WHATCOM COUNTY					Wh	Whatcom County Contract Number:						
CONTRA					RACT INFORMATION SHEET				202308009 – 2			
Originating Departn	nent:		8	35 He	alth and C	or	mmun	ity Services				
Division/Program: (i.e. Dept. Division and Program)				Response Systems Division / LEAD								
Contract or Grant Administrator:			,	Vanes	sa Martin							
Contractor's / Agency Name:				North Sound Behavioral Health Administrative Services Organization, LLC								
Is this a New Contract? If not, is this an Amer				nent o	r Renewa	l to	o an E	xisting Contract?			,	Yes ⊠ No □
Yes ☐ No ☒ If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: 202308009						202308009						
Does contract require Council Approval? Yes ⊠ No □ If No, include WCC:												
Already approved? Council Approved Date: (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)						and 3.08.100)						
Is this a grant agre Yes ⊠ No	eement?	If yes, grantor contract numb			North So RNP-23	un	nd BH-	ASO-Whatcom Co	•	N#:		
Is this contract grant funded?         Yes □       No □       If yes, Whatcom County grant contract number(s):												
		RFP or Bid process? yes, RFP and Bid nu	nbe	r(s):					Contract C Center:	ost	1241	33
Is this agreement	excluded from	om E-Verify?	No	$\boxtimes$	Yes $\square$							
If YES, indicate exc		•		<u> </u>	<u> </u>		1					
		reement for certified	l/lice	nsed	nrofessio	าทะ	al	☐ Goods and se	rvices provid	ed di	ıe to ar	n emergency
☐ Contract work			<i>a</i> /1100	7113Cu	professio	7110		ntract for Commer				
☐ Contract work								rk related subcontr				010).
		ween Governments).				٦		blic Works - Local				d FHWA.
	•		م ما	Cou	noil onero	<u> </u>						
any prior amendme		al contract amount a	IU									ds <b>exceeding \$40,000</b> , reater than \$10,000 or
\$ 666,455	ilioj.							t, whichever is greate				100101 01011 \$ 10,000 01
This Amendment A	mount.			1.	Exercisin	g a	an optio	on contained in a con	tract previous	ly app		
\$ 716,455	iriourit.			2.								s, or other capital costs
Total Amended Amount:				approved by council in a capital budget appropriation ordinance.								
\$ 1,382,910				3. Bid or award is for supplies.  4. Equipment is included in Exhibit "B" of the Budget Ordinance								
\$ 1,382,910				intenance of electronic								
	systems and/or technical support and software maintenance from the developer of											
proprietary software currently used by Whatcom County.						·						
· · · · · · · · · · · · · · · · · · ·		ndment updates deliv				es	s fundii					
Term of Contract:		automatic renewals	ΙĘ		on Date:			Until Terminated	or supersed	1		07/00/0004
0	1. Prepared	<u> </u>		JT						Dat		07/23/2024
		lget Approval		JS						Dat		07/31/2024
	3. Attorney s				topher Qui	nn	1			Dat		8/5/2024
	4. AS Financ			Bben	nett					Dat		07/31/2024
		d (if IT related):								Dat		
	6. Contractor	Ū								Dat		
	7. Submitted				T					Dat		
		proved (if necessary):			AB2024	-				Dat		
!	9. Executive	signed:								Dat	e:	
	10. Original t	o Council:								Dat	e:	

# NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT 2

### CONTRACT #NORTH SOUND BH-ASO-WHATCOM COUNTY-RNP-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 August 11, 2023, (as amended by North Sound BH-ASO and Provider dated March 21, 2024, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to provide funding for July 1, 2024 to June 30, 2025:

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

- Replace Exhibit B(a) Whatcom County RNP 2024 Budget with Exhibit B(b) Whatcom County RNP 2024 Budget
- Replace Exhibit E(a)\_Provider Deliverables

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

WHATCOM COUNTY

7/16/24

JanRose Ottaway Martin
Executive Director

Date
County Executive

PROGRAM APPROVAL:		
Ma	lora Christensen, Response Systems Manager	Date
DEPARTMENT HEAD APPRO	DVAL: Erika Lautenbach, Health and Community Services Director	Date
APPROVAL AS TO FORM:	hristopher 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 Behavioral Health Administrative Services Organization Blake Recovery Navigator Cost Reimbursement Budget Whatcom County Human Services						
Annual Budget July 1, 2024 to June 30, 2025						
Revenu	es					
Blake Navigator Program *RNP Reserve Funds	\$ \$	512,455.00 204,000.00				
Total Expens	'	716,455.00				
LAPONS	CB					
Blake Navigator Program Expense	\$	716,455.00				
Total	\$	716,455.00				
Budget Amount Expenses	\$	716,455.00				
Balance	\$	716,455.00				

<sup>\*</sup>RNP Reserve Funds Inlude:

154,000 Second half of 7/1/23-6/30/24 budget allocation.

\$50,000 Full year of 7/1/24-6/30/25 budget.

# NORTH SOUND NORTH SOUND NORTH SOUND NORTH SOUND

# 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 E(a): PROVIDER DELIVERABLES**

PROVIDER: WHATCOM COUNTY

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

CONTRACT PERIOD: July 1, 2023 - June 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 <a href="here">here</a>). 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 <a href="mailto:deliverables@nsbhaso.org">deliverables@nsbhaso.org</a> on or <a href="mailto:before">before</a> 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) or by emailing <a href="mailto:deliverables@nsbhaso.org">deliverables@nsbhaso.org</a>.

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	
Quarterly Data Collection Tool	Quarterly	15 <sup>th</sup> of the month following the quarter following the quarter being reported (1/15, 4/15, 7/15, 10/15)	Chapter 19; Section 19.11	
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	

DELIVERABLE	FREQUENCY	DUE DATE	SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE
Ownership and Control Disclosure Form	Annual	Initial credentialing and as changes occur	Not applicable