



# INTERLOCAL AGREEMENT

## MENTAL HEALTH BLOCK GRANT (MHBG)

GCBH Agreement Number  
**KITTITAS-MHBG-06/07-02**

New Agreement  
 Amendment No. **02**

This Agreement is made and entered into by, and between Greater Columbia Behavioral Health, hereinafter referred to as "GCBH" and the Member Government/Agency identified below, hereinafter referred to as the "Contractor."

|  |                                       |  |
|--|---------------------------------------|--|
| RSN/PHP NAME<br>Greater Columbia Behavioral Health             |                                       |  |
| RSN/PHP ADDRESS<br>101 N. Edison Street<br>Kennewick, WA 99336 |                                       | RSN/PHP CONTACT NAME<br>Mary Todd  |
| RSN/PHP CONTACT TELEPHONE<br>(509) 735-8681/1-800-795-9296     | RSN/PHP CONTACT FAX<br>(509) 783-4165 | RSN/PHP CONTACT E-MAIL<br><a href="mailto:maryt@gcbh.org">maryt@gcbh.org</a> |

|  |  |   |
|--|--|---|
| CONTRACTOR NAME<br>Kittitas County   |  |   |
| CONTRACTOR CONTACT NAME<br>Rick Weaver, President / CEO  |  | CONTRACTOR CONTACT ADDRESS<br>Central Washington Comprehensive Mental Health<br>402 S 4 <sup>th</sup> Ave<br>Yakima, WA 98902 |
| CONTRACTOR CONTACT TELEPHONE<br>(509) 574-4024   | CONTRACTOR CONTACT FAX<br>(509) 575-4811 | CONTRACTOR CONTACT E-MAIL<br><a href="mailto:rweaver@cwcmh.org">rweaver@cwcmh.org</a>   |
| IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS AGREEMENT?<br><p style="text-align: center;">Yes</p> |  | CFDA NUMBERS (Federal Block Grant)<br>93.958  |

| FUNDING  |  | TOTAL CONTRACT |
|--|--|----------------|
| Mental Health Block Grant: 10/01/06 - 09/30/07 |  | 27,024         |

| COMPLETE THIS SECTION BELOW ONLY IF THIS IS AN AMENDMENT ADDING OR SUBTRACTING FUNDING. |                                |               |
|---|--------------------------------|---------------|
| PRIOR FUNDING   | AMOUNT OF INCREASE OR DECREASE | TOTAL FUNDING |
|   |                                |               |

**ATTACHMENTS:** When the box(s) below are marked with a check ( √ ) or an X, the following exhibits are attached to and incorporated into this Agreement by reference:

This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original contract remain in full force and effect. The parties signing warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.


**IN WITNESS WHEREOF, the parties below have executed this Agreement:**

**GREATER COLUMBIA BEHAVIORAL HEALTH**

  
\_\_\_\_\_  
Chair, GCBH Board of Directors

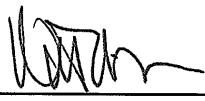
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**CONTRACTOR**

  
\_\_\_\_\_  
Kittitas County 2-22-07

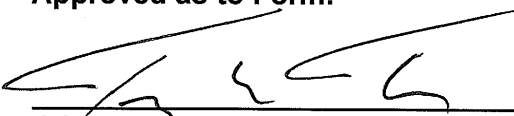
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**Approved as to Content:**

  
\_\_\_\_\_  
GCBH Director


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**Approved as to Form:**

  
\_\_\_\_\_  
GCBH Legal Counsel

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**Content and Form Prepared By:**

  
\_\_\_\_\_  
GCBH Contracts Coordinator

This Contract between the Greater Columbia Behavioral Health (GCBH) and the Contractor is hereby is amended as follows:

1. Add Section 4.e, Statement of Work, to read as follows:

e. The effective date of this amendment shall be from February 1, 2007 through September 30, 2007.

2. Replace Section 5, MHBG Service Table, to read as follows:

MHBG Service Table- GCRSN

| Criterion   | Goal | Definitions  | Funding  | Activity   | Expected Outcomes  |
|---|------|--|----------|--|--|
| <b>Adult Plan</b>   |      |  |          |  |  |
| <b>Benton-Franklin</b>  |      |  |          |  |  |
| 1   | 7    | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 7:</u> Increase the number consumers who are engaged in employment activities or attending school</p> | \$30,000 | <p><u>Peer Counselors:</u><br/>Employ 3 Certified Peer Counselors for provision of peer counseling services. Certified Peer Counselors would work part time (up to 20 hours per week) at \$9.50/hour with clients.</p> | <p>Estimated total number of consumers served by Peer Counselors per month: <u>15</u></p> <p>Estimated total number of service hours provided by Peer Counselors per month: <u>100</u></p> |
| Reasonableness of Cost: A. Hourly rate is calculated to be \$9.50, which is considered w/in market range. |      |  |          |  |  |
| E. Other: Remainder of funds will be used for training costs.   |      |  |          |  |  |
| 1   | 1    | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 1:</u> Increase access to services - adults</p>   | \$5,000  | <p><u>Stabilization:</u><br/>Provide gap medication coverage to non-Medicaid clients who are at risk of hospitalization until they are able to be seen by a psychiatrist.</p>  | <p>Estimated total number of consumers served per month: <u>5</u></p>  |
| Reasonableness of Cost: E. Other: Costs are based on actual pharmacy invoices.                            |      |  |          |  |  |
| 1   | 6    | <p><u>Criterion 1:</u><br/>Comprehensive</p>   | \$59,566 | <p><u>Family Support:</u></p>  | <p>Estimated total number of</p>   |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
|  |  | Community-Based Mental Health Plan<br><br><u>Goal 6:</u><br>Perception of Care – Child and Youth |  | Employ two Parent Partners to provide family support to parents of children under 18 who have been enrolled in the FAST program and/or Three Rivers Wraparound. | consumers/families served per month: <u>10</u> |
|--|--|--|--|---|--|

Reasonableness of Cost: A. Hourly rate is calculated to be \$13.00, which is considered w/in market range.

E. Other: Remainder of funds will be used for training costs.

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| 1 | 7 | Criterion 1:<br>Comprehensive Community-Based Mental Health Plan<br><br><u>Goal 7:</u> Increase the number consumers who are engaged in employment activities or attending school | <b>\$10,000</b> | <b><u>Financial Skills:</u></b><br><br>Employ one consumer that would work with individuals who are enrolled in Lourdes' protective payee program and assist them in developing a budget and other financial skills with the goal of independent money management. | Estimated total number of consumers served per month: <u>5</u> |
|---|---|---|-----------------|--|--|

Reasonableness of Cost: A. Hourly rate is calculated to be \$9.50, which is considered w/in market range.

**Total to Benton-Franklin \$104,566**

**Columbia County**

|   |   |   |                |   |  |
|---|---|---|----------------|---|--|
| 1 | 1 | Criterion 1:<br>Comprehensive Community-Based Mental Health Plan<br><br><u>Goal 1:</u> Increase Access to Services-Adults | <b>\$6,837</b> | <b><u>Community Support Services:</u></b><br><br>Provide funding for community support services through therapy and/or case management to non-Medicaid consumers during regular business hours, evenings, and weekends. Services include but are not limited to case management, brief therapy, resource referral and linkage, illness education to prevent decompensation. | Average number of consumers served per month: <u>3</u><br><br>Average number of direct service hours provided per month: <u>20</u> |
|---|---|---|----------------|---|--|

Reasonableness of Cost: E. Other: This is an approximate number of hours for consumers that request services or are receiving services that are non-Medicaid. This number will fluctuate monthly, being based on the number of consumers requesting services and the number hours provided.

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| 1 | 7 | <p><b>Criterion 1:</b><br/>Comprehensive Community-Based Mental Health Plan</p> <p><b>Goal 7:</b> Increase the number consumers who are engaged in employment activities or attending school</p> | \$10,515 | <p><b>Community Food Bank:</b></p> <p>Provides funding to support up to 2 consumers' employment in the Community Food Bank with 6 hours of staff support provided per week for oversight and assistance.</p> | <p>Number of consumers employed: <u>2</u></p> <p>Number of hours of work per week per consumer: <u>5</u></p> <p>Average hourly wage per consumer: <u>\$7.93</u></p> |
|---|---|--|----------|--|---|

Reasonableness of Cost: B. Based on budget, which will be available upon monitoring.

**Total to Columbia \$17,352**

**Kittitas County**

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| 1 | 7 | <p><b>Criterion 1:</b><br/>Comprehensive Community-Based Mental Health Plan</p> <p><b>Goal 7:</b> Increase the number consumers who are engaged in employment activities or attending school</p> | \$11,098 | <p><b>Peer Counselor:</b></p> <p>CWCMH will employ one (1) Peer Counselor in Kittitas County for provision of Peer Counseling services.</p> | <p>Estimated hourly wage: <u>8.71</u></p> <p>Estimated total number of service hours provided in contract period: <u>1,040</u></p> |
|---|---|--|----------|---|--|

Reasonableness of Cost: A. Hourly rate is calculated to be 8.71, which is considered w/in market range.

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| 5 | 3 | <p><b>Criterion 5:</b><br/>Management Systems</p> <p><b>Goal 3:</b><br/>Facilitate growth of Recovery-Oriented Service System</p> | \$5,213 | <p><b>Recovery and Resiliency Training:</b></p> <p>Funding for provision of recovery and resiliency training in Kittitas County.</p> | <p>Number of staff trained: <u>20</u></p> <p>Number of consumers trained: <u>25</u></p> <p>Number of family members trained: <u>15</u></p> |
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Reasonableness of Cost: E. Other: This is the estimated cost for training.

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| 1 | 9 | <p><b>Criterion 1:</b><br/>Comprehensive Community-Based Mental Health Plan</p> <p><b>Goal 9:</b> Increase the number of social and natural supports</p> | \$4,213 | <p><b>Consumer Advocacy:</b></p> <p>Funding for provision of education and advocacy services to consumers in Kittitas County by a consumer advocate.</p> | <p>Estimated number of consumers and their families served in contract period: <u>10</u></p> |
|---|---|--|---------|--|--|

|  |    |  |                 |   |  |
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|  |    | reported by consumers  |                 |   |  |
| Reasonableness of Cost: E. Other: It is estimated that the consumer advocate will spend 11% of her time providing advocacy and education to consumers and their families.  |    |  |                 |   |  |
| 1  | 10 | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 10:</u><br/>Increase Family stabilization and living conditions</p>                                   | \$6,500         | <p><u>NAMI Education:</u></p> <p>Support NAMI activities through funding to develop training and support for consumers and their families.</p>            | Estimated number of trainings to be provided in contract period: <u>6</u>  |
| Reasonableness of Cost: E. Other: Costs for NAMI members to attend state wide trainings will be reimbursed with receipts. Additional funds will be used to support education materials for the Kittitas NAMI organization. |    |  |                 |   |  |
| <b>Total to Kittitas</b>   |    |  | <b>\$27,024</b> |   |  |
| <b>Klickitat County</b>  |    |  |                 |   |  |
| 1  | 7  | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 7:</u> Increase the number consumers who are engaged in employment activities or attending school</p> | \$11,098        | <p><u>Peer Counselor:</u></p> <p>CWCMH will employ one (1) Peer Counselor in Klickitat County for provision of Peer Counseling services.</p>              | <p>Estimated hourly wage: <u>8.71</u></p> <p>Estimated total number of service hours provided in contract period: <u>1,040</u></p>         |
| Reasonableness of Cost: A. Hourly rate is calculated to be <u>8.71</u> , which is considered w/in market range.  |    |  |                 |   |  |
| 5  | 3  | <p><u>Criterion 5:</u><br/>Management Systems</p> <p><u>Goal 3:</u><br/>Facilitate growth of Recovery-Oriented Service System</p>  | \$3,000         | <p><u>Recovery and Resiliency Training:</u></p> <p>Funding for provision of recovery and resiliency training in Klickitat County.</p>                     | <p>Number of staff trained: <u>15</u></p> <p>Number of consumers trained: <u>15</u></p> <p>Number of family members trained: <u>10</u></p> |
| Reasonableness of Cost: E. Other: This is the estimated cost for training.   |    |  |                 |   |  |
| 1  | 9  | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 9:</u> Increase</p>   | \$2,308         | <p><u>Consumer Advocacy:</u></p> <p>Funding for provision of education and advocacy services to consumers in Klickitat County by a consumer advocate.</p> | Estimated number of consumers and their families served in contract period: <u>5</u>   |

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|--|--|---|--|--|--|
|  |  | the number of social and natural supports reported by consumers |  |  |  |
|--|--|---|--|--|--|

Reasonableness of Cost: E. Other: It is estimated that the consumer advocate will spend 6% of her time providing advocacy and education to consumers and their families.

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| 1 | 1 | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 1:</u> Increase Access to Services-Adults</p> | \$7,529 | <p><b><u>COD Residential Treatment:</u></b></p> <p>Provision of residential recovery treatment programming for non-Medicaid consumers with COD issues.</p> | Estimated number of consumers served: <u>2</u> |
|---|---|--|---------|--|--|

Reasonableness of Cost: E. Other: This funding will pay for 2 non-Medicaid clients to complete a 28 day residential recovery program. Costs for this program are \$200/day plus miscellaneous expenses.

**Total to Klickitat \$23,935**

**Skamania County**

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|---|---|--|---------|--|---|
| 1 | 1 | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 1:</u> Increase Access to Services-Adults</p> | \$9,300 | <p><b><u>Flex Funds:</u></b></p> <p>For purchase of medications and necessary lab work for non-Medicaid consumers, or for purchase of non-formulary medications for Medicaid consumers when formulary medications prove ineffective.</p> | Estimated total number of consumers served: <u>10-21.</u> |
|---|---|--|---------|--|---|

Reasonableness of Cost: E. Other: Costs are based on actual monthly pharmacy invoice history.

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| 1 | 2 | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 2:</u><br/>Decrease percentage of persons who are re-admitted to inpatient setting within 30 days of discharge.</p> | \$8,736 | <p><b><u>Psychiatric Services:</u></b></p> <p>Provision of services with psychiatrist to stabilize psychotic symptoms for non-Medicaid consumers.</p> | <p>Estimated total number of consumers served: <u>7-15</u></p> <p>Estimated total number of service hours provided: <u>73</u></p> <p>Estimated total number of hospital diversions: <u>3</u></p> |
|---|---|--|---------|---|--|

Reasonableness of Cost: A. Hourly rate is calculated to be \$123, which is considered w/in market range.

**Total to Skamania \$18,036**

**Walla Walla County**

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| 1   | 7 | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 7:</u> Increase the number consumers who are engaged in employment activities or attending school</p> | \$12,000 | <p><u>Club House Development:</u></p> <p>Pay rent and utilities for clubhouse with the following hours of operation: <u>6</u> days/ week, <u>35</u> hours per week including some weekend and evening hours. Will implement a work order day program as well as develop transitional and supported employment programs.</p>   | <p>Estimated total number of consumers served: <u>15</u></p> <p>Will attain ICCD certification. <u>Yes</u></p>  |
| Reasonableness of Cost: E. Other: Covers rent of \$750 per month, and a portion of the utilities.   |   |  |          |   |   |
| 1   | 1 | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 1:</u> Increase Access to Services-Adults</p>   | \$6,885  | <p><u>Recovery/Resiliency Support:</u></p> <p>Provide Medication Management/Monitoring, medication, and/or Case Management services to non-Medicaid adults at risk for frequent hospitalizations, to promote resiliency and increase community tenure.</p>  | <p>Estimated # of service hours supported: <u>55</u></p> <p>Estimated number of consumers who avoid at least one hospitalization and evidence the ability to participate in their community: <u>5</u></p> |
| Reasonableness of Cost: A. 12 hours of physician time for Med Management, @ \$150/hr = \$1800. Staff costs based on cost per service hour (includes salary, benefits, and goods and services required to support direct services provided; excludes administrative costs) of \$120/hr, which is considered within market range. |   |  |          |   |   |
| 1   | 2 | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 2:</u><br/>Reduce Utilization of Psychiatric Inpatient Beds</p>                                       | \$32,669 | <p><u>Stabilization:</u></p> <p>Provide stabilization services (i.e., short term face-to-face assistance with life skills training, and understanding of medication effects, and/or room and board) to non-Medicaid adults at risk for frequent hospitalizations, to prevent hospitalization and support their ability to live, work, learn and participate fully in their communities.</p> | <p>Estimated # of service hours supported: <u>207</u></p> <p>Estimated number of consumers who will remain sufficiently stable to avoid at least one hospitalization: <u>15</u></p>                       |

Reasonableness of Cost: A. Staff costs based on cost per service hour (includes salary, benefits, and goods and services required to support direct services provided; excludes administrative costs) of \$120/hr, which is considered within market range.  
 E. Other: \$7739 for facility costs for home-like setting, as a % of annual facility rental.

**Total to Walla Walla \$51,554**

**Whitman County**

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| 1 | 7 | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 7:</u> Increase the number consumers who are engaged in employment activities or attending school</p> | \$28,424 | <p><u>Club House Support:</u><br/>Provision of access for non-Medicaid consumers (currently 15%) to participate in club house (Harvest House) which operates <u>5</u> days per week and <u>45</u> hours per week.</p> | Estimated total number of service hours to be provided to non-Medicaid consumers: <u>1,200</u> |
|---|---|--|----------|---|--|

Reasonableness of Cost: A. Hourly rate is calculated to be \$25, which is considered w/in market range.

**Total to Whitman \$28,424**

**Yakima County**

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| 1 | 7 | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 7:</u> Increase the number consumers who are engaged in employment activities or attending school</p> | \$24,034 | <p><u>ICCD Club House for non-Medicaid:</u><br/>Provision of access for non-Medicaid consumers to participate in club house (Sunrise) which operates <u>6</u> days per week and <u>54</u> hours per week</p> | Estimated total number of service hours to be provided to non-Medicaid consumers: <u>2,403</u> |
|---|---|--|----------|--|--|

Reasonableness of Cost: A. Hourly rate is calculated to be \$10, which is considered w/in market range.

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| 1 | 7 | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 7:</u> Increase the number consumers who are engaged in employment activities or attending school</p> | \$33,295 | <p><u>Peer Counselors:</u><br/>Train and employ three (3) Peer Counselors to provide support to consumers in Yakima County.</p> | <p>Estimated hourly wage per Peer Counselor: <u>8.71</u></p> <p>Estimated total service hours provided: <u>3,120</u></p> |
|---|---|--|----------|---|--|

Reasonableness of Cost: A. Hourly rate is calculated to be \$8.71, which is considered w/in market range.

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| 1 | 6 | <p><b>Criterion 1:</b><br/>Comprehensive Community-Based Mental Health Plan</p> <p><b>Goal 6:</b> Improve consumer perception of care</p> | <b>\$36,156</b> | <p><b><u>Consumer Advocate:</u></b></p> <p>Maintain a consumer advocate to provide advocacy and education services to consumers in Yakima County.</p> | Estimated total number of consumers and families served: <u>60</u> |
|---|---|---|-----------------|---|--|

Reasonableness of Cost: E. Other: It is estimated that the consumer advocate will spend 83% of her time providing advocacy and education to consumers and their families.

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| 1 | 7 | <p><b>Criterion 1:</b><br/>Comprehensive Community-Based Mental Health Plan</p> <p><b>Goal 7:</b> Increase the number consumers who are engaged in employment activities or attending school</p> | <b>\$56,401</b> | <p><b><u>Supported Employment:</u></b></p> <p>Fund supported employment slots for consumers.</p> | <p>Estimated total number of consumers served: <u>14</u></p> <p>Of the number of consumers funded, estimated number who maintain supported employment for 9 consecutive months: <u>12</u></p> |
|---|---|--|-----------------|--|---|

Reasonableness of Cost: E. Other: Estimated cost for salary and benefits for various positions.

|   |   |   |                 |   |  |
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| 5 | 3 | <p><b>Criterion 5:</b><br/>Management Systems</p> <p><b>Goal 3:</b><br/>Facilitate growth of Recovery-Oriented System of Care</p> | <b>\$41,500</b> | <p><b><u>Recovery and Resiliency Training:</u></b></p> <p>Provision of Recovery and Resiliency training in Yakima County to staff, consumers and families in support of culture changes to transform service delivery system.</p> | <p>Estimated number of staff to be trained: <u>85</u></p> <p>Estimated number of consumers to be trained: <u>60</u></p> <p>Estimated number of family members to be trained: <u>35</u></p> |
|---|---|---|-----------------|---|--|

Reasonableness of Cost: E. Other: Estimated cost for training.

|   |   |   |                 |   |   |
|---|---|---|-----------------|---|---|
| 1 | 1 | <p><b>Criterion 1:</b><br/>Comprehensive Community-Based Mental Health Plan</p> <p><b>Goal 1:</b> Increase Access to Services -Adults</p> | <b>\$79,968</b> | <p><b><u>COD Residential Treatment:</u></b></p> <p>Provision of residential recovery treatment programming for non-Medicaid consumers with COD issues in Yakima County.</p> | Estimated number of consumers served per month: <u>14</u> |
|---|---|---|-----------------|---|---|

Reasonableness of Cost: E. Other: This will provide a 28 day residential treatment program to non-Medicaid clients with COD issues. This cost for this program is \$200 per day plus miscellaneous expenses.

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| 1 | 10 | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 10:</u><br/>Increase Family stabilization and living conditions</p> | \$22,000 | <p><u>NAMI Education:</u></p> <p>Support provision of illness education, stigma reduction, and skill building through funding part-time Director and provision of office space to develop trainings and provide support to consumers and their families.</p> | Estimated number of trainings to be provided in contract period: <u>6</u> |
|---|----|--|----------|--|---|

Reasonableness of Cost: E. Other: Estimated cost of space and estimated cost of salary and benefits for a part time director.

**Total to Yakima \$293,354**

## Child/Youth and Adult Plan

### Asotin-Garfield

|   |   |   |          |   |   |
|---|---|---|----------|---|---|
| 3 | 3 | <p><u>Criterion 3:</u><br/>Child Mental Health Plan</p> <p><u>Goal 3:</u> Increase number of EBPs provided to children/ youth</p> | \$17,000 | <p><u>WrapAround:</u></p> <p>Fund development and support of WrapAround services to reduce the use/duration of inpatient treatment and crisis services.</p> | <p>Number of children with unrestricted hours expected to be served in contract period: <u>6</u></p> <p>Estimated number of hospital diversion events: <u>1</u></p> |
|---|---|---|----------|---|---|

Reasonableness of Costs: B. Based on budget, which will be available upon monitoring.

|   |   |  |          |  |  |
|---|---|--|----------|--|--|
| 1 | 1 | <p><u>Criterion 1:</u><br/>Comprehensive Community-Based Mental Health Plan</p> <p><u>Goal 1:</u> Increase access to services - Adults</p> | \$26,312 | <p><u>WrapAround:</u></p> <p>Provision of services for non-Medicaid adult consumers to access community mental health services including, but not limited to outpatient therapy, case management, resource referral and medication management.</p> | <p>Number of consumers with unrestricted hours expected to be served in contract period: <u>7</u></p> <p>Estimated number of hospital diversion events: <u>2</u></p> |
|---|---|--|----------|--|--|

Reasonableness of Costs: B. Based on budget, which will be available upon monitoring.

**Total to Asotin-Garfield \$43,312**

**Total to GCRSN \$607,557**

**All other terms and conditions of this Contract remain in full force and effect.**