

	INTERAGENCY AGREEMENT for Law Enforcement Assisted Diversion (LEAD) Services	HCA Contract Number: K8486 Contractor Contract Number:
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THIS AGREEMENT is made by and between Washington State Health Care Authority (HCA) and Snohomish County, (Contractor), pursuant to the authority granted by Chapter 39.34 RCW.

CONTRACTOR NAME Snohomish County		CONTRACTOR DOING BUSINESS AS (DBA)		
CONTRACTOR ADDRESS Street 3000 Rockefeller Avenue	City Everett	State WA	Zip Code 98201	
CONTRACTOR CONTRACT MANAGER Michael Held	CONTRACTOR TELEPHONE 425-388-6357	CONTRACTOR E-MAIL ADDRESS michael.held@co.snohomish.wa.us		

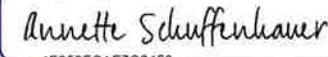
HCA PROGRAM Adult Substance Use Disorder	HCA DIVISION/SECTION Division of Behavioral Health & Recovery (DBHR)
HCA CONTRACT MANAGER NAME AND TITLE Grace Burkhardt, Diversion Services Program Manager	HCA CONTRACT MANAGER ADDRESS Health Care Authority 626 8th Avenue SE PO Box 2730 Olympia, WA 98504-2730
HCA CONTRACT MANAGER TELEPHONE 360-725-0973	HCA CONTRACT MANAGER E-MAIL ADDRESS grace.burkhardt@hca.wa.gov

CONTRACT START DATE July 1, 2025	CONTRACT END DATE June 30, 2027	TOTAL MAXIMUM CONTRACT AMOUNT \$1,552,326.00
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PURPOSE OF CONTRACT:

Provide intensive case management services to individuals recently arrested and/or at high risk for arrest, through the expansion of the Washington State Law Enforcement Assisted Diversion (LEAD) Program.

The parties signing below warrant that they have read and understand this Contract, and have authority to execute this Contract. This Contract will only be binding upon signature by both parties. The parties may execute this contract in multiple counterparts, each of which is deemed an original and all of which constitute only one agreement. E-mail (electronic mail) transmission of a signed copy of this contract shall be the same as delivery of an original.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE
HCA SIGNATURE Signed by: 	PRINTED NAME AND TITLE Annette Schuffenhauer Chief Legal Officer	DATE 9/8/2025

1. DEFINITIONS

“Authorized Representative” means a person to whom signature authority has been delegated in writing acting within the limits of the person’s authority.

“Confidential Information” means information that may be exempt from disclosure to the public or other unauthorized persons under chapter 42.56 RCW or chapter 70.02 RCW or other state or federal statutes or regulations. Confidential Information includes, but is not limited to, any information identifiable to an individual that relates to a natural person’s health, finances, education, business, use or receipt of governmental services, names, addresses, telephone numbers, social security numbers, driver license numbers, financial profiles, credit card numbers, financial identifiers and any other identifying numbers, law enforcement records, HCA source code or object code, or HCA or State security information.

“Contract” or “Agreement” means the entire written agreement between HCA and the contractor, including any exhibits, documents, or materials incorporated by reference. MContract and Agreement may be used interchangeably.

“Contractor” means Snohomish County, its employees and agents. Contractor includes any firm, provider, organization, individual or other entity performing services under this Agreement. It also includes any Subcontractor retained by Contractor as permitted under the terms of this Agreement.

“Data” means information disclosed, exchanged or used by Contractor in meeting requirements under this Agreement. Data may also include Confidential Information as defined in this Contract.

“Health Care Authority” or “HCA” means the Washington State Health Care Authority, any division, section, office, unit or other entity of HCA, or any of the officers or other officials lawfully representing HCA.

“Information and Communication Technology” or “ICT” means information technology and other equipment, systems, technologies, or processes, for which the principal function is the creation, manipulation, storage, display, receipt, or transmission of electronic data and information, as well as any associated content. Examples include computers and peripheral equipment; information kiosks and transaction machines; telecommunications equipment; customer premises equipment; multifunction office machines; software; applications; websites; videos; and electronic documents. **“Services”** means all work performed or provided by Contractor pursuant to this Contract.

“Statement of Work” or “SOW” means a detailed description of the work activities the Contractor is required to perform under the terms and conditions of this Contract, including the deliverables and timeline, and is attached hereto as Schedule A.

“Subcontractor” means a person or entity that is not in the employment of the Contractor, who is performing all or part of the business activities under this Agreement under a separate contract with Contractor. The term “Subcontractor” means subcontractor(s) of any tier.

2. STATEMENT OF WORK

Contractor will furnish the necessary personnel, equipment, material and/or service(s) and otherwise do all things necessary for or incidental to the performance of work set forth in Schedule A.

3. PERIOD OF PERFORMANCE

Subject to its other provisions, the period of performance of this Contract will commence on **July 1, 2025**, and be completed on **June 30, 2027**, unless terminated sooner or extended upon written agreement between the parties.

4. PAYMENT

Compensation for the work provided in accordance with this Agreement has been established under the terms of RCW 39.34.130. The parties have determined that the cost of accomplishing the work herein will not exceed **\$1,552,326.00**. Payment for satisfactory performance of the work will not exceed this amount unless the parties mutually agree to a higher amount. Compensation for services will be based on the following rates or in accordance with Schedule A, Statement of Work, attached hereto.

5. BILLING PROCEDURE

- 5.1. Contractor must submit accurate invoices to the following address for all amounts to be paid by HCA via e-mail to the HCA Contract Manager via email at grace.burkhart@hca.wa.gov. Include the HCA Contract number in the subject line of the email.
- 5.2. Invoices must describe and document to HCA's satisfaction a description of the work performed, the progress of the project, and fees. If expenses are invoiced, invoices must provide a detailed breakdown of each type. Any single expense in the amount of \$50.00 or more must be accompanied by a receipt in order to receive reimbursement. All invoices will be reviewed and must be approved by the Contract Manager or designee prior to payment.
- 5.3. Contractor must submit properly itemized invoices to include the following information, as applicable:
 - A. The HCA Contract number;
 - B. Contractor name, address, phone number;
 - C. Description of Services;
 - D. Date(s) of delivery;
 - E. Net invoice price for each item;
 - F. Applicable taxes;
 - G. Total invoice price; and
 - H. Payment terms and any available prompt payment discount.

- 5.4. HCA will return incorrect or incomplete invoices for correction and reissue. The Agreement number must appear on all invoices, bills of lading, packages, and correspondence relating to this Agreement.
- 5.5. Payment will be considered timely if made within thirty (30) calendar days of receipt of properly completed invoices. Payment will be directly deposited in the bank account or sent to the address Contractor designated in this Agreement.
- 5.6. Upon expiration or termination any claims for payment for costs due and payable under this Agreement that are incurred prior to the expiration date must be submitted by Contractor within sixty (60) calendar days after the expiration date. There will be no obligation to pay any claims that are submitted sixty-one (61) or more calendar days after the expiration date ("Belated Claims"). Belated Claims will be paid at HCA's sole discretion, and any such potential payment is contingent upon the availability of funds.

6. ACCESSIBILITY

- 6.1. **REQUIREMENTS AND STANDARDS.** Each information and communication technology (ICT) product or service furnished under this Contract shall be accessible to and usable by individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and other applicable Federal and State laws and policies, including OCIO Policy 188, et seq. For purposes of this clause, Contractor shall be considered in compliance with the ADA and other applicable Federal and State laws if it satisfies the requirements (including exceptions) specified in the regulations implementing Section 508 of the Rehabilitation Act, including the Web Content Accessibility Guidelines (WCAG) 2.1 Level AA Success Criteria and Conformance Requirements (2008), which are incorporated by reference, and the functional performance criteria.
- 6.2. **DOCUMENTATION.** Contractor shall maintain and retain, subject to review by HCA, full documentation of the measures taken to ensure compliance with the applicable requirements and functional performance criteria, including records of any testing or simulations conducted.
- 6.3. **REMEDATION.** If the Contractor claims that its products or services satisfy the applicable requirements and standards specified in this Section and it is later determined by HCA that any furnished product or service is not in compliance with such requirements and standards, HCA will promptly inform Contractor in writing of noncompliance. Contractor shall, at no additional cost to HCA, repair or replace the non-compliant products or services within the period specified by HCA. If the repair or replacement is not completed within the specified time, HCA may cancel the contract, delivery, task order, or work order, or purchase line item without termination liabilities or have any necessary changes made or repairs performed by employees of HCA or by another contractor, and Contractor shall reimburse HCA for any expenses incurred thereby.
- 6.4. **INDEMNIFICATION.** Contractor agrees to indemnify and hold harmless HCA from any claim arising out of failure to comply with the aforesaid requirements.

7. AGREEMENT CHANGES, MODIFICATIONS AND AMENDMENTS

This Agreement may be amended by mutual agreement of the parties. Such amendments are not binding unless they are in writing and signed by an Authorized Representative of each party.

8. SUBCONTRACTING

Neither the Contractor nor any Subcontractor shall enter into subcontracts for any of the work contemplated under this Agreement without obtaining HCA's prior written approval. HCA shall have no responsibility for any action of any such Subcontractors.

9. ASSIGNMENT

The work to be provided under this Agreement, and any claim arising thereunder, is not assignable or delegable by either party in whole or in part, without the express prior written consent of the other party, which consent will not be unreasonably withheld.

10. CONTRACT MANAGEMENT

The Contract Manager for each of the parties, named on the face of this Contract, will be responsible for and will be the contact person for all communications and billings regarding the performance of this Agreement. Either party must notify the other party within thirty (30) days of change of Contract Management. Changes in Contract Management shall require an amendment.

11. DISALLOWED COSTS

The Contractor is responsible for any audit exceptions or disallowed costs incurred by its own organization or that of its Subcontractors.

12. DISPUTES

In the event that a dispute arises under this Agreement, it will be determined by a dispute board in the following manner: Each party to this Agreement will appoint one member to the dispute board. The members so appointed will jointly appoint an additional member to the dispute board. The dispute board will review the facts, Agreement terms and applicable statutes and rules and make a determination of the dispute. The dispute board will thereafter decide the dispute with the majority prevailing. The determination of the dispute board will be final and binding on the parties hereto. As an alternative to this process, either of the parties may request intervention by the Governor, as provided by RCW 43.17.330, in which event the Governor's process will control.

13. GOVERNANCE

This Agreement is entered into pursuant to and under the authority granted by the laws of the state of Washington and any applicable federal laws. The provisions of this Agreement will be construed to conform to those laws.

In the event of an inconsistency in the terms of this Agreement, or between its terms and any applicable statute or rule, the inconsistency will be resolved by giving precedence in the following order:

- A. Applicable Federal and State of Washington statutes and regulations;
- B. Schedule A: Statement of Work; and
- C. Any other provisions of the agreement, including materials incorporated by reference.

14. INDEPENDENT CAPACITY

The employees or agents of each party who are engaged in the performance of this Agreement will not be considered for any purpose to be employees or agents of the other party.

15. RECORDS MAINTENANCE

- 15.1. The parties to this Agreement will each maintain books, records, documents and other evidence which sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records will be subject to inspection, review or audit by personnel of both parties, other personnel duly authorized by either party, the Office of the State Auditor, and federal officials so authorized by law. All books, records, documents, and other material relevant to this Agreement will be retained for six years after expiration and the Office of the State Auditor, federal auditors, and any persons duly authorized by the parties will have full access and the right to examine any of these materials during this period.
- 15.2. Records and other documents, in any medium, furnished by one party to this Agreement to the other party, will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose or make available this material to any third parties without first giving notice to the furnishing party and giving it a reasonable opportunity to respond. Each party will use reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

16. TREATMENT OF ASSETS

16.1. Ownership

HCA shall retain title to all property furnished by HCA to Contractor under this contract. Title to all property furnished by the Contractor, for the cost of which the Contractor is entitled to reimbursement as a direct item of cost under this contract, excluding intellectual property provided by the Contractor, shall pass to and vest in HCA upon delivery of such property by the Contractor. Title to other property, the cost of which is reimbursable to the Contractor under this Contract, shall pass to and vest in HCA upon (i) issuance for use of such property in the performance of this Contract, (ii) commencement of use of such property in the performance of this Contract, or (iii) reimbursement of the cost thereof by HCA, in whole or in part, whichever occurs first.

16.2. Use of Property

Any property furnished to Contractor shall, unless otherwise provided herein, or approved in writing by the HCA Contract Manager, be used only for the performance of and subject to the terms of this Contract. Contractor's use of the equipment shall be subject to HCA's security, administrative and other requirements.

16.3. Damage to Property

Contractor shall continuously protect and be responsible for any loss, destruction, or damage to property which results from or is caused by Contractor's acts or omissions. Contractor shall be liable to HCA for costs of repair or replacement for property or equipment that has been lost, destroyed or damaged by Contractor or Contractor's employees, agents or subcontractors. Cost of replacement shall be the current market value of the property and equipment on the date of the loss as determined by HCA.

16.4. Notice of Damage

Upon the loss of, destruction of, or damage to any of the property, Contractor shall notify the HCA Contract Manager thereof within one (1) Business Day and shall take all reasonable steps to protect that property from further damage.

16.5. Surrender of Property

Contractor will ensure that the property will be returned to HCA in like condition to that in which it was furnished to Contractor, reasonable wear and tear excepted. Contractor shall surrender to HCA all property upon the earlier of expiration or termination of this Contract.

17. RIGHTS IN DATA

Unless otherwise provided, data which originates from this Agreement will be "works for hire" as defined by the U.S. Copyright Act of 1976 and will be owned by HCA. Data will include, but not be limited to, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes and/or sound reproductions. Ownership includes the right to copyright, patent, register and the ability to transfer these rights.

18. CONFIDENTIALITY

Each party agrees not to divulge, publish or otherwise make known to unauthorized persons confidential information accessed under this Agreement. Contractor agrees that all materials containing confidential information received pursuant to this Agreement, including, but not limited to information derived from or containing patient records, claimant file and medical case management report information, relations with HCA's clients and its employees, and any other information which may be classified as confidential, shall not be disclosed to other persons without HCA's written consent except as may be required by law.

19. SEVERABILITY

If any provision of this Agreement or any provision of any document incorporated by reference will be held invalid, such invalidity will not affect the other provisions of this Agreement, which can be given effect without the invalid provision if such remainder conforms to the requirements of applicable law and the fundamental purpose of this agreement, and to this end the provisions of this Agreement are declared to be severable.

20. FUNDING AVAILABILITY

HCA's ability to make payments is contingent on funding availability. In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date and prior to completion or expiration date of this Agreement, HCA, at its sole discretion, may elect to terminate the Agreement, in whole or part, or to renegotiate the Agreement subject to new funding limitations and conditions. HCA may also elect to suspend performance of the Agreement until HCA determines the funding insufficiency is resolved. HCA may exercise any of these options with no notification restrictions.

21. TERMINATION

Either party may terminate this Agreement upon 30-days' prior written notification to the other party. If this Agreement is so terminated, the parties will be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

22. TERMINATION FOR CAUSE

If for any cause, either party does not fulfill in a timely and proper manner its obligations under this Agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within 30 days. If failure or violation is not corrected, this Agreement may be terminated immediately by written notice of the aggrieved party to the other.

23. WAIVER

A failure by either party to exercise its rights under this Agreement will not preclude that party from subsequent exercise of such rights and will not constitute a waiver of any other rights under this Agreement unless stated to be such in a writing signed by an Authorized Representative of the party and attached to the original Agreement.

24. ALL WRITINGS CONTAINED HEREIN

This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement will be deemed to exist or to bind any of the parties hereto.

25. SURVIVORSHIP

The terms, conditions and warranties contained in this Agreement that by their sense and context are intended to survive the completion of the performance, expiration or termination of this Agreement shall so survive. In addition, the terms of the sections titled Rights in Data, Confidentiality, Disputes and Records Maintenance shall survive the termination of this Agreement.

Attachments

The following attachments are appended hereto and by this reference incorporated herein:

Schedule A: Statement of Work

Attachment 1: LEAD Operational Work Group (OWG) Meeting Report Template;

Attachment 2: LEAD Policy Coordinating Group (PCG) Meeting Report Template;

Attachment 3: Technical Assistance (TA) Report;

Attachment 4: LEAD Quarterly Report Template; and

Attachment 5: LEAD Site Self-Assessment Report Template.

SCHEDULE A Statement of Work

1. Purpose

The Contractor shall facilitate the Law Enforcement Assisted Diversion (LEAD) Program, providing services that adhere to the core principles of LEAD as noted in [Substitute Senate Bill \(SSB\) 5380](#) and [Revised Code of Washington \(RCW\) 71.24.589](#), which indicates that HCA must partner with the national LEAD Support Bureau to expand availability of Law Enforcement Assisted Diversion (LEAD) Programs statewide.

2. Background

In 2020, the LEAD model was used as a template to establish pilot site programs in Mason, Snohomish, Thurston, and Whatcom Counties.

LEAD is a field-based program involving case management and coordination with law enforcement. Contacts with individuals often happen in the field (e.g., someone camping in a park). Rather than law enforcement arresting individuals, the LEAD contractor is contacted, and a LEAD Case Manager arrives at the scene to evaluate the individual's capacity and eligibility for LEAD services.

3. Definitions

- 3.1 DBHR (Division of Behavioral Health and Recovery or DBHR) – A division within HCA that provides funding, training, and Technical Assistance (TA) to community-based providers for prevention, intervention, treatment, and recovery support services to people in need.
- 3.2 LEAD (Law Enforcement Assisted Diversion) – A model framework that supports community-based alternatives to jail and prosecution for people whose unlawful behavior stems from unmanaged substance use, mental health challenges, or extreme poverty. The LEAD model originated in Seattle in 2011 and is founded on evidence-based core principles that include advancing safety, health, and equity by equipping communities with improved ways to respond to issues flowing from unmet behavioral health needs and extreme poverty. LEAD is designed to provide care coordination for people with complex, ongoing, unmet behavioral health needs and/or income instability who may lack shelter/housing, income, food, health care, and social networks and for whom existing systems prove inaccessible, overly complicated, or insufficiently responsive.
- 3.3 LEAD Program Director – A member of the Contractor's staff.
- 3.4 [LEAD Support Bureau](#) – A national organization that provides strategic guidance and TA to local entities and for implementation and administration of LEAD programs with fidelity to the LEAD core principles.
- 3.5 [PDA \(Purpose.Dignity.Action.\)](#) – Formerly known as the Public Defenders Association. PDA provides TA for the LEAD program site selection, implementation, and evaluation. It is a third-party organization that advocates for social service programs in Washington State and serves as the parent organization supporting the National LEAD Support Bureau and LEAD efforts statewide.
- 3.6 Recovery Navigator Program – [RCW 71.24.115](#) outlines the scope of activities for the Recovery Navigator Program as a pre-arrest diversion program operated by the regional behavioral health administrative service organizations in Washington State.

4. The HCA Contract Manager shall:
 - 4.1 Work together with the Contractor to ensure that the Contractor's administration of the program adheres to LEAD standards and requirements.
 - 4.2 Respond to questions and issues, as needed.
 - 4.3 Coordinate the provision of TA and training.
 - 4.4 Monitor program development and implementation, and ongoing operations.
5. The Contractor shall administer the LEAD program in fidelity to the LEAD Model, as referenced in RCW 71.24.589, and in coordination with the HCA Contract Manager, including, but not limited to:
 - 5.1 Align program efforts with other pre-existing, similar work in the region (e.g. Recovery Navigator Program under [RCW 71.24.115](#) and Arrest and Jail Alternatives under [RCW 36.28A.450](#)).
 - 5.2 Develop case management protocols necessary to maintain LEAD standards and requirements for the purposes of independent site evaluations.
 - 5.3 Establish and maintain effective procedures, programs, and/or processes to ensure appropriate program operations and the submission of program monitoring reports to HCA associated with this Contract.
 - 5.4 Implement referral functions, to include, but not limited to:
 - 5.4.1 Accepting referrals to identify possible LEAD program participants.
 - 5.4.2 Tracking the use of external referral links to receive referrals from program partners and other social service resources in the community who identify possible program participants.
 - 5.4.3 Referring program participants to local community agencies for appropriate services, including but not limited to the following:
 - a. Substance use;
 - b. Mental health; and
 - c. Behavioral health assessment and treatment.
 - 5.4.4 Monitoring the program to ensure that referrals are sufficient to occupy the funded case managers within or near an average caseload of twenty (20) active participants, per case manager.
 - 5.5 Providing a periodic satisfaction survey to participants, officers, and stakeholders within the last quarter of the LEAD program. Use the participant surveys to evaluate LEAD program participation and engagement.
 - 5.6 Upon request, participating in presentations to key state and local stakeholders on progress.

6. The Contractor, through the LEAD Program Director, shall coordinate with national LEAD Support Bureau for guidance regarding:
 - 6.1 Training on policies and protocols for LEAD referrals and diversion-eligible offenses;
 - 6.2 Developing and refining a LEAD program site evaluation plan, to the extent this is not provided for by other statewide evaluation initiatives, with the intent of yielding results that include but are not limited to:
 - 6.2.1 Reduction in arrests, time spent in custody, and/or recidivism for the LEAD program participants;
 - 6.2.2 Increase access to and utilization of non-emergency community behavioral health and/or substance use services;
 - 6.2.3 Reduction in the utilization of emergency services.
 - 6.2.4 Increased resilience, stability, and well-being for LEAD program participants; and
 - 6.2.5 Reduction in cost for the justice system in comparison to processing cases as usual through the justice system.
 - 6.3 Providing intensive case management services that shall adhere to the LEAD core principles recognized by the LEAD Support Bureau.
 - 6.4 Maintaining the governance structure consisting of an executive committee, called the Policy Coordinating Group (PCG) and the Operational Work Group (OWG) to include, but not limited to:
 - 6.4.1 The purpose of the PCG is to support the development and modification of any overarching policies to reflect the program site's intentions, and to develop the local vision for the program, including (but not limited to) eligibility criteria and referral policies. Membership may include, but is not limited to:
 - a. Community-based organizations;
 - b. Local government;
 - c. Law enforcement making referrals to the LEAD program;
 - d. Prosecutors considering cases involving LEAD participants;
 - e. LEAD project managers;
 - f. Public health experts; and
 - g. Organizations led by and representing individuals with past justice system involvement, and/or civil rights organizations addressing racial and/or disability justice.
 - 6.4.2 The OWG shall be made up of members appointed by the PCG to facilitate the regular operations of the LEAD program.

- 6.4.3 Ensure that the LEAD program is managed to achieve expected outcomes that are measurable and will be used in the future to evaluate the performance and to ensure accountability for the use of this funding.
- 6.4.4 Coordination of care for LEAD participants through identifying, monitoring, discussing, and addressing operational, administrative, and client-specific issues.
- 6.4.5 Schedule, convene, facilitate, and keep records of meetings, at least monthly, in coordination with the HCA Contract Manager.
 - a. Meetings may be scheduled as frequently as necessary to maintain the integrity and operation of LEAD.
 - b. As needed, to inform decisions made by the PCG, the LEAD Program Director shall coordinate and schedule presenters and subject matter experts to address members at LEAD PCG meetings.
 - c. Work with PDA and the HCA Contract Manager to determine if an alternate schedule is needed.
- 6.4.6 Develop and provide an agenda to LEAD OWG and/or PCG members for each meeting.
 - a. Discussions regarding specific program participants at meetings shall be permitted only if the program participant has provided a signed Release Of Information (ROI) form to LEAD staff or a LEAD OWG or PCG member.
 - b. Ensure that the LEAD program is managed to achieve expected outcomes that are measurable and will be used in the future to evaluate the performance and to ensure accountability for the use of this funding.
 - c. The LEAD Program Director will meet at least monthly with, and provide all meeting agendas, minutes, and pertinent documents to, the HCA Contract Manager via the MFT portal.
 - d. Provide OWG reports to the HCA Contract Manager via the MFT portal, and in accordance with the due dates, rates, and instructions referenced in Section 7, Deliverables Table and Attachment 1, LEAD Operational Work Group Meeting (OWG) Report Template.
 - e. Provide PCG reports to the HCA Contract Manager via the MFT portal, and in accordance with the due dates, rates, and instructions referenced in Section 7, Deliverables Table and Attachment 2, LEAD Policy Coordinating Group (PCG) Report Template.

6.5 TA

- 6.5.1 The LEAD Program Director will participate in TA calls with the PDA TA team at least quarterly, or more often, if applicable.
- 6.5.2 The LEAD Program Director/Coordinator will follow the guidance provided by PDA TA team.
- 6.5.3 The Contractor will provide TA reports prepared by the LEAD Program Director to the HCA Contract Manager via the MFT portal, and in accordance with the due dates, rates, and instructions referenced in Section 7, Deliverables Table, and Attachment 3, Technical Assistance (TA) Report Template.

6.6 Maintaining employees and/or contract support positions, including, but not limited to the following positions, or their equivalents, as approved by the HCA Contract Manager:

- 6.6.1 Outreach Coordinator;
- 6.6.2 Clinical Supervisor; and
- 6.6.3 Case Manager.

6.7 Provide quarterly reports to the HCA Contract Manager via the MFT portal, and in accordance with the due dates, rates, and instructions referenced in Section 7, Deliverables Table, and Attachment 4, LEAD Quarterly Report Template.

6.8 Self-assessment

- 6.8.1 Work with the HCA Contract Manager to facilitate a self-assessment; and
- 6.8.2 After the self-assessment is completed, provide a completed report to the HCA Contract Manager via the MFT portal, and in accordance with the due dates, rates, and instructions referenced in Section 7, Deliverables Table, and Attachment 5, LEAD Site Self-Assessment Report Template.

7. Deliverables Table

- 7.1 The Contractor shall provide reports in accordance with the referenced Attachments, due dates and rates.
 - 7.1.1 The HCA Contract Manager shall provide templates to Contractor as needed.
 - 7.1.2 The Contractor shall use the current templates and format to fulfill reporting deliverables.
- 7.2 The Contractor shall transmit all reports via the Washington Technology Solutions (WaTech) Managed File Transfer (MFT) portal.
- 7.3 The Contractor shall notify the HCA program manager via email within five (5) business days after documents are uploaded into the MFT portal, attaching the A-19 invoice to the email for any reports provided.
- 7.4 The Contractor may invoice for indirect costs to cover administrative and operational expenses, as long as the Total Maximum Compensation noted for Deliverable 6 for the Contract is not exceeded.

7.5 For reports that are due quarterly, the following is how the quarters are identified:

Quarter	Range
Q1	July – September
Q2	October – December
Q3	January – March
Q4	April - June

7.6 Report Tables

7.6.1 Report Table for SFY2026

#	Description	Att	Rate	Date Range	Due Date	Amount
Direct Costs						
1.	Submit LEAD OWG meeting minutes detailing topics discussed, actions taken, and any future action items assigned	1	\$28,000.00 per month x 12 months	July 2025 through June 2026	July 2025 – June 2026: The 15 th of each month, following each month of service	\$336,000.00
2.	Submit PCG meeting minutes detailing topics discussed, actions taken and any further items assigned	2	\$28,000.00 per quarter x 4 quarters		Q1-Q4 SFY2026: The 15 th of the month following the end of each quarter	\$112,000.00
3.	Submit reports demonstrating monthly TA calls with the PDA TA team	3				\$112,000.00
4.	Submit LEAD Quarterly Reports	4				\$112,000.00
5.	Submit a copy of your annual LEAD site self-assessment, with site development plan	5	\$33,602.73 per report x 1 copy		February 15, 2026	\$33,602.73
Subtotal, Direct Costs						\$705,602.73
6.	Indirect (administrative) costs	N/A	Up to 10% of each monthly invoice	July 2025 through June 2026	July 2025 – June 2026: The 15 th of each month, following each month of service	\$70,560.27
Total Maximum Compensation for deliverables completed in SFY2026						\$776,163.00

7.6.2 Report Table for SFY2027

#	Description	Att	Rate	Date Range	Due Date	Amount
Direct Costs						
1.	Submit LEAD OWG meeting minutes detailing topics discussed, actions taken, and any future action items assigned	1	\$28,000.00 per month x 12 months	July 2026 through June 2027	July 2026 – May 2027: The 15 th of each month, following each month of service June 2027: With final invoice	\$336,000.00
2.	Submit PCG meeting minutes detailing topics discussed, actions taken and any further items assigned	2	\$28,000.00 per quarter x 4 quarters		Q1-Q3 SFY2027: The 15 th of the month following the end of each quarter Q4 SFY2027: With final invoice	\$112,000.00
3.	Submit reports demonstrating monthly TA calls with the PDA TA team.	3				\$112,000.00
4.	Submit LEAD Quarterly Reports	4				\$112,000.00
5.	Submit a copy of your annual LEAD site self-assessment, with site development plan	5	\$33,602.73 per report x 1 copy		February 15, 2027	\$33,602.73
Subtotal, Direct Costs						\$705,602.73
6.	Indirect (administrative) costs	N/A	Up to 10% of each monthly invoice	July 2026 through June 2027	July 2026 – May 2027: Due the 15 th of each month, following each month of service June 2027: With final invoice	\$70,560.27
Total Maximum Compensation for deliverables completed in SFY2027						\$776,163.00

ATTACHMENT 1
LEAD Operational Work Group (OWG) Meeting Report Template

1. Purpose: Provide ongoing details and status of the activities of all local LEAD Operational Workgroup (OWG) meetings.
2. Format: Word document template, as provided by the HCA Contract Manager
3. Components:
 - 3.1. Date;
 - 3.2. Name of person completing this report;
 - 3.3. Number of the Contractor's OWG meetings that were held during the current report month;
 - 3.4. Narrative description of any actions taken or assigned tasks denoting future activities that came out of any meetings that took place; and
 - 3.5. Attached a copy of the meeting agenda, showing the following:
 - 3.5.1. Date;
 - 3.5.2. Time;
 - 3.5.3. Participants; and
 - 3.5.4. Topics.

ATTACHMENT 2
LEAD Policy Coordinating Workgroup (PCG) Report Template

1. Purpose: Provide ongoing details and status of the activities of all local LEAD Policy Coordinating Group (PCG) meetings.
2. Format: Word document template, as provided by the HCA Contract Manager
3. Components:
 - 3.1. Date;
 - 3.2. Name of the person completing the report;
 - 3.3. Number of the Contractor's Policy Coordinating Group (PCG) meetings that were held during the current report month;
 - 3.4. Narrative description of any actions taken or assigned tasks denoting future activities that came out of any meetings that took place.
 - 3.5. Attached copy of the meeting agenda, showing the following:
 - 3.5.1. Date;
 - 3.5.2. Time;
 - 3.5.3. Participants; and
 - 3.5.4. Topics.

ATTACHMENT 3
Technical Assistance (TA) Report Template

1. Purpose: Provide ongoing details and status of TA activities
2. Format: The Contractor may submit monthly LEAD TA meeting minutes or use this template for this report.



LEAD Program
Technical Assistance Report

Health Care Authority - Division of Behavioral Health and Recovery

MONTHLY PROGRESS REPORT

Report Month/Year

- ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December
☐ January ☐ February ☐ March ☐ April ☐ May ☐ June Year _____

Name of individual completing Report:

Please enter responses for each question below, for the month indicated. If the deliverable is incomplete, please list your Plan of Correction (POC) that includes lead person, actions to be taken, and target date for completion.

1. List any tech assistance sessions with the LEAD WA TA team that occurred in the current month
 - 1.1 If no, please explain;
 - 1.2 If yes, please provide a short narrative that includes:
 - 1.2.1 Date;
 - 1.2.2 Time;
 - 1.2.3 Staff members involved;
 - 1.2.4 Topics;
 - 1.2.5 Concerns, and
 - 1.2.6 Other relevant information.
2. Have any new training or informational materials been developed as part of presentations or outreach efforts for your program? If yes, please attach a copy of such materials to this report.
3. Was there any communication or outreach with local stakeholders (whether organizations or individuals) during this report period?
4. Describe any other significant program milestones.
5. Summarize any barriers encountered and plans to overcome with a timeline.
6. Please attach any other relevant materials created that are being developed or revised. Have TA needs changed since the last reporting period?
If yes, describe what has shifted and why.
7. Are there recurring or systemic challenges that TA alone has not resolved?
Please describe and note if additional structural, funding, or policy support is needed.

ATTACHMENT 4 LEAD Quarterly Report Template

1. Purpose: Assist in tracking and providing quarterly LEAD activity information, graphics, screenshots and narratives.
2. Format/Components:
 - 3.1 Excel spreadsheet template, as provided by the HCA Contract Manager, or other format/method, as approved by the HCA Contract/Program Manager.
 - 3.1.1 Referral type (screen shot provided below)

	July - June		% of Whole		% Change	July	
	2025	2026	2025	2026	25-26	2025	2026
Pre-Arrest	0	0					
Social Contact	0	0					
Community	0	0					
Self	0	0					
Total Incidents	0	0				0	0
% change		#DIV/0!					

- 3.1.2 Admitted to LEAD (screen shot provided below)

	July - June		% of Whole		% Change	July	
	2025	2026	2025	2026	25-26	2025	2026
Approved	0	0					
Denied	0	0					
Pending	0	0					
Total Incidents	0	0				0	0
% change		#DIV/0!					

- 3.1.3 Race (screen shot provided below)

	July - June		% of Whole		% Change	July	
	2025	2026	2025	2026	25-26	2025	2026
American Indian	0	0					
Alaska Native	0	0					
Black or African American	0	0					
Multiracial	0	0					
Native Hawaiian	0	0					
Other Pacific Islander	0	0					
Other Race	0	0					
White	0	0					
Unknown	0	0					
Total Incidents	0	0				0	0
% change		#DIV/0!					

3.1.4 Gender (screen shot provided below)

	July - June		% of Whole		% Change 25-26	July	
	2025	2026	2025	2026		2025	2026
Female	0	0					
Male	0	0					
Nonbinary	0	0					
Unknown	0	0					
Total Incidents	0	0				0	0
% change	#DIV/0!						

3.1.5 Age (screen shot provided below)

	July - June		% of Whole		% Change 25-26	July	
	2025	2026	2025	2026		2025	2026
0-17	0	0					
18-29	0	0					
30-39	0	0					
50-64	0	0					
65+	0	0					
Total Incidents	0	0				0	0
% change	#DIV/0!						

3.1.6 Housing status (screen shot provided below)

	July - June		% of Whole		% Change 25-26	July	
	2025	2026	2025	2026		2025	2026
Housed	0	0					
Homeless	0	0					
At risk of homelessness	0	0					
Unstable housing	0	0					
Other	0	0					
Total Incidents	0	0				0	0
% change	#DIV/0!						

3.1.7 Intake (screen shot provided below)

	July - June		% of Whole		% Change 25-26	July	
	2025	2026	2025	2026		2025	2026
Self reported BH	0	0					
Employed	0	0					
Unemployed	0	0					
Seeking employment	0	0					
Connect w/family	0	0					
Has income	0	0					
No income	0	0					
Other	0	0					
Total Incidents	0	0				0	0
% change	#DIV/0!						

3.1.8 1st response system (screen shot provided below)

	July - June		% of Whole		% Change 25-26	July	
	2025	2026	2025	2026		2025	2026
# Police contacts/criminal behavior	0	0					
Arrest: Domestic violence	0	0					
Arrest: Property crime	0	0					
Arrest: Drug related	0	0					
Arrest: Alcohol related	0	0					
Arrest: Public order	0	0					
Arrest: Weapons	0	0					
Arrest: Sex offense	0	0					
Arrest: Traffic	0	0					
Arrest: Mental health	0	0					
Arrest: Other	0	0					
# Jail bookings	0	0					
# Jail bed days	0	0					
# Emergency room visits	0	0					
# Inpatient admits	0	0					
# Active warrants	0	0					
# Active legal issues	0	0					
# Fire/EMS contacts	0	0					
Total Incidents	0	0				0	0
% change							

3.1.9 Participant engagement (screen shot provided below)

	July - June		% of Whole		% Change 25-26	July	
	2025	2026	2025	2026		2025	2026
Case Management	0	0					
Peer Counseling	0	0					
Brief Outreach	0	0					
Total Incidents	0	0				0	0
% change							

3.1.10 Service connections (screen shot provided below)

	July - June		% of Whole		% Change 25-26	July	
	2025	2026	2025	2026		2025	2026
Mental Health	0	0					
SUD	0	0					
Medical	0	0					
Housing	0	0					
Insurance	0	0					
Benefits	0	0					
Food	0	0					
Shelter	0	0					
Employment	0	0					
Legal	0	0					
Other	0	0					
Total Incidents	0	0				0	0
% change							

3.2 Word document narrative

3.2.1 Name of LEAD site

3.2.2 Contract #

3.2.3 Date

3.2.4 Describe key partnerships

3.2.5 Key successes

3.2.6 Work accomplished

3.2.7 Challenges:

1. Description of barriers identified that impact service provision.
2. Narrative on attempts to resolve barriers, including plans and timeline for addressing them.
3. Number of days between initial referral and behavioral health assessment for participants.
4. Staffing changes since the last reporting period, with explanations of positions and locations impacted.
5. Participant success stories or programmatic accomplishments of note.
6. Significant programmatic growth accomplishments or achievements.
7. Have any partnerships (new or existing) contributed to program success this period? *Describe how these partnerships are supporting participant engagement or outcomes.*

3.2.8 Describe any trends in participant needs or characteristics observed in this reporting period (e.g., increases in co-occurring disorders, housing insecurity, age groups)?

3.3 Metrics in an Excel spreadsheet, or equivalent tables/graphics, as approved by the HCA Contract Manager

1. AGGREGATED DEMOGRAPHICS FOR INDIVIDUALS ADMITTED, INCLUDING BUT NOT LIMITED TO:
 - a. RACE: 0
 - b. GENDER: 0
 - c. AGE: 0
 - d. HOUSING STATUS: 0

2. AGGREGATED NUMBERS FROM THE INITIAL LEAD INTAKE :
 - a. SELF-REPORTED BEHAVIORAL HEALTH: 0
 - b. EMPLOYMENT STATUS (EX: WORKING, NOT WORKING, JOB SEEKING ACTIVITIES): 0
 - c. FAMILY STATUS: 0
 - d. FINANCIAL AND INCOME STATUS: 0
3. NUMBER OF POLICE CONTACTS RELATED TO CRIMINAL BEHAVIOR/SUSPECTED CRIMINAL BEHAVIOR:
4. NUMBER OF ARRESTS-CATEGORIZE BY TYPE:
5. NUMBER OF CONTACTS WITH FIRE/EMERGENCY MEDICAL SYSTEM (EMS):
6. NUMBER OF TIMES TEAM MEMBERS MEETS WITH PARTICIPANTS-CATEGORIZED BY TYPE:
 - a. CASE MANAGEMENT: 0
 - b. PEER COUNSELING: 0
 - c. BRIEF OUTREACH: 0
7. NUMBER OF REFERRALS TO SERVICE-CATEGORIZED BY TYPE:
 - a. MENTAL HEALTH: 0
 - b. SUBSTANCE USE DISORDER (SUD): 0
 - c. MEDICAL: 0
 - d. HOUSING: 0
 - e. INSURANCE: 0
 - f. BENEFITS: 0
 - g. FOOD: 0
 - h. SHELTER: 0
 - i. EMPLOYMENT: 0
 - j. OTHER:

8. NUMBER OF CONNECTIONS TO SERVICES-CATEGORIZED BY TYPE:

- a. MENTAL HEALTH: 0
- b. SUBSTANCE USE DISORDER (SUD): 0
- c. MEDICAL: 0
- d. HOUSING: 0
- e. INSURANCE: 0
- f. BENEFITS: 0
- g. FOOD: 0
- h. SHELTER: 0
- i. EMPLOYMENT: 0
- j. OTHER

ATTACHMENT 5
LEAD Site Self-Assessment Report Template

1. Purpose: Assist in tracking and providing quarterly LEAD activity information, graphics, screenshots and narratives.
2. Format: Word document template, as provided by the HCA Contract Manager
3. Components:
 - 3.1 Work with LEAD TA to set up instruction and training for the site development tool and submit a copy of your results by February 15th of each year.
 - 3.2 Please submit results to the MFT portal and email grace.burkhart@hca.wa.gov within three (3) days of MFT portal submission.