Amendment One
to
Contract for Services
Between
Harborview Medical Center
And
Washington State Department of Social & Health Services
For
Purchase of Performance Assessment and Outcome Evaluation Services

This Amendment (Amendment) is made and entered into effective as of July 31, 2020, by and between Harborview Medical Center (HMC) and the Washington State Department of Social & Health Services (DSHS) for the purpose of procuring assessment and evaluation expertise from the DSHS Research and Data Analysis (RDA) division. This amends the Contract for Services (Contract) made and entered into effective as of October 18, 2018, by and between HMC and DSHS. Any terms and conditions of the Contract that are not expressly amended here shall remain in effect.

A. The following sections below shall replace the same-titled sections of the Contract.

SERVICES
HMC and DSHS shall work together to furnish the necessary personnel, equipment, material and/or services and otherwise do all things necessary for or incidental to the performance of the work set forth in Exhibit A and Exhibit B attached hereto and incorporated within.

PERIOD OF PERFORMANCE
The period of this contract will be from October 18, 2018 until November 30, 2021 unless terminated sooner as provided herein.

BILLING AND PAYMENT
The parties have estimated that the cost of accomplishing the work herein will not exceed a maximum value of $202,000 over the period of performance.

$120,000 – HMC Medication Assisted Treatment – Prescription Drug and Opioid Addiction Project (HMC MAT-PDOA) ending September 29, 2021.

Payment will not exceed this amount without a prior written amendment. HMC will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget.

DSHS agrees to comply with all applicable rules and regulations associated with these funds. DSHS is a contractor to HMC on these grants.
Reviewed and Approved:

HARBORVIEW MEDICAL CENTER

By: ____________________________
Paul Hayes, RN
Chief Executive Officer

Date: 11/24/2020

WA STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES

By: ____________________________
William Taplin
Contracts Counsel, Central Contracts and Legal Services

Date: 11/30/2020
B. The following Exhibit below shall replace the same-titled Exhibit of the Contract.

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EXHIBIT A

Statement of Work

PURPOSE:
This statement of work details the obligations of DSHS as contractor on two of HMC’s grant awards:
1) SAMHSA HMC MAT-PDOA grant award, from October 1, 2018 to September 29, 2021
2) WA COVID-19 Emergency Response for Suicide Prevention, from July 31, 2020 to November 30, 2021

Subcontractor:
Department of Social & Health Services (DSHS)
1115 Washington Street NE
Olympia, WA 98504-45204
Contract Contact: Jim Mayfield

Employee Identification Number: 91-6001088-02

Project One: The Harborview Medical Center Medication Assisted Treatment – Prescription Drug and Opioid Addiction Project (HMC-MAT-PDOA)

Budget Timeline: 36 Months
Total Projected Budget: $120,000

- HMC will maintain a participant log using the GPRA IDs that will include other data describing critical services and milestones, screening and assessment results, prescription information, referrals, and other key measures to be determined prior to implementation.
- A crosswalk file linking the GPRA IDs to patient identifiers will be kept by HMC and not shared with RDA.
- The participant log will be provided to RDA on the first Friday of each month, for the previous month, through a secure server, as was standard in the WA MAT-PDOA program.
- RDA will download GPRA data from SPARS and link it to the patient-level measures in the participant log.
- From this linked file, RDA will create monthly program monitoring reports that include measures such as total persons served, demographics, retention rates, substance use profiles, and any other programmatically relevant measures to track. RDA will provide these monthly reports to HMC by the 2nd Friday of each month (one week from the time they receive the data).
These reports will be reviewed with HMC leadership on a monthly basis on the 2nd Friday of the month to ensure the program is meeting its grant obligations for data collection, achieving its programmatic goals, and assess any disparities in services across demographics.

The RDA analyst will attend the meeting on the 2nd Friday of the month to present their data.

Any disparities identified will be addressed by identifying culturally competent and gender specific program approaches.

The combination of GPRA and HMC participant level data will support the project’s reporting requirements to SAMHSA, ongoing performance monitoring and quality improvement efforts.

HMC will conduct biannual local performance assessments of nurse (outpatient) and physician (inpatient) billing and level of service data in support of future sustainability planning.

RDA will provide education and tools to new data collectors.

DSHS will provide the Services of Lyz Speaker, Research Manager, (or her successor) for the above referenced deliverables provided by RDA.

**Project Two: WA COVID-19 Emergency Response to Suicide Prevention:**

**Budget Timeline: 16 months**

**Total Projected Budget: $82,000**

- Consult with project staff on workflow and data collection and security protocols.
- Develop data collection tools as necessary.
- Develop GPRA data collection training curriculum.
- Conduct GPRA training for peer navigators/counselors as needed.
- Provide ongoing quality assurance and technical assistance to peer navigators/counselors with respect to GPRA data collection.
- Monitor GPRA data collection activity and provide monthly updates to project director.
- Conduct monthly meetings with peer navigators/counselors to review data quality and procedures.
- Attend regular project staff and provider meetings.
- Compile periodic reports summarizing key GPRA data elements and review with project director.
- DSHS will provide the services of Geneva Kelly, Research Manager (or successor) for the above-mentioned deliverables.

Payment will be contingent upon delivering services as outlined above.

**HMC ROLES AND RESPONSIBILITIES**

HMC will serve as the lead organization on this project and have responsibility for oversight of the project. HMC will coordinate with DSHS regarding the above outlined deliverables.

HMC will pay invoices within 30 days of receipt. DSHS will submit invoices to:

<table>
<thead>
<tr>
<th>MAT PDOA</th>
<th>WA COVID-19 Emergency Response Suicide Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elsa Tamru</td>
<td>Topher Jerome</td>
</tr>
<tr>
<td>Project Director</td>
<td>Project Director</td>
</tr>
<tr>
<td>325 Ninth Ave, Box 359892</td>
<td>401 Broadway</td>
</tr>
<tr>
<td>Seattle, WA 98104</td>
<td>Seattle, WA 98102</td>
</tr>
<tr>
<td>(206) 744-8516</td>
<td>(206) 744-9795</td>
</tr>
<tr>
<td><a href="mailto:tamru@uw.edu">tamru@uw.edu</a></td>
<td><a href="mailto:jerchris@uw.edu">jerchris@uw.edu</a></td>
</tr>
</tbody>
</table>
The following Exhibit shall be added to the Contract and shall apply to Project Two, WA COVID-19 Emergency Response to Suicide Prevention only:

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EXHIBIT B

Hold Harmless
HMC shall be responsible for and shall hold DSHS harmless from all claims, loss, liability, damages, or fines arising out of or relating to HMC’s performance or failure to perform this Agreement, or the negligent acts or omissions of HMC. DSHS shall be responsible for and shall hold HMC harmless from all claims, loss, liability, damages, or fines arising out of or relating to DSHS’s performance or failure to perform this Agreement.

Certification Regarding Lobbying
Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (no appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the contracting organization) certifies, to the best of his or her knowledge and belief, that:

No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an
officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

**Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transaction**

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.