontractor audit findings in accordance with 2 CFR Part 200, Subpart F. Contractor shall retain documentation of all BHO subcontractor monitoring activities; and, upon request by the Department, shall immediately make all audits and/or monitoring documentation available to the Department.

g. The BHO shall conduct and/or make arrangements for an annual fiscal review of each subcontractor receiving MHBG funds through fee-for-service, set rate, performance-based or cost reimbursement subcontracts; and, shall provide the department documentation of these annual fiscal reviews upon request. The annual fiscal review shall ensure:

(1) Expenditures are accounted for by revenue source.

(2) No expenditures were made for items identified in Section 4 of this Program Agreement.

(3) Expenditures are made only for the purposes stated in this Program Agreement, and that services were actually provided.

6. Consideration.

a. Total Maximum Consideration payable to BHO for satisfactory performance of the work under this Program Agreement is a maximum of $240,000 for services provided July 1, 2017, through June 30, 2018, including any and all expenses. Payment for HARPs services will be based on the successful delivery and DBHR approval of deliverables laid out in Exhibit D for the HARPs program.

b. Payment for Peer Bridger services will be based on cost reimbursement of actual expenditures while performing services under this Agreement, up to the Maximum Consideration for each BHO's allocation as defined in Exhibit C – Peer Bridger Distribution Table.

c. Funding that supports this Program Agreement comes from Community Mental Health Services Block Grant (MHBG) Funds, Department of Health and Human Services (DHHS), Catalog of Federal Domestic Assistance (CFDA) #93.958. Any MHBG Funds obligated under this Program Agreement which are not expended by June 30, 2018, may not be used or carried forward to any other Program Agreement, and lapse as of June 30, 2018.

d. Billing:

(1) DSHS shall not make any payments in advance or anticipation of the delivery of services to be provided pursuant to this Program Agreement. DBHR will not pay for any services provided prior to the start date of this Program Agreement.

(2) Claims for reimbursement shall be submitted by email, monthly, and on unaltered invoicing forms in the format as provided to BHO by DBHR. Payment shall be contingent on BHO appropriately filling out DBHR provided invoicing documents and following all DBHR-directed protocols on submitting these electronic documents to the Department.

(3) The BHO shall submit claims for reimbursement no later than 60 days following the month in which services are provided.

e. Payment.

Payment shall be considered timely if made by the Department within thirty (30) days after receipt and acceptance by the Department of properly completed invoices. The Department, at its sole discretion, may withhold payment claimed by the BHO for services rendered if BHO fails to satisfactorily comply with any term or condition of this Program Agreement.

7. Remedial Action.

a. DBHR may initiate remedial action if DBHR determines any of the following situations exist:

(1) A problem exists that negatively impacts individuals receiving services.

(2) The BHO has failed to perform any of the requirements or services required under this Program Agreement.

(3) The BHO has failed to develop, produce, and/or deliver to DBHR any of the statements, reports, data, data corrections, accountings, claims, and/or documentation required under this Program Agreement.

(4) The BHO has failed to perform any administrative function required under this Program Agreement, where administrative function is defined as any obligation other than the actual provision of mental health services.

(5) The BHO has failed to implement corrective action required by the state and within DBHR prescribed time frames.

b. DBHR may impose any of the following remedial actions if DBHR determines the situations

described in this Section exist:

(1) Corrective Action Plan

DBHR may require the BHO to develop a corrective action plan, which must be submitted for approval to DBHR within 15 calendar days of notification. Corrective action plans may require modification of any policies or procedures by the BHO relating to the fulfillment of its obligations pursuant to this Program Agreement. DBHR, at its sole discretion, may extend or reduce the time allowed for corrective action depending upon the nature of the situation.

(a) Corrective action plans at a minimum must include:

i. A brief description of the finding(s), including all relevant information specific to the issue(s).

ii. Specific actions taken and to be taken by BHO, including: a timetable; a description of the monitoring to be performed; and, the individuals responsible for resolving the situation(s).

(b) Corrective action plans are subject to approval by DBHR. DBHR may:

i. Accept the plan as submitted.

ii. Accept the plan with specified modifications.

iii. Request a modified plan.

iv. Reject the plan.

(2) Hold on Invoices

DBHR at its sole discretion may hold and put in pending status the processing of any invoices under this Program Agreement until corrective action is approved as complete. DBHR at its sole discretion may release a portion or all of any payments withheld once satisfactory resolution has been achieved.

8. Individuals Covered and Served by Medicaid and/or Other Mental Health Programs Are Not Third-Party Beneficiaries Under this Program Agreement. Although DSHS and the BHO mutually recognize that services under this Program Agreement may be provided by the BHO to individuals receiving services under the Medicaid program, and chapters 71.05, 71.24, and 71.34 RCW, it is not the intention of either DSHS or the BHO that such individuals, or any other persons, occupy the position of intended third-party beneficiaries of the obligations assumed by either party to this Program Agreement.

9. Federal Award Identification for Subrecipients (reference 2 CFR 200.331) - Mental Health Block Grant

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound BHO, LLC
(ii) Subrecipient's unique entity identifier; (DUNS)	958386666
(iii) Federal Award Identification Number (FAIN);	SM010056
(iv) Federal Award Date (see §200.39 Federal award date);	4/15/16
(v) Subaward Period of Performance Start and End Date;	7/1/17-6/30/18
(vi) Amount of Federal Funds Obligated by this action;	$240,000
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	$240,000
(viii) Total Amount of the Federal Award;	FFY16 $11,606,420 FFY17 $12,579,513
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Community Mental Health Services Block Grant
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA, Washington State DSHS, Chris Imhoff, Director PO Box 45330 Olympia, WA 98504-5330 Imhofc@dshs.wa.gov
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.958
(xii) Identification of whether the award is R&D; and	☐ Yes ☒ No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	5%

Exhibit A – HARPS Statement of Work
King County BHO, Optum/Pierce BHO, Salish BHO, and Spokane County Regional BHO – ONLY

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.

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 use disorder treatment services and BHOs. Each Team consists of:

a. 1 FTE MA Professional - $66,000*

b. 2 FTE Certified Peer Counselors - $36,000* each

c. 20% Benefits

d. 15% Administration

e. Total Team Costs: $190,440

*costs based on Behavioral Health Data Book 2013 Median Salaries by type - Area 1

Payments will be pro-rated 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:

a. Choice in housing and living arrangements;

b. Functional separation of housing and services;

c. Decent, safe, and affordable housing;

d. Community integration and rights of tenancy;

e. Access to housing and privacy;

f. Flexible, voluntary, and recovery-focused services;

g. 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.

a. Individuals who are Co-Occurring (Mental Health & Substance Use Disorder) who meet Access to Care Standards for BHOS; or

b. Individuals who experience mental health issues and who meet Access to Care Standards for BHOs; or

c. Individuals who experience substance use disorder issues and who do not meet Access to Care Standards for BHOs; or

d. Individuals who are not eligible for Medicaid;

e. Individuals who are released from or at risk of entering:

(1) Psychiatric Inpatient settings; or

(2) Substance Use Disorder Treatment Inpatient settings; or

(3) Who are Homeless/At Risk of homelessness; or meet the broad definition of homeless (couch surfing included).

4. Peer Services.

The HARPs 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.

a. SAMPLE Job Description: Peer Support Specialist II

(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.

(2) Housing.

Assist clients 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 peer has a history of substance abuse). Provide practical help and supports such as:

(a) Mentoring;

(b) Advocacy;

(c) Coordination of services;

(d) Side-by-side individualized support;

(e) Problem solving;

(f) Direct assistance and supervision to help clients obtain the necessities of daily living including medical and dental health care;

(g) Legal and advocacy services;

(h) Financial support such as entitlements (SSI, SSDI, veterans' benefits);

(i) Housing subsidies (HUD Section 8);

(j) Money management services (e.g., payee services, budgeting, managing credit score);

(k) Use of public transportation.

(3) Employment.

Assist with referrals to job training and DVR. 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) Activities of Daily Living Services.

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

(5) 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). 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.

(6) Education, Experience, and Knowledge Required.

Certified Peer Counselor or complete certification within six (6) months of employment. Good oral and written communication skills. Must have a strong commitment to the right and the ability of each person with a severe mental illness to live in normal community residences; work in market jobs; and have access to helpful, adequate, competent, and continuous supports and services. It is essential the peer specialist have skills and competence to establish supportive trusting relationships with persons with severe and persistent mental illnesses and respect for clients' rights and personal preferences in treatment is essential.

5. HARPS Housing Bridge Subsidy Guidelines.

a. The budget for the HARPS pilot project estimates up to 1,000 individuals total across the sites exiting residential treatment facilities, state Hospitals, E&T's, local psychiatric hospitals could receive up to three (3) months of housing 'bridge' subsidy. The 'bridge' subsidy may include application fees, security deposits, utilities assistance, and rent.

b. Of these 1,000 individuals approximately 200 will receive supported housing services from pilot site teams each year. This assumes that the teams will support an active caseload of 50 individuals at any one time and assumes turnover of 35% per year.

c. Transitional housing/Bridge subsidy ($500/per person/3 months). Allowable expenses for HARPS Housing Bridge Subsidy:

(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 (1) month at a time, although rental arrears, pro-rated rent, and last month's may be included with the first month's payment;

(2) Rental and/or utility arrears for up to three (3) 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;

(3) Security deposits and utility deposits for a household moving into a new unit;

(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;

(5) Application fees, background and credit check fees for rental housing;

(6) Lot rent for RV or manufactured home;

(7) Costs of parking spaces when connected to a unit;

(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);

(9) Reasonable storage costs;

(10) Reasonable moving costs such as truck rental and hiring a moving company;

(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;

(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. **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.

7. **HARPS Reporting.** A monthly report format (see separately attached Excel Spreadsheet "HARPS Subsidy Log 2.15") 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 email or SFTP server.

a. Data Reporting: Encounters (codes identified in the Service Encounter Reporting Instructions (SERI) as well as an identified Program Code (See Data Dictionary) will be tracked for individuals receiving supportive housing services by the team. DBHR will work with each BHO to develop the codes or modify existing codes. Service Descriptions include:

(1) Housing Stability. Includes activities for the arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of individuals exiting inpatient settings and helping them obtain housing stability. Services and activities may include developing, securing, and coordinating services including:

(a) SSI/SSDI through SSI/SSDI Outreach, Access, and Recovery (SOAR);

(b) Affordable Care Act activities that are specifically linked to the households stability plan;

(c) Activities related to accessing Work Source employment services;

(d) Monitoring and evaluating household progress;

(e) Assuring that households' rights are protected; and

(f) Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance.

(2) Housing search and placement. Includes services or activities designed to assist households in locating, obtaining, and retaining suitable housing, making participant aware of all options, including waiting lists for apartments in the area. Services or activities may include: tenant counseling, assisting households to understand leases, securing utilities, making moving arrangements, representative payee services concerning rent and utilities, requesting reasonable accommodations, mediation and outreach to property owners related to locating or retaining housing.

8. 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.

a. 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.

b. HARPS Teams must have the capacity to rapidly increase service intensity to an Individual when his or her status requires it or an Individual requests it.

c. Operating as a continuous supportive housing service, HARPS Teams must have the capability to provide support services related to obtaining and maintaining housing. This may include direct contact with landlords on behalf of the client.

d. HARPS Teams must have a response contact time of no later than two (2) calendar days:

   Upon discharge from a behavioral healthcare inpatient setting, such as an Evaluation & Treatment Center, Residential Treatment Center, Detox, or State Psychiatric Hospital.

e. Services must minimally include the following:

   (1) Hospital Liaison Role. The BHO'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 care, and housing.

   (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.

   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 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. Service coordination also includes coordination with community resources, including Consumer self-help and advocacy organizations that promote recovery.

   (3) Crisis Assessment and Intervention. Behavioral Health Crisis assessment and intervention must be provided 24 hours per day, seven days per week through the BHO's crisis system. Services must be coordinated with the assigned Care Coordinator. These services include telephone and face-to-face contact.

   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 developing the housing plan.

(4) HARPS Teams will not suggest or provide Medication Prescription, Administration, Monitoring and Documentation. The HARPS Team should work with the Treatment Team, without duplicating services:

(a) Establish a peer relationship with each Individual.

(b) Assess each Individual's housing needs and provide verbal and written information about housing status. The physician or psychiatric ARNP will review that information with the Individual, HARPS Team members and, as appropriate, with the Individual's family members or significant others.

(c) HARPS Team Members can provide direct observation, available collateral information from the family and significant others as part of the comprehensive assessment.

(d) 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.

f. Services may include the following, as determined by medical necessity:

(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.

(2) Education Services. Supported education related services are for Individuals whose high school, college or vocational education could not start or was interrupted. Services include providing support to enrolling and participating in educational activities.

(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.

(4) 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.

(5) 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 and receive feedback

and support.

(6) Peer Support Services. These include services to validate Individuals' experiences and to 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:

(a) Peer counseling and support services, including those which:

i. Promote self-determination; and

ii. Encourage and reinforce choice and decision-making.

(b) Introduction and referral to Individual self-help programs and advocacy organizations that promote recovery.

(c) "Sharing the journey" (a phrase often used to describe Individuals' sharing of their recovery experience with other peers).

(d) 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, and community activities.

(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 a LRA/AOT referral form, as provided by DBHR.

(8) Refer participants to programs such as Community Options Program Entry System (COPES) for adaptive equipment or housing modification when accommodations are needed to make the living space accessible.

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Exhibit B - Peer Bridger Program Standards

1. Peer Bridger Program Overview.

a. The Peer Bridger Program is intended to serve those program participants who are currently at Western or Eastern State Hospital and have had a lengthy hospitalization or a history of frequent, multiple hospitalizations. Participation in the Program will be voluntary. The Peer Bridgers will attempt to engage individuals who may have not wanted to engage with hospital staff in planning their discharge. Other program participants may be individuals whose symptoms or medical condition or other issues have posed significant barriers to leaving the hospital. Hospital staff and the BHO Hospital Liaisons will help the Peer Bridgers identify potential participants for engagement and discharge planning activities.

b. The role of the Peer Bridger is to offer peer support services to participants in state hospitals prior to discharge and after their return to their communities. The Peer Bridger develops a relationship of trust with the participant. In developing this trust the Peer Bridger may function as a role model, peer support, a mentor, a teacher, an advocate, and an ally as he or she communicates hope and encouragement. Nationally, the time-frame for developing a peer relationship with the potential program participant and the Peer Bridger is two to three months prior to the actual hospital discharge.

c. The in-community post-discharge transition period is the most intensive and critical stage of the program in order that the participant is not re-hospitalized and experiences being back in the community as a positive change. The Peer Bridger will transition from spending significant amounts of time on social support and begin offering assistance with independent living skills, coping skills and community adjustment skills. During this time it is critical the Peer Bridger maintain the relationship with the participant, even though the participant will be enrolled in outpatient services. The hand-off between the Peer Bridger and the licensed/certified community behavioral health provider who is providing mental health services will be gradual and based on the individual's needs and their person-centered plan. The anticipated duration of in-community Peer Bridger services is 120 days, with extensions granted by the BHO on a case-by-case basis.

d. The Peer Bridger is not a case manager. The Peer Bridger is not a crisis worker. However, the Peer Bridger can bring the participant's perspective into the provision of all of those services, adding the value of recovery to all related activities. The participant can receive crisis services and individual clinical support services through the BHO's provider network.

e. At any given time, the individual Peer Bridger will be working with six to twelve (6-12) program participants. Prior to hospital discharge, the majority of the work will be inside the state hospitals; post-discharge the work activities for discharged consumers will be in the community. The Peer Bridgers should routinely be engaging and interacting with new potential program participants at the state hospital.

f. If demand for Peer Bridger services is so great that a BHO's Peer Bridger program develops a waiting list, the BHO should consult with DBHR to identify strategies for either program growth, or alleviating the waitlist.

2. Peer Bridger Program Services and Activities.

a. Program Start-up Activities

(1) The BHO will recruit or contract with network provider agency appropriately certified to provide peer services to hire the Peer Bridger or Peer Bridger Team.

(2) After being recruited, the Peer Bridger or Peer Bridger team will:

(a) Participate in statewide DBHR Peer Bridger Orientation training.

(b) Participate in Peer Bridger training provided by DBHR.

(c) Participate in required BHO training, including orientation to community resources with the BHO's Hospital liaisons and other staff and community programs. Identify recovery resources for their respective BHO. If the BHO has a HARPS team, the Peer Bridgers may coordinate resource inventory with the HARPS team.

(d) Participate in ESH or WSH 32-hour Orientation.

3. Compliance with State Hospital Policies and Procedures.

Peer Bridgers will abide by all state hospital policies and procedures while in the facility.

4. Hospital based activities will include:

a. After the initial period of employee orientation and DBHR's introductory training, the Peer Bridger will work directly with participants and potential participants at least three (3) days per week at the state Hospital during engagement of potential persons to discharge.

b. After participants are discharged back into the community the balance of time spent between the community and the state Hospital will be adjusted to be responsive to both participants in the Hospital and participants in the community.

After completing the Hospital orientation, the Peer Bridger will be at the state Hospital at least one (1) day per week.

c. In conjunction with the respective BHO Hospital Liaisons and designated State Hospital Peer Bridger Liaison (which will be identified during orientation), the Peer Bridger will work to engage identified potential participants who have been unable to be discharged. These individuals may:

(1) Have been on the Hospital "ready to discharge list" for more than one year; and/or;

(2) Are individuals with multiple state hospitalizations or involuntary hospitalizations; and/or;

(3) Are individuals with Hospital stays of over one year; and/or

(4) Are individuals whom Hospital staff and/or the BHO Hospital Liaison have not been able to engage into their own discharge planning;

(5) Are individuals requiring additional assistance to discharge and/or support in the community.

d. The Peer Bridger will facilitate engagement activities with participants. Examples of the Peer Bridger engagement activities may include:

(1) Spending time in designated areas of the hospital interacting with potential participants;

(2) Developing a trusting peer relationship with participants through:

(a) Promoting a sense of self-direction and self-advocacy when working with participants.

(b) Sharing their experiences in recovery with participants.

(c) Helping build motivation through sharing the strengths and challenges of their own illness.

(d) Considering the participants' medical issues and helping plan wellness habits they can pursue.

(e) Helping the participant plan how they will successfully manage their life in the community.

(3) Educating participants about resources in their home community;

(4) Provide education to Hospital staff on recovery, peer support, and recovery supports;

(5) Participate with the individual (when possible) in treatment team meetings. Help to convey the participant's perspectives. Assist the participant with understanding the process, team thinking, and team decisions;

(6) The Peer Bridger will support the participant in the discharge planning process;

(7) Upon request of the participant, function as a member of the participant's Hospital discharge team;

(8) Identify participant-perceived barriers to discharge, such as fear of change and community integration, and assist the participant with working through those barriers and assure the participant that they will be supported throughout the process. Reframe community integration as a positive outcome for individuals who may have become more comfortable with the Hospital setting;

(9) Coordinate with the BHO Hospital Liaison and Hospital discharge worker in identifying recovery based housing and other supportive resources.

(10) The Peer Bridgers will coordinate with one another to conduct routine Hospital-based engagement groups for any individual willing to participate in the groups. The groups will:

(a) Provide a safe forum for participants and potential participants to talk about recovery, receive support and encouragement, and share their feelings about leaving the Hospital.

(b) Peer Bridgers will use these weekly groups to model recovery skills and take the opportunity as a way to share the vision of the Peer Bridger program, including the option for peer support after returning to the community.

5. Community-based post-discharge activities will include:

a. The Peer Bridger will work with the participant in the community for up to 120 days after the participant leaves the Hospital. The frequency and duration of services will be determined by the participant's needs, what service level is required to help the individual stay safely in the community and the caseload prioritization of the Peer Bridger.

Peer Bridger services should only be decreased when the participant is actively engaged in receiving mental health treatment and peer services from a licensed community behavioral health agency providing mental health treatment services, or when the participant no longer wants the Peer Bridger's support.

b. Peer Bridger services greater than 120 days post-discharge may be approved by the BHO on a case-by-case basis.

c. The Peer Bridger will facilitate a "warm hand-off'' to the licensed/certified community behavioral health agency providing mental health services chosen by the participant. [Note: If the community behavioral health agency licensed to provide mental health services uses peers, and the participant is willing, a certified peer will be part of the participant's treatment team at that agency.] Examples of activities the warm hand-off could include are:

   (1) Being present with the participant and offering support during the participant's first appointment and at intake evaluation at the community behavioral health agency providing mental health services.

   (2) Helping the participant complete the necessary paperwork for receiving services from a licensed/certified community behavioral health agency providing mental health services.

   (3) Participating in treatment activities at the community behavioral health agency providing mental health services with the participant, if requested by the participant.

   (4) The Peer Bridger can offer to sit in and function as an advocate during appointments with the primary clinician, prescriber, etc., at the request of the participant.

   (5) The Peer Bridger can serve as a strengths-based advocate and resource in developing the treatment plan with the participant and the community behavioral health agency providing mental health services.

   (6) The Peer Bridger can assist the participant in scheduling and attending appointments with allied care providers, such as primary care clinics.

d. The Peer Bridger should attempt to assist the participant in developing a practical crisis plan in coordination with the participant's community behavioral health service agency providing mental health services.

   The plan should assist the participant with identifying strengths and assuring that the elements of the plan are meaningful to the participant. During the time the Peer Bridger is involved post-discharge, the Peer Bridger may be one of the resources identified on the crisis plan (although Peer Bridger services are not crisis services).

e. The Peer Bridger should attempt to connect the participant with natural support resources and the local recovery community.

   (1) Through modeling, the Peer Bridger should help the participant develop the skills to facilitate trust-based relationships that foster hope for positive change and empowerment;

   (2) The Peer Bridger should help the participant identify and engage with a range of community-based supports;

   (3) The Peer Bridger should attempt to help the participant develop strategies for maintaining wellness and support;

   (4) The Peer Bridger should attempt to help the participant develop skills to support meaningful relationships and friendships.

f. The Peer Bridger should assist the participant in developing a life structure, including developing and refining skills for daily living. Examples would include:

(1) The Peer Bridger will offer structured Peer Bridger supports, based on the participant's recovery goals. Supportive activities could include:

(a) Scheduling regular activities with the participant. Activities could include regular visits going to coffee shops, etc.

(b) A method for the participant to contact the Peer Bridger when the participant feels the need for added support.

(c) How to contact the Peer Bridger or other team members if there is a crisis.

(2) The Peer Bridger should attempt to help the participant develop the skills to schedule, track and attend appointments with the with the community behavioral health provider providing mental health services, primary care doctors, etc;

(3) The Peer Bridger should attempt to connect the participant to support groups and initially attend meetings, as allowed, with the participant at the participant's request during the time the Peer Bridger is providing in-community support;

(4) The Peer Bridger should attempt to assist the participant in identifying areas of community living skills with which the participant needs help. Examples could include:

(a) How to use local transit.

(b) How to open a checking account.

(c) If participant has a payee, how to work effectively with the payee service.

(d) How to understand any benefits or entitlements the participant may receive, including the reporting requirements for keeping those benefits.

(e) How to budget and live within the budget.

(f) Help with menu planning, meal preparation and shopping and utilizing food banks.

(g) How to access leisure activities such as going to movies, museums, art galleries, libraries and malls.

(h) Finding a church or faith home if the participant wishes.

(i) Connecting with self-help or 12-step groups, if the participant wishes.

(j) Learning how to attain and maintain housing, including how to conform with rental lease agreements and get along with roommates in a group or shared setting.

g. The Peer Bridger should attempt to help the participant develop skills for self-advocacy so that the participant can better define his or her recovery goals and communicate clearly with professionals such as psychiatric prescribers, primary care doctors, etc.

Help participants prepare for appointment and identify questions he or she may want to ask, or

items he or she would like to communicate to the care provider.

h. The Peer Bridger should attempt to explore supported employment with the participant. The Peer Bridger should address:

(1) Employment goals and how they relate to recovery and wellness.

(2) The availability of additional training and education to help the participant become employable.

(3) The array of employment programs and supported employment opportunities available within the BHO.

6. General Program Principles and Activities.

a. Peer Bridgers should demonstrate that recovery is possible. They should be ambassadors for the value of recovery and model the ten components of recovery as defined in the SAMHSA Consensus Statement on Mental Health Recovery (http://store.samhsa.gov/shin/content/SMA05-4129/SMA05-4129.pdf). They should demonstrate and promote recovery to their co-workers, community partners, BHO and state hospital staff. They should act as change agents to educate non-consumer staff in identifying program environments that are conducive to recovery; lend their unique insight into mental illness and what makes recovery possible.

b. Participate in DBHR-sponsored Peer Bridger training activities.

c. Coordinate activities with the BHO Hospital Liaison.

d. Participate in monthly, statewide Peer Bridger Program support conference calls.

e. Attend and participate in bi-monthly Peer Bridger team coordination meetings. Meetings will be scheduled at both ESH and WSH for Peer Bridgers in the respective Hospital catchment areas.

f. Participate in Hospital training and other DBHR and BHO trainings.

g. Complete Peer Bridger Tracking logs on a monthly basis and submit logs to DBHR via secured or encrypted emails.

h. Meet the documentation requirements of the state Hospital and their employer.

7. Principles and Core Outcomes of the Peer Bridger Program.

a. The Peer Bridger will facilitate linkage to a broad range of community-based services and natural supports.

b. The Peer Bridger will promote choice of treatment provider, when more than one community treatment agency is available.

c. The Peer Bridger will demonstrate and teach effective goal setting and communication skills with treatment providers and the members of the community.

d. The Peer Bridger will explore choice in housing and housing availability.

e. The Peer Bridger will provide peer services in a manner that is flexible and recovery-focused.

f. The Peer Bridger will assist in formulating recovery goals based on the participant's strengths and interests as well as action steps to achieve those goals.

g. The Peer Bridger will demonstrate the core values of providing peer support:

(1) Building empowering relationships;

(2) Promoting personal responsibility;

(3) Building individual resilience;

(4) Establishing meaningful social roles;

(5) Developing natural supports;

(6) Supporting freedom of choice;

(7) Redefining crises as learning opportunities.

8. The Peer Bridger Job Description must contain the following elements:

a. Required Qualifications

(1) Lived experience of mental health recovery and the willingness to share his/her own experiences as appropriate;

(2) Confidence in his or her own wellness;

(3) Passion and enthusiasm for peer support and the belief that recovery is possible;

(4) Ability to work flexible hours;

(5) Valid Washington Driver's license or the ability to travel via public transportation;

(6) Ability to meet timely documentation requirements;

(7) Ability to work in a cooperative and collaborative manner as a team member with Hospital staff, BHO staff, and program participants;

(8) Strong written and verbal communication skills;

(9) General office and computer experience;

(10) Washington Certified Peer Specialist with at least two years' experience working as a peer.

b. Desired Qualifications.

(1) At least two years' experience working as a peer specialist;

(2) Ability and experience working with people from diverse cultures;

(3) Experience with state Hospital system;

(4) Ability to form trusting and reciprocal relationships.

9. Principal Duties and Responsibilities.

a. Be mindful of the ethics, boundary, power and control issues unique to Peer Specialists.

b. Intentionally share their Recovery Story as appropriate to assist service recipients, providing hope and help in changing patterns and behaviors.

c. Set mutually acceptable boundaries with program participants.

d. Be able to assist participants with constructing their own wellness or recovery plan.

e. Working with participants from a strength-based perspective and communicating that strengths-based perspective to others.

f. Help participants to make social connections in the community.

g. Identify needs and refer participants to resources in the community.

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Exhibit C – Peer Bridger Distribution Table

BHO Name	Amount for Each FTE	# of FTEs	Total Amount
North Central BHO	$80,000	1.0	$80,000
Greater Columbia BHO	$80,000	2.0	$160,000
Great Rivers BHO	$80,000	2.0	$160,000
Salish BHO	$80,000	2.0	$160,000
Thurston/Mason BHO	$80,000	2.0	$160,000
North Sound BHO	$80,000	3.0	$240,000
King County BHO	$80,000	3.0	$240,000
Pierce/Optum BHO	$80,000	3.0	$240,000
Spokane Regional BHO	$80,000	3.0	$240,000
TOTAL OUTREACH & ENGAGEMENT for current MOBILE CRISIS TEAMS		**21.0**	**$1,680,000**

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Exhibit D – HARPs Deliverables Table
King County BHO, Optum/Pierce BHO, Salish BHO, and Spokane County Regional BHO - ONLY

Goal	Task	Performance Measure	Due Date*	Payment	Total
1	Weekly updates on number of referrals from state psychiatric hospitals (Western State Hospital and Eastern State Hospital)	Email the HARPS Program Manager with the number of State Hospital referrals, referral date, and current housing status for referred individual (Do not include any identifying personal information in the updates)	Tuesday of each week	$320 per HARPS team weekly update x 4 weeks x month x 12 month	$15,360
2	At least two (2) FTE from the HARPS team attends a Department facilitated training event on the SAMHSA model Evidence-Based Practice of Permanent Supportive Housing (EBH PSH)	Sign in sheet verifying program staff attended the Department's facilitated EBP PSH Training Event	Not later than 6/30/2018	1 payment of $5,080 for EBP PSH Training	$5,080
3	HARPS Service Encounters submitted to the Department through the FTP site, or an alternative acceptable secure transmission no later than the 20th of each. Payment will be pro-rated for unfilled positions based upon 3 FTE.	Monthly HARPS service encounter report submitted to the Department and verified by the Program Manager.	Due by the 20th of each month	12 months (assuming full staffing and start of services 7/1/17) @ $5,000 per service encounter report received	$60,000
4	Complete and submit monthly Excel Participant log report detailing HARPS enrolled participants that receive Services and/or Subsidies using Exhibit E Monthly HARPS Participant Excel Log 7.1.2017. Monthly and aggregate information is needed on HARPS subsidies. Monthly HARPS Participant Excel report of	Monthly HARPS Participant Excel Log Report submitted via secure process and approved by the Department	15th of each Month	12 months (assuming full staffing and start of services 1/1/17) @ $5,000 per monthly HARPS participant Excel log received	$60,000

	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.				
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: 1. Describe staff development activities for reporting period (including orientation and training). Indicate: Any other project activities or events, including meetings with local Continuums of Care, Coordinated Entry Programs, housing, and housing services providers meetings. • Date(s)/duration of the training or meeting • Subject of the training or meeting • Discuss value/impact on the pilot project.	Due by the 20th of the following quarter Quarter 1, July-September, report due October 20th Quarter 2, Oct-Dec, report due January 20th Quarter 3, January-March, report due April 20th Quarter 4, April-June, report due July 20th	Receipt of quarterly HARPS Report submitted and approved.	4 quarterly reports (assuming start of services 7/1/17) @ $10,000 per report	$40,000
6	One (1) HARPS team member shall participate as a reviewer in one (1) PSH cross-site fidelity review to be facilitated by the Department's HARPS Program Manager. Using the Permanent Supporting	A copy of the consensus scored report with recommendations from the fidelity review team and travel expenditures	6/30/2018	Minimum of one (1) FTE partipant in at least one (1) cross-site fidelity review @ $10,000	$10,000

	Housing Fidelity tool, complete a self-assessment (Exhibit F) and submit a report on adherence to the SAMHSA PSH Evidence-based model with scores and improvement strategies.				
	TOTAL				$190,440

*costs based on Behavioral Health Data Book 2013 Median Salaries by type - Area 1

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Exhibit E - Placeholder for HARPS Excel Log

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Exhibit F - Placeholder for Permanent Supportive Housing Fidelity Tool

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