


**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

Whatcom County Contract No.  
202406026 – 1

Originating Department:		85 Health		
Division/Program: (i.e. Dept. Division and Program)		Response Systems Division / Law Enforcement Assisted Diversion		
Contract or Grant Administrator:		Vanessa Martin		
Contractor's / Agency Name:		Washington State Health Care Authority		
Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:		202406026	
Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:		
Already approved? Council Approved Date:		(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)		
Is this a grant agreement?				
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, grantor agency contract number(s):	K7591-01	ALN#	
Is this contract grant funded?				
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):			
Method of Procurement:	N/A - Interlocal	Contract Cost Center:	18538516	
Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			
If YES, indicate exclusion(s) below:				
<input type="checkbox"/> Professional services agreement for certified/licensed professional.				
<input type="checkbox"/> Contract work is for less than \$100,000.		<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).		
<input type="checkbox"/> Contract work is for less than 120 days.		<input type="checkbox"/> Work related subcontract less than \$25,000.		
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).		<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.		
Contract Amount:(sum of original contract amount and any prior amendments):		Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when:</b>		
\$	420,000	1. Exercising an option contained in a contract previously approved by the council.		
This Amendment Amount:		2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.		
\$	1,466,580	3. Bid or award is for supplies.		
Total Amended Amount:		4. Equipment is included in Exhibit "B" of the Budget Ordinance		
\$	1,886,580	5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.		
Summary of Scope: This amendment extends the agreement for two years.				
<b>Contract Term Ends:</b>		<b>06/30/2027</b>		
Contract Routing:	1. Prepared by:	J. Thomson	Date:	08/15/2025
	2. Attorney signoff:	Kimberly A. Thulin	Date:	08/20/2025
	3. AS Finance reviewed:	Bbennett	Date:	08/27/2025
	4. IT reviewed (if IT related):		Date:	
	5. Contractor approved:		Date:	
	6. Executive Contract Review:		Date:	
	7. Council approved (if necessary):	AB2025-615	Date:	
	8. Executive signed:		Date:	
	9. Original to Council:		Date:	

		<b>CONTRACT AMENDMENT for Law Enforcement Assisted Diversion (LEAD)</b>		HCA Contract No.: K7591 Amendment No.: 01	
<b>THIS AMENDMENT TO THE CONTRACT</b> 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.					
<b>CONTRACTOR NAME</b> Whatcom County			<b>CONTRACTOR doing business as (DBA)</b> Whatcom County Health and Community Services		
<b>CONTRACTOR ADDRESS</b> 509 Girard Street Bellingham, WA 98225			<b>CONTRACTOR CONTRACT MANAGER</b> Name: Vanessa Martin Email: <a href="mailto:vmartin@co.whatcom.wa.us">vmartin@co.whatcom.wa.us</a>		
<b>AMENDMENT START DATE</b> July 1, 2025		<b>AMENDMENT END DATE</b> June 30, 2027		<b>CONTRACT END DATE</b> June 30, 2027	
<b>Prior Maximum Contract Amount</b> \$420,000.00		<b>Amount of Increase</b> \$1,466,580.00		<b>Total Maximum Compensation</b> \$1,886,580.00	

WHEREAS, HCA and Contractor previously entered into a Contract for Law Enforcement Assisted Diversion (LEAD), and;


WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.4, Amendments, to continue existing work through State Fiscal Year 2027;

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

1. Section 3, Special Terms and Conditions, Subsection 3.2, Term, is amended to extend the Contract End Date to June 30, 2027.
2. Section 3, Special Terms and Conditions, Subsection 3.3, Compensation, Subsection 3.3.1, is amended to increase Total Maximum Compensation by \$1,466,580.00 from \$420,000.00 to \$1,886,580.00.
3. The following attachments previously incorporated into this Contract no longer apply:
  - a. Attachment 2, Budget and Staffing Plan;
  - b. Attachment 3, Narrative Report;
  - c. Attachment 4, Monthly Implementation Reports – Staffing;
  - d. Attachment 5, Monthly Implementation Reports – Flex Funds; and
  - e. Attachment 6, Expansion Outcomes Reports.

4. Attachments are hereby attached and incorporated herein as follows:
  - a. Attachment 1a, Statement of Work;
  - b. Attachment 2, LEAD Operational Work Group (OWG) Meeting Report Template;
  - c. Attachment 3, LEAD Policy Coordinating Group (PCG) Meeting Report Template;
  - d. Attachment 4, Technical Assistance (TA) Report;
  - e. Attachment 5, LEAD Quarterly Report Template; and
  - f. Attachment 6, LEAD Site Self-Assessment Report Template.
5. This Amendment will be effective July 1, 2025 ("Effective Date").
6. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
7. 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 Satpal Singh Sidhu, County Executive	DATE SIGNED
HCA SIGNATURE Signed by: 	PRINTED NAME AND TITLE Annette Schuffenhauer Chief Legal Officer	DATE SIGNED 8/8/2025

APPROVAL AS TO PROGRAM: \_\_\_\_\_  
Malora Christensen, Response Systems Manager Date

DEPARTMENT HEAD APPROVAL: \_\_\_\_\_  
Charlene Ramont, Interim Director Date  
Whatcom County Health and Community Services

APPROVAL AS TO FORM: \_\_\_\_\_  
Kimberly A. Thulin, Senior Civil Deputy Prosecutor Date

**Washington State Health Care Authority**  
626 8<sup>th</sup> Avenue SE  
Olympia, WA 98504  
360-725-0973

## ATTACHMENT 1a 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) – 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 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.
- 3.4 [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.
- 3.5 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 alternative under [RCW 36.28a.455](#)).
  - 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 Project Manager 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 Project Manager 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 multi-party 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 Project Manager will meet at least monthly with, and provide all meeting agendas, minutes, and pertinent documents to, the HCA Contract Manager.
  - 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 2, 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 3, LEAD Policy Coordinating Group (PCG) Report Template.

## 6.5 TA

- 6.5.1 The LEAD Project Manager will participate in TA calls with the PDA TA team at least quarterly, or more often, if applicable.
- 6.5.2 The LEAD Project Manager will follow the guidance provided by PDA TA team.
- 6.5.3 The Contractor will provide TA reports prepared by the LEAD Program Manager 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, 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 due dates, rates and instructions referenced in Section 7, Deliverables Table, and Attachment 5, 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 due dates, rates and instructions referenced in Section 7, Deliverables Table, and Attachment 6, 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 Contract 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	2	\$39,000.00 per quarter x 4 quarters	July 2025 through June 2026	Q1-Q4 SFY2026: The 15 <sup>th</sup> of the month following the end of each quarter	\$156,000.00
2.	Submit PCG meeting minutes detailing topics discussed, actions taken and any further items assigned	3				\$156,000.00
3.	Submit reports demonstrating monthly TA calls with the PDA TA team	4				\$156,000.00
4.	Submit LEAD Quarterly Reports	5				\$156,000.00
5.	Submit a copy of your annual LEAD site self-assessment, with site development plan	6	\$42,627.27 per report x 1 copy		February 15, 2026	\$42,627.27
Subtotal, Direct Costs						\$666,627.27
6.	Indirect (administrative) costs	N/A	Up to 10% of each monthly invoice	July 2025 through June 2026	July 2025 – June 2026: Due the 15 <sup>th</sup> of each month, following each month of service	\$66,662.73
Total Maximum Compensation for deliverables completed in SFY2026						\$733,290.00

## 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	2	\$39,000.00 per quarter x 4 quarters	July 2026 through June 2027	Q1-Q3 SFY2027: The 15 <sup>th</sup> of the month following the end of each quarter	\$156,000.00
2.	Submit PCG meeting minutes detailing topics discussed, actions taken and any further items assigned	3			Q4 SFY2027: With final invoice	\$156,000.00
3.	Submit reports demonstrating monthly TA calls with the PDA TA team.	4				\$156,000.00
4.	Submit LEAD Quarterly Reports	5				\$156,000.00
5.	Submit a copy of your annual LEAD site self-assessment, with site development plan by February 15	6	\$42,627.27 per report x 1 copy		February 15, 2027	\$42,627.27
Subtotal, Direct Costs						\$666,627.27
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 <sup>th</sup> of each month, following each month of service  June 2027: With final invoice	\$66,662.73
Total Maximum Compensation for deliverables completed in SFY2027						\$733,290.00

**ATTACHMENT 2**  
**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 3**  
**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 4

## 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

#### QUARTERLY PROGRESS REPORT

#### Report Quarter/Year

☐ Quarter 1   ☐ Quarter 2   ☐ Quarter 3   ☐ Quarter 4

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 quarter:
  - 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. Describe any other significant program milestones.
4. Summarize any barriers encountered and plans to overcome with a timeline.
5. 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.*
6. 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 5

### 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/Project Manager.

#### 3.1.1 Referral type (screen shot provided below)

	July - June		% of Whole		% Change 25-26	July	
	2025	2026	2025	2026		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 25-26	July	
	2025	2026	2025	2026		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 25-26	July	
	2025	2026	2025	2026		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	July	
	2025	2026	2025	2026	25-26	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	July	
	2025	2026	2025	2026	25-26	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	July	
	2025	2026	2025	2026	25-26	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	July	
	2025	2026	2025	2026	25-26	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 1<sup>st</sup> 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	#DIV/0!						

## 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	#DIV/0!						

## 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	#DIV/0!						

### 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 intake/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 6**  
**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](mailto:grace.burkhart@hca.wa.gov) within three (3) days of MFT portal submission.