	WHATCOM C INFORM	COUNTY MATION S					ounty Contrac 304013 – 4	ct No.
Originating Department:	L	85 Healt	h					
Division/Program: (i.e. Dept. Division and Program) Response Systems Division								
Contract or Grant Administrator: Malora Christensen								
Contractor's / Agency Name:		North Sou	und Behavioral Hea	lth Adm	inistrativ	/e Services (Organization,	LLC
Is this a New Contract?	ot, is this an Amendmer	t or Renewal	to an Existing Cont	ract?			Yes 🖂	No 🗆
	mendment or Renewa				ntract #	<i>t</i> :	20230401	
Does contract require Council Ap	oroval? Yes 🖂	No 🗆	If No, include WC	C:				
Already approved? Council Appro	oved Date:		(Exclusions see: What	com Cour	nty Codes	3.06.010, 3.08	.090 and 3.08.10)0)
Is this a grant agreement?	If yes, grantor agency	contract	North Sound B	H-ASO-				
Yes 🛛 No 🗆	number(s):		Whatcom Cou	nty-ICN-	23	CFDA#:	93.959	
Is this contract grant funded?								
Yes 🗌 No 🗌	If yes, Whatcom Cour	nty grant cont	ract number(s):					
Is this contract the result of a RFP	or Bid process?			677410	-Dedicat	ed Cannabis /	675500&1974	-
							t / 124119-True	
							G-Co-Responde	
Yes □ No ⊠ If yes,	DED and Did number(a)). Cont	ract Cost Center:				ise Disorder Pr	of / NEW-
	RFP and Bid number(s)	/		Recove	ry navig	ator Coordinat		
Is this agreement excluded from E	-Verify? No 🗆] Yes 🗌						
If YES, indicate exclusion(s) below:			-					
Professional services agree		sed professio					(
 □ Contract work is for less than \$100,000. □ Contract for Commercial off the shelf items (COTS). □ Contract work is for less than 120 days. □ Work related subcontract less than \$25,000. 								
Contract work is for less than						. ,		
Interlocal Agreement (betwee	n Governments).		Public Works	- Local A	\gency/	Federally Ful	nded FHVVA.	
Contract Amount: (sum of original c			al required for; all pro					
any prior amendments):			al service contract an				se greater thar	ר\$10,000 or
+	\$ 1,598,663.30 10% of contract amount, whichever is greater, except when: This Amongmont Amount: 1. Exercising an option contained in a contract previously approved by the council.			ncil				
This Amendment Amount:			s for design, construc					
\$ 1,322,177			by council in a capita					and an
Total Amended Amount:			ard is for supplies.					
\$ 2,920,840			nt is included in Exhib				maintananaa	of algotrania
			s for manufacturer's to and/or technical suppo					
			y software currently u					
Summary of Scope: This amendm	ent provides adds variou							
Term of Contract: 1 yea	r, auto renewals	Expiration	n Date:		Until	erminated		
Contract Routing: 1. Prepared	by: JT					Date:	07/23/20	
2. Attorney		topher Quinn				Date:	8/5/2024	
3. AS Finance reviewed: Bbennett		Date:	0731/202	24				
4. IT reviewed (if IT related):		Date:						
		Date: Date:	9/11/2	024				
	7. Council approved (if necessary): AB2024-527		Date:	09/10/20				
8. Executive	e signea:					Date:	9/11/2	2024
9. Original t	o Council:					Date:		

WHATCOM COUNTY Health and Community Services



Erika Lautenbach, MPH, Director Amy Harley, MD, MPH, Health Officer

MEMORANDUM

TO:	Satpal Sidhu, County Executive
FROM:	Erika Lautenbach, Director
RE:	North Sound Behavioral Health Administrative Services Organization, LLC – Integrated Care Network Contract Amendment #4
DATE:	September 11, 2024

Attached is a contract amendment between Whatcom County and North Sound Behavioral Health Administrative Services Organization for your review and signature. This amendment adds funding for existing programs which include the Dedicated Cannabis Account, Jail Services Program, Trueblood Programming, Opiate Outreach, and Co-Responder Program. This amendment also adds funding for new programs which includes the Naloxone Box Pilot Project, and 13b Proviso Funds; the County intends to use the funding for these new programs, as follows:

Naloxone Box Pilot Project:

To combat the Opioid epidemic, Whatcom County Health and Community Services (WCHCS) has dedicated funding to helping the community access naloxone (Narcan) and other overdose prevention supplies. To increase the access and availability of naloxone and related supplies, WCHCS has decided to purchase **four** Naloxone boxes to be placed at various locations throughout Whatcom County.

The project aims to ensure inclusion and access to harm-reduction supplies, such as naloxone, for those facing the most significant barriers to accessing care. Limited hours, lack of transportation, and stigma create substantial barriers to the populations that benefit from harm reduction services. By strategically placing these boxes, we hope to reduce barriers and help those populations access beneficial resources that can improve health outcomes.

Each box can hold over 100 boxes of naloxone (per the manufacturer's site information). We will use this funding to purchase these boxes and the related supplies.

13b Proviso Funds:

Project Description: Whatcom County is aligned in our efforts to increase services for our community members who are suffering from the opioid epidemic we are facing. This project will increase the services available to eligible individuals by reaching them in new locations, provide a more expedited response after an overdose, and increase access to naloxone and other health related supplies in the community.

Target population: Individuals experiencing Substance Use Disorders and related symptoms.

1) This funding will be used to provide a Substance Use Disorder Professional (SUDP) located at the hospital who will provide the required ASAM assessment so that Medicaid funded patients



can access SUD treatment directly after discharge from the hospital; this could include inpatient, Intensive Outpatient Programs and outpatient treatment. Additionally, the SUDP will act as a liaison for providers and the treatment team to provide additional support for other resources, such as Peer Pathfinder navigators and connections to medications for opioid use disorder (MOUD). This SUDP role is intended to engage with the full care continuum including the Response Division at Whatcom County. The SUDP will have some hours set aside to engage in quality improvement efforts and community wide trend monitoring as it pertains to individuals with Substance Use Disorders that have had a hospital interaction.

2) The County will hire a Recovery Navigator/coordinator who will focus on reaching individuals in the community who have had an overdose to assist in service coordination. This will include partnering with local EMS, Law Enforcement, the SUDP at the hospital and current outreach teams/service providers.

Background and Purpose

The purpose of this contract is to acknowledge & fund Whatcom's participation in the North Sound Integrated Care Network (ICN) in order to promote a continuity of care for individuals, avoid service disruption, ensure the provision of behavioral health services and strengthen the regional service network.

Whatcom County participates in the ICN along with Island, San Juan, Skagit, and Snohomish Counties. The North Sound Behavioral Health Administrative Services Organization (NS BH-ASO) administers the ICN to cooperatively provide a community health program and regional system of care, with the collective goal of consolidating administration, reducing administrative layering and reducing administrative costs, consistent with the State of Washington's legislative policy as set forth in <u>RCW 71.24</u>.

Funding Amount and Source

This amendment adds \$206,191 in funding for the Dedicated Cannabis Account, Jail Services Program, and Trueblood Programming for the 07/01/2024 – 12/31/2024 contract period.

This amendment also adds \$1,115,986 in funding for the Opiate Outreach, Co-Responder, Naloxone Box Pilot Project, and 13b Proviso Funds for the 07/01/2024 – 06/30/2025 contract period.

Total funding added by this amendment is \$1,322,177. These funds will be included in the 2024 budget. The contract includes terms for automatic annual renewals. Council authorization is required as the additional grant funding provided by this amendment exceeds \$40,000, per WCC 3.06.010.

Please contact Malora Christensen, Response Systems Manager at 360-778-6131 (<u>MChriste@co.whatcom.wa.us</u>) if you have any questions or concerns regarding this request.

NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT 4

CONTRACT #NORTH SOUND BH-ASO-WHATCOM COUNTY-ICN-23

Based on the Agreement of the parties to the above-referenced Contract between the North Sound Behavioral Health Administrative Services Organization, LLC (North Sound BH-ASO) and Whatcom County (Provider) dated April 13, 2023, (as amended by North Sound BH-ASO and Provider June 4, 2024, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to: provide funding for July 1, 2024 to December 31, 2024 (Dedicated Cannabis Account, Jail Services Program, and Trueblood Programming); and, to provide funding for July 1, 2024 to June 30, 2025 (Opiate Outreach, Co-Responder, Naloxone Box Pilot Project, 13b Proviso Funds – Substance Use Disorder Professional, and 13 b Proviso Funds – Recovery Navigator Coordinator):

By mutual agreement of the parties, the following language is added to the agreement:

- Replace Exhibit D(a)_Provider Deliverables with Exhibit D(b)_Provider Deliverables
- Replace Exhibit E(c) Whatcom County_Budget_ICN_24 with Exhibit E(d) Whatcom County_ICN_Budget
- Replace *Exhibit F(a)_Federal Subaward Identification* with Exhibit (F(b)_Federal Subaward Identification

ALL TERMS AND CONDITIONS OF CONTRACT SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

THIS AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF FINAL SIGNATURE BY THE PARTIES.

NORTH SOUND BH-ASO, LLC

Jeb

7/16/24

Date

DocuSigned by Satpal Singh Sidhu

WHATCOM COUNTY

9/11/2024

JanRose Ottaway Martin Executive Director Satpal Sidhu County Executive

Date

NORTH SOUN	ID BH-ASO-WHATCOM COUNTY-ICN-23 AMD	4
Approved by	Board of Directors, 6/13/24	

PROGRAM APPROVAL: Malora Unistensen	9/11/2024
Malora Christensen, Response Systems Manager	Date
DEPARTMENT HEAD APPROVAL: Erika Lauturbach	9/11/2024
Erika Lautenbach, Health and Community Services Direct	tor Date
APPROVAL AS TO FORM:	9/11/2024
Christopher Quinn, Chief Civil Deputy Prosecutor	Date

CONTRACTOR INFORMATION:

North Sound Behavioral Health Administrative Services Organization 2021 E College Way, Suite 101 Mt Vernon, WA 98273 800-684-3555



North Sound BH-ASO 2021 E. College Way, Suite 101, Mt. Vernon, WA 98273 Phone: (360) 416-7013 Fax: (360) 899-4754 www.nsbhaso.org

EXHIBIT D(b): PROVIDER DELIVERABLES

PROVIDER: Whatcom County

CONTRACT: NORTH SOUND BH-ASO-WHATCOM COUNTY-ICN-23

CONTRACT PERIOD: 01/01/2023 - 06/30/2025

Identification of Deliverables

Provider shall provide all deliverables as identified in the Required Deliverables Grid below. Templates for all reports that the provider is required to submit to North Sound BH-ASO may be found on the North Sound BH-ASO website under Forms & Reports (click here . North Sound BH-ASO may update the templates from time to time and will notify providers of any changes. Deliverables are to be submitted to deliverables@nsbhaso.org on or before the indicated due date unless otherwise noted. For more information regarding a specific deliverable, please refer to the indicated Supplemental Provider Service Guide reference (as applicable .

DELIVERABLE	FREQUENCY	DUE DATE	SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE
Exclusion Attestation Monthly Report	Monthly	Last Business Day of each month following the month being reported	Chapter 11
Opioid Outreach Report	Monthly	Last Business Day of each month following the month being reported	Not applicable
Opioid Outreach YOUTH Report	Monthly	Last Business Day of each month following the month being reported	Not applicable
Trueblood Monthly Report	Monthly	10 th of each month following the month being reported	Chapter 19; Section 19.13
Co-Responder Quarterly Report	Quarterly	15 th of the month following the quarter being reported (1/15, 4/15, 7/15, 10/15	Chapter 19; Section 19.4

DELIVERABLE	FREQUENCY	DUE DATE	SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE
Certification of Liability Insurance	Annual	Annually prior to expiration	Not Applicable
Compliance Training Attestation Statement	Annual	Annual notification will be sent by North Sound BH-ASO Compliance Officer with further information	Chapter 11
Jail Transition Services Report	Annual	Annually by August 15 th	Chapter 19; Section 19.8
Ownership and Control Disclosure Form	Annual	Annually on January 31 st , or more frequently when changes occur	Not applicable
Federal Block Grant Peer Review	As requested	Annually when requested	Chapter 15

North Sound Behavioral Health Administrative Services Organization Dedicated Cannabis Account Program Cost Reimbursement Budget Whatcom County Human Services Six Month Budget July 1, 2024 to December 31, 2024				
Revenues				
Dedicated Cannabis Account Funding Total	\$ \$	41,719.00 41,719.00		
Expenses				
Dedicated Cannabis Account Total	\$ \$	41,719.00 41,719.00		
Budget Amount Expenses	\$	41,719.00 -		
Balance	\$	41,719.00		

North Sound Behavioral Health Administrative Services Organization Jail Services Program Cost Reimbursement Budget Whatcom County Human Services Six Month Budget July 1, 2024 to December 31, 2024			
Revenues			
Jail Services Funding	\$	42,583.19	
*One Time Additional (1/1/2024-12/31/2024)	\$	101,896.00	
Total	\$	144,479.19	
Expenses			
Jail Services	\$	144,479.19	
Total	\$	144,479.19	
Budget Amount Expenses	\$	144,479.19	
Balance	\$	144,479.19	

*One Time Additional Funds Available Until Spent

North Sound Behavioral Health Administrative Services Organization Substance Abuse Block Grant CFDA 93.959 Cost Reimbursement Budget Whatcom County Human Services Annual Budget July 1, 2024 to June 30, 2025			
Revenues			
SABG Total	\$ \$	406,228.00 406,228.00	
[Ex]	penses		
Opiate Outreach Services Total	\$ \$	406,228.00 406,228.00	
Budget Amount Expenses	\$	406,228.00	
Balance	\$	406,228.00	

North Sound Behavioral Health Administrative Services Organization Trueblood Program Cost Reimbursement Budget Whatcom County Human Services Six Month Budget July 1, 2024 to December 31, 2024			
Revenues			
Trueblood Funding Total	\$ \$	19,992.91 19,992.91	
E	Expenses		
Trueblood Expenses Total	\$ \$	19,992.91 19,992.91	
Budget Amount	\$	19,992.91	
Expenses Balance	\$	- 19,992.91	

North Sound Behavioral Health Administrative Services Organization Co-Responder Cost Reimbursement Budget Whatcom County Human Services Annual Budget July 1, 2024 to June 30, 2025				
Do	Vonues			
Revenues				
MHBG Funds SABG Funds	\$ \$	221,486.00 211,272.00		
Total	\$	432,758.00		
Ex	penses			
Co-Responder Expense Total	\$ \$	432,758.00 432,758.00		
Budget Amount Expenses	\$	432,758.00		
Balance	\$	432,758.00		

North Sound Behavioral Health Administrative Services Organization Naloxone Box Pilot Project Cost Reimbursement Budget Whatcom County Human Services Annual Budget July 1, 2024 to June 30, 2025			
Revenues			
SABG ARPA	<u>\$</u>	50,000.00	
Total	*	50,000.00	
	Expenses		
Naloxone	\$	50,000.00	
Total	\$	50,000.00	
Budget Amount Expenses	\$	50,000.00	
Balance	\$	50,000.00	

North Sound Behavioral Health Administrative Services Organization Substance Use Disorder Professional Cost Reimbursement Budget Whatcom County Human Services Annual Budget July 1, 2024 to June 30, 2025 Revenues				
Expenses				
SUD Professional Total	\$ \$	100,000.00 100,000.00		
Budget Amount	\$	100,000.00		
Expenses		-		
Balance	\$	100,000.00		

North Sound Behavioral Health Administrative Services Organization Recovery Navigator Coordinator Cost Reimbursement Budget Whatcom County Human Services Annual Budget July 1, 2024 to June 30, 2025				
Revenues				
13b Proviso Funds Total	\$ \$	127,000.00 127,000.00		
Expenses				
Recovery Navigator Coordinator Total	\$ \$	127,000.00 127,000.00		
Budget Amount Expenses	\$	127,000.00		
Balance	\$	127,000.00		

Docusign Envelope ID: 0F766180-4303-4851-8C16-FC017DE847AA



North Sound BH-ASO

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273 Phone: (360) 416-7013 Fax: (360) 899-4754 www.nsbhaso.org

Exhibit F(b) **Federal Subaward Identification** K6897

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B08TI085843
3.	Federal Award Date	3/22/2023
4.	Assistance Listing Number and Title	93.959 Block Grants for Prevention and Treatment of Substance Abuse
5.	Is the Award for Research and Development?	□ Yes ⊠No
		Margaret Rojas, Assistant Director
	North Sound Behavioral Health Administrative	
	Contact Information for North Sound	Services Organization
6. BH-ASO Awarding Official	Margaret Rojas@nsbhaso.org	
		360-416-7013
7.	Subrecipient name (as it appears in SAM.gov)	Whatcom County Human Services
8.	Subrecipient's Unique Entity Identifier (UEI)	
	Subrecipient's Onique Linity identifier (OLI)	NT6RMN8THTN7
9.	Subaward Project Description	Opiate Outreach Services
9. 10.		
	Subaward Project Description	Opiate Outreach Services
10.	Subaward Project Description Primary Place of Performance	Opiate Outreach Services 98225
10. 11.	Subaward Project Description Primary Place of Performance Subaward Period of Performance Amount of Federal Funds Obligated by this	Opiate Outreach Services 98225 7/1/2024 – 6/30/2025