

GREATER COLUMBIA BEHAVIORAL HEALTH, LLC BH-ASO

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August 6, 2026

TO: Executive Committee

FROM: Karen Richardson, Co-Director/Finance Director

SUBJECT: **Doc 8** – Contract– HCA

Contract # – Non- Medicaid/FBG Contract - Amendment
Doc 8 - HCA – ASO Contract No. K8344-06

Contract is for July 2025 through June 30, 2027
Two-year contract aligned with State Fiscal Year

Modifying Critical Incident Reporting and Non-Medicaid Funding Allocation Exhibit

		CONTRACT AMENDMENT BEHAVIORAL HEALTH – ADMINISTRATIVE SERVICES ORGANIZATION	HCA Contract No.: K8344 Amendment No.: 06
THIS AMENDMENT TO THE BEHAVIORAL HEALTH – ADMINISTRATIVE SERVICES ORGANIZATION CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.			
CONTRACTOR NAME Greater Columbia Behavioral Health, LLC		CONTRACTOR DOING BUSINESS AS (DBA)	
CONTRACTOR ADDRESS 101 N. Edison Street Kennewick, WA 99336		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 602-294-453	
AMENDMENT START DATE July 1, 2026	AMENDMENT END DATE June 30, 2027	CONTRACT END DATE June 30, 2027	
PRIOR MAXIMUM CONTRACT AMOUNT \$45,830,517.00	AMOUNT OF INCREASE \$1,797,810.00	TOTAL MAXIMUM CONTRACT AMOUNT \$47,628,327.00	

WHEREAS, HCA and Contractor previously entered into a Contract for behavioral health services, and;

WHEREAS, HCA and Contractor wish to amend the Contract to 1) update requirements and provide editorial changes to the BH-ASO Contract to ensure clarity of Contract expectations; and 2) revise Exhibit A-5, Non-Medicaid Funding Allocation to reduce GFS flex funding distribution and increase Crisis Stabilization Facilities Start-up and Operations amount for SFY 2027;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. The Total Maximum Contract Amount for this Contract is increased by \$1,797,810.00, from \$45,830,517.00 to \$47,628,327.00.
2. Section 7, Quality Assessment and Performance Improvement, 7.4 Critical Incident Reporting is amended to read as follows:

7.4 Critical Incident Reporting

The Contractor shall communicate with the appropriate MCO when the Contractor becomes aware of an incident for a Medicaid managed care enrollee, and to HCA when the Contractor becomes aware of an incident related to an Individual who is receiving BH-ASO funded services and not enrolled in a Medicaid managed care plan.
3. Exhibit A-6, Non-Medicaid Funding Allocation supersedes and replaces Exhibit A-5 and is attached hereto and incorporated herein.
4. This Amendment will be effective as of July 1, 2026 ("Effective Date").
5. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.

6. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE Karen Richardson	DATE SIGNED
HCA SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

**Exhibit A-6: Non-Medicaid Funding Allocation
Greater Columbia Behavioral Health**

This Exhibit addresses non-Medicaid funds in the Greater Columbia RSA for the provision of crisis services and non-crisis behavioral health services for July 1, 2026, through December 31, 2026, of state fiscal year (SFY) 2027. Amounts can be utilized during SFY ending June 30, 2027, unless otherwise noted.

MHBG and SUPTRS funds will be administered by the Contractor in accordance with the plans developed locally for each grant. Block grant funding in Table 2 is shown for the full SFY 2027.

Table 1: Greater Columbia RSA July - December SFY 2027 GF-S Funding

Fund Source	Monthly	Total 6 Months	Amended 6 Month Amount
Flexible GF-S	1,104,429.00	6,626,574.00	(228,306.00)
5092(65) Added Crisis Teams/including child crisis teams	74,323.00	445,938.00	
Behavioral Health Advisory Board	3,333.00	19,998.00	
BH Service Enhancements	36,928.00	221,568.00	
CGTA	100,770.00	604,620.00	
Client Services in Facilities	36,797.00	220,782.00	
Client Services in New Crisis Stabilization Facility	74,864.00	449,184.00	
Crisis Endorsement Teams	One Time Payment (Six Months)	166,387.00	
Crisis Stabilization Facilities Start-up and Ops	506,528.00	3,039,168.00	2,026,116.00
Crisis Triage/Stabilization	21,038.00	126,228.00	
DCA - Dedicated Cannabis Account	21,869.00	131,214.00	
Detention Decision Review	3,051.00	18,306.00	
Discharge Planners	11,921.00	71,526.00	
Electric Vans	One Time Annual Payment	116,666.00	
ITA - Non-Medicaid funding	27,950.00	167,700.00	
Jail Services	20,427.00	122,562.00	
Long-Term Civil Commitment Court Costs	11,741.00	70,446.00	
MH Sentencing Alternatives 153	2,638.00	15,828.00	
New Journey First Episode Psychosis	8,327.00	49,962.00	
PACT	59,891.00	359,346.00	
Recovery Navigator Lead Admin	5,833.00	34,998.00	
Recovery Navigator Program	142,707.00	856,242.00	
Room & Board	2,239.00	13,434.00	
Secure Detox	26,889.00	161,334.00	
Step-Down Transitional Residential	8,500.00	51,000.00	
Trueblood Misdemeanor Diversion	7,722.00	46,332.00	
Youth Inpatient Navigators	33,500.00	201,000.00	
Youth Stabilization Crisis Teams	15,282.00	91,692.00	
Total	2,369,497.00	14,500,035.00	1,797,810.00

Table 2: Greater Columbia RSA SFY 2027 Grant Funding (12 months)

Fund Source	Total FY27	Amended 6 Month Amount
MHBG (Full Year SFY2027)	644,948.00	
MHBG FYSPRT	25,000.00	
Peer Bridger (Full Year SFY2027) (Fed Block Grant)	130,286.00	
SUPTRS (Full Year SFY2027)	1,531,901.00	
Total	2,332,135.00	

Table 3: Greater Columbia RSA - SFY2027 Budgeted Program funds to be Reimbursement via A-19

Fund Source	Total FY27	Amended 6 Month Amount
5071 - Full FY amount available Provider cost of monitoring CR/LRA State Hospital discharged individual	6,300.00	
FYSPRT (Full Year SFY2027)	75,000.00	
Governor's Housing/Homeless Initiative -Rental Voucher and Bridge Program	25,000.00	
Peer Bridger (Full Year SFY2027)	142,971.00	
Total	249,271.00	-

Table 4: Maximum Agreement Calculation

Fund Source	Total July - December FY27	Amended 6 Month Amount
Table 1	14,500,035.00	1,797,810.00
Tables 2, 3	2,581,406.00	-
Total	17,081,441.00	1,797,810.00

Explanations

All proviso dollars are GF-S funds. Outlined below, are explanations of the provisos and dedicated accounts applicable **to all regions that receive the specific proviso:**

- **Juvenile Drug Court:** Funding to provide alcohol and drug treatment services to juvenile offenders who are under the supervision of a juvenile drug court.
- **State Drug Court:** Funding to provide alcohol and drug treatment services to offenders who are under the supervision of a drug court.
- **Jail Services:** Funding to provide mental health services for mentally ill offenders while confined in a county or city jail. These services are intended to facilitate access to programs that offer mental health service upon mentally ill offenders' release from confinement. This includes efforts to expedite applications for new or re-instated Medicaid benefits.
- **WA - Program for Assertive Community Treatment (WA - PACT)/Additional PACT/1109:** Funds received per the budget proviso for development and initial operation of high-intensity programs for active community treatment WA- PACT teams.
- **Detention Decision Review:** Funds that support the cost of reviewing a DCR's decision whether to detain or not detain an individual under the state's involuntary commitment statutes.
- **Criminal Justice Treatment Account (CJTA):** Funds received, through a designated account in the State treasury, for expenditure on: a) SUD treatment and treatment support services for offenders with an addition of a SUD that, if not treated, would result in addiction, against whom charges are filed by a prosecuting attorney in Washington State; b) the provision of drug and alcohol treatment services and treatment support services for nonviolent offenders within a drug court program.
- **CJTA Therapeutic Drug Court:** Funding to set up new therapeutic courts for cities or counties or for the expansion of services being provided to an already existing therapeutic court that engages in evidence-based practices, to include medication assisted treatment in jail settings pursuant to RCW 71.24.580.
- **Assisted Outpatient Treatment:** Funds received to support Assisted Outpatient Treatment (AOT). AOT is an order for Less Restrictive Alternative Treatment for up to ninety days from the date of judgment and does not include inpatient treatment.
- **Dedicated Cannabis Account (DCA):** Funding to provide a) outpatient and residential SUD treatment for youth and children; b) PPW case management, housing supports and residential treatment program; c) contracts for specialized fetal alcohol services; d) youth drug courts; and e) programs that support intervention, treatment, and recovery support services for middle school and high school aged students. All new program services must direct at least eighty-five percent of funding to evidence-based on research-based programs and practices.

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- **ITA Non-Medicaid – Mobile Crisis (5480 Proviso):** Funding that began in 2013, to provide additional local mental health services to reduce the need for hospitalization under the Involuntary Treatment Act in accordance with regional plans approved by DBHR.
- **Secure Detoxification:** Funding for implementation of new requirements of chapter 71.05 RCW, chapter 71.34 RCW and chapter 71.24 RCW effective April 1, 2018, such as evaluation and treatment by a SUDP, acute and subacute detoxification services, and discharge assistance provided by a SUDP in accordance with this Contract.
- **Crisis Triage/Stabilization and Step-Down Transitional Residential:** Funding originally allocated under SSB 5883 2017, Section 204(e) and Section 204(r) for operational costs and services provided within these facilities.
- **Behavioral Health Enhancements (one-time payment):** Funding for the implementation of regional enhancement plans originally funded under ESSB 6032 and continued in ESHB 1109.SL Section 215(23).
- **Discharge Planners (one-time payment):** These are funds received for a position solely responsible for discharge planning.
- **Trueblood Misdemeanor Diversion Funds:** These are funds for non-Medicaid costs associated with serving individuals in crisis triage, outpatient restoration, Forensic PATH, Forensic HARPS, or other programs that divert individuals with behavioral health disorders from the criminal justice system.
- **Behavioral Health Advisory Board (BHAB):** Specific General Fund allocation to support a regional BHAB.
- **SB 5092(65) Added Crisis Teams/including Child Crisis Teams:** Funds to support the purchase of new mobile crisis team capacity or enhancing existing mobile crisis staffing and to add or enhance youth/child Mobile crisis teams.
- **SB 5476 Blake Recovery Nav Admin. – SUD Regional Administrator:** Funds to support the regional administrator position responsible for assuring compliance with the recovery navigator program standards, including staffing standards.
- **SB 5476 Blake decision Navigator Program –** Funds available to implement the recovery navigator plan that meets program requirements including demonstrating the ability to fully comply with statewide program standards.
- **SB 5071 - Full FY amount available - Provider cost of monitoring CR/LRA State Hospital discharged individual –** Funds to support the treatment services for individuals released from a state hospital in accordance with RCW 10.77.086(4), competency restoration. BH-ASOs may submit an A-19, not to exceed \$9,000 per Individual. Amounts are statewide pooled funds and are limited to funds available.

- **MHBG American Rescue Plan Act (ARPA) (BH-ASO) Peer Pathfinders Transition from Incarceration Pilot** – Funds to support the Peer Pathfinders Transition from Incarceration Pilot Program intended to serve individuals exiting correctional facilities in Washington state who have either a serious mental illness or co-occurring conditions.
- **MHBG ARPA Enhancement Treatment - Crisis Services** – Funds to supplement non-Medicaid individuals and non-Medicaid crisis services and systems.
- **MHBG ARPA Enhancement Mental Health Services non - Medicaid services and individuals** - Funds to supplement non-Medicaid individuals and non-Medicaid mental health services that meet MHBG requirements.
- **MHBG Co-Responder funds** - Funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions.
- **SUPTRS Co-Responder funds** - Funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions.
- **MHBG ARPA Enhancement - Peer Bridger Participant Relief Funds** – Peer Bridger Participants Relief Funds to assist Individual's with engaging, re-engaging, and supporting service retention aligned/associated with continuing in treatment for mental health and/or SUD.
- **MHBG ARPA Enhancement - Addition of Certified Peer Counselor to BHASO Mobile Crisis Response Teams** – FBG stimulus funds for Contractor to enhance mobile crisis services by adding certified peer counselors.
- **SUPTRS ARPA BH-ASO Treatment Funding** - Funds to supplement non-Medicaid individuals and non-Medicaid Substance Use Disorder services that meet federal block grant requirements.
- **SUPTRS ARPA Peer Pathfinders Transition from Incarceration Pilot** - Funds to support Funds to support the Peer Pathfinders Transition from Incarceration Pilot Program intended to serve Individuals who are exiting correctional facilities in Washington state who have a substance use disorder or co-occurring condition.
- **HB 1773 AOT LRA/LRO FTE Coordinator to ASO** - Funds for each BH-ASO to employ or subcontract an assisted outpatient treatment program coordinator. The Contractor will use funding provided in FY2023 to hire and train the BH-ASO assisted outpatient treatment coordinator to oversee system coordination and legal compliance for assisted outpatient treatment under RCW 71.05.148 and RCW 71.34.755.
- **HB 1773 AOT LRA/LRO Service and Hearing funds** - Added funding for Treatment and Hearing costs specific to enhanced AOT LRA/LRO Program.
- **Governor's Housing/Homeless Initiative-** Rental Vouchers and Bridge Program Funds To create a rental voucher and bridge program and implement strategies to reduce instances where an individual leaves a state operated behavioral or private behavioral

health facility directly into homelessness. Contractors must prioritize this funding for individuals being discharged from state operated behavioral health facilities.

- **Room & Board:** Funding is provided solely for HCA to increase resources for behavioral health administrative service organizations and managed care organizations for the increased costs of room and board for behavioral health inpatient and residential services provided in nonhospital facilities.
- **988 Enhanced Crisis funding (Proviso 112)** Amounts for preparing for Endorsement of Crisis teams and standards associated to SAMSHA and 988 bill to go into effect sometime before July 2024. Appropriations are provided solely for HCA to expand and enhance regional crisis services. These amounts must be used to expand services provided by mobile crisis teams and community-based crisis teams either endorsed or seeking endorsement pursuant to standards adopted by HCA. Beginning in fiscal year 2025, the legislature intends to direct amounts within this subsection to be used for performance payments to mobile rapid response teams and community-based crisis teams that receive endorsements pursuant to Engrossed Second Substitute House Bill No. 201134 (988 system). Funds cannot be used for building, leasehold improvements, or other capital building costs. Funds may not be used for capital expenditures except those listed below.

Allowable costs:

- Hiring or retaining staff to expand services as needed.
 - Purchasing vehicles and/or equipment for the vehicles.
 - Purchasing communication equipment and/or computer equipment for outreach.
 - Onboarding new providers to address gaps in coverage for outreach.
- **988 Endorsement Team Crisis Funding Amounts received are for Endorsed Team Program expenses.** The Contractor shall pass on the full endorsement and performance payment received from the MCO and HCA to the providers who met endorsement standards as outlined in chapter 182-140 WAC. HCA payments to the Contractor will include payment for Non-Medicaid Clients, ASO Admin and Fee-For-Service clients. The MCO payment to the Contractor will include the Medicaid portion for the managed care clients. HCA will provide information to the Contractor to facilitate payments to the endorsed MRRCTs and CBCTs. The comprehensive payment structure that includes the endorsement and performance rates will be published to HCA's website. HCA will reconcile performance payments and adjust funding accordingly in the next 6-month contract period.
- **MH Sentencing Alternatives 153** Funding regarding MH Disposition Alternative. Provides funding for: Follow up to ensure a local treatment provider has accepted the individual on the MH Disposition Alternative into services and is able to provide follow up treatment and ensure adherence to the treatment plan and the requirements of the sentencing alternative, including reporting to the court.
- **Youth Inpatient Navigators** – Funds to contract for Youth Inpatient Navigator Services in 9 regions of the state. 10 Regions: Salish, Greater Columbia, and Carelon (SW, NC,) Great Rivers, Spokane, King, NS, Thurston Mason. Pierce is HCA direct contract and Thurston Mason has ARPA funds.
- **Client Services in New Crisis Stabilization Facility & Client Services in Facilities -** Funding is for non-Medicaid Client service utilization of these facilities. The New Crisis Stabilization funding is intended for ASO regional and neighboring non-Medicaid client

use of new Crisis Stabilization facilities. This funding can also be used for ASO non-Medicaid client utilization of any Bed/Chair related services. Client Services in Facility funding is intended for ASO non-Medicaid client utilization of any Bed/Chair related services.

- **MHBH FYSPRT** - MHBG funds for FYSPRT to be used for compensating Tri-Leads for activities related to the role of the Regional FYSPRT Tri-lead (including the Quarterly Tri-Lead call). All funds not used to compensate Tri-Leads shall be put towards outreach and engagement efforts for youth and families and travel and meeting support.

Outlined below are explanations for provisos or new funding applicable to specific regions:

- **ITA 180 Day Commitment Hearings:** Funding to conduct 180-day commitment hearings.
- **Assisted Outpatient Treatment (AOT) Pilot:** Funding for pilot programs in Pierce and Yakima counties to implement AOT.
- **Spokane: Acute Care Diversion:** Funding to implement services to reduce the utilization and census at Eastern State Hospital.
- **MH Enhancement – Mt Carmel (Alliance):** Funding for the Alliance E&T in Stevens County.
- **MH Enhancement-Telecare:** Funding for Telecare E&T in King County.
- **Long-Term Civil Commitment Beds:** This funding is for court costs and transportation costs related to the provision of long-term inpatient care beds as defined in RCW 71.24.025 through community hospitals or freestanding evaluation and treatment facilities.
- **Trueblood Enhanced Crisis Stabilization/Crisis Triage Spokane, Carenton, King, Thurston Mason, and Salish** - Trueblood funding – Amounts are for enhancing services in Stabilization/Crisis Triage facility for identified Trueblood population. Includes Emergency Housing Vouchers for King County.
- **Enhanced Mobile Crisis Team funds specific to teams stood up by Trueblood.** Funds are used to continue teams stood up by Trueblood funding. Funding is to be incorporated into Mobile Crisis Team requirements, 5092 Crisis Team requirements and 988 enhanced Crisis Team requirements, where appropriate. (Spokane, King, Pierce, SW).
- **King County ASO - CCORS** -Funding to maintain children's crisis outreach response system services previously funded through DCYF.
- **King County King County BHASO medication opioid.** King county behavioral health administrative services organization to expand medication for opioid use disorder treatment services in King County.
- **Youth Inpatient Navigators – 8 Regions: Salish, Greater Columbia, and Carenton (SW, NC,) Great Rivers, Spokane. Pierce is a direct contract, and Thurston Mason**

is ARPA funds only. Funds to contract for Youth Inpatient Navigator Services in 8 regions of the state.

- **Homeless Outreach Stabilization and Transition (HOST) programs in SW, Pierce, North Sound, Thurston Mason, and Spokane.** Funds for The Homeless Outreach Stabilization and Transition (HOST) program provides outreach-based treatment services to individuals with serious behavioral health challenges including substance use disorder (SUD). Multidisciplinary teams can provide SUD, medical, rehabilitative, and peer services in the field to individuals who lack consistent access to these vital services.
- **New Journey First Episode Psychosis:** Funds provided to support Non-Medicaid client's portion of provider team costs offering the New Journey First Episode Psychosis Program.
- **MRSS-Mobile Response and Stabilization Services - Federal Grant:** This federal grant funding is provided for the enhancement of existing Mobile Crisis Response (MCR) services already contracted through Carelon (Pierce) and Spokane BH-ASOs to help align current systems with the Mobile Response and Stabilization Services (MRSS) model.
- **Kitsap Crisis Triage Services: Funding** is provided solely for HCA to contract on a one-time basis with the Salish behavioral health administrative services organization serving Kitsap County for crisis triage services in the county that are not being reimbursed through the Medicaid program.
- **Snohomish county BHASO crisis - 32 bed:** Funds are provided solely for HCA to contract on a one-time basis with the North Sound behavioral health administrative services organization serving Snohomish County for start-up costs in a new 32-bed community recovery center in Lynnwood that will provide crisis services to Medicaid and other low-income residents.
- **Behavioral Health Housing:** Behavioral Health Housing 3 ASO pilots (proviso 86) Funds are provided solely for a targeted grant program to three behavioral health administrative services organizations (SW, King, NS) to transition persons who are either being diverted from criminal prosecution to behavioral health treatment services or are in need of housing upon discharge from crisis stabilization services.
- **Youth Stabilization Crisis Teams –** Funding to add 3 FTEs staff to Youth Crisis teams.
- **Crisis stabilization facilities Start-up and Ops -** Funding to support the provision of crisis stabilization services to uninsured or underinsured individuals in facilities licensed as a Crisis Stabilization Unit or a 23-Hour Crisis Relief Center.
- **Electric Vans -** Electric vans for 988 behavioral health crisis response and suicide prevention (Proviso 76) Amounts for the purchase of electric vans for 988 behavioral health crisis response and suicide prevention mobile rapid response crisis teams and community-based crisis teams endorsed under RCW 71.24.903. These amounts must be used to purchase electric vans and associated equipment necessary to enhance the statewide behavioral health crisis response system and ensure individuals experiencing a crisis have access to help easily in their regions. Purchased electric vans must meet endorsement vehicle requirements as outlined in WAC 182-140-0100.

- Funds cannot be used for ongoing maintenance costs and/or ongoing operational costs. Funds may not be used for capital expenditures except those listed below.
 - Allowable costs:
 - Purchasing electric vans and/or equipment for the electric vans.

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