		WHATCOM COUNTY CONTRACT			Whatcom County Contract No.						
		INFORMATION SHEET					202	<u>304013 – 5</u>			
Originating Department: 85 Health											
Division/Program: (i.e.		and Program)				stems Division					
Contract or Grant Adm		<b>,</b>		Malora C							
Contractor's / Agency I	Name:			North Sound Behavioral Health Administrative Services Organization, LLC							
Is this a New Contract	t? If no	ot, is this an Ame	ndment	or Renewa	al to a	an Existing Con	tract?			Yes ⊠	No □
Yes □ No ▷	] If A	mendment or Re	enewal,	(per WCC	3.0	8.100 (a)) Oriç	ginal Co	ntract i	#:	20230401	13
Does contract require	Council App	roval? Ye	es 🖂	No □	If N	No, include WC	CC:				
Already approved? (				,	(Ex	clusions see: What	tcom Cour	ity Codes	s 3.06.010, 3.08	3.090 and 3.08.1	00)
Is this a grant agreem	nent?	If yes, grantor a	dency c	ontract		North Sound E	H-ASO-				
Yes No		number(s):	gency o	ontract		Whatcom Cou			CFDA#:	93.959	
Is this contract grant t	_	(-)-									
Yes ☐ No ☐		If yes, Whatcon	n County	/ grant con	tract	number(s):					
Is this contract the res	sult of a RFP	or Bid process?					1000860	02-Dedi	cated Cannab	is / 10008588	&
										Block Grant / 1	AT AT THE RESIDENCE OF THE PARTY OF THE PART
										rvices / 185389 tance use Disc	1400-1400-140
Yes □ No ▷	If yes, I	RFP and Bid nun	nber(s):	Con	ntract	Cost Center:			ator Coordina		740111017
Is this agreement exc	cluded from E-	-Verify?	No 🗆	Yes □	]						
If YES, indicate exclusi				•							
☐ Professional ser		nent for certified	license	d professi	onal						
☐ Contract work is f				•		Contract for C	ommerc	ial off th	he shelf item	s (COTS).	
☐ Contract work is f						Work related s					
☐ Interlocal Agreement (between Governments). ☐ Public Works - Local Agency/Federally Funded FHWA.											
Contract Amount:(sum	of original co	ntract amount an	d Co	uncil appro	val re	equired for; all pro	perty leas	ses, con	tracts or bid a	wards <b>exceed</b>	ing \$40,000,
any prior amendments): and professional service contract amendments that have an increase greater than \$10,000 or						n \$10,000 or					
\$ 2,920,840						nount, whichever					
This Amendment Amo	unt:	·	1. 2.			option contained					
\$ 104,295			2.			design, construc council in a capita					Capital Costs
Total Amended Amour	nt:		3.			s for supplies.	Duager	арргоргі	auon oraman	ж.	
\$ 3,025,135			4.								
			5.			manufacturer's t					of electronic
						or technical suppo				rom the develo	per of
Summary of Scope: Th	is amendment	provides adds va	rious fur			ftware currently u 6/30/2025, adds				ance requiren	nents.
Term of Contract:		, auto renewals		Expiration	_	150			terminated		
Contract Routing:	1. Prepared		J. Thon						Date:	12/18/20	24
ŭ	2. Attorney s		Christo	oher Quinn					Date:	1/13/202	
	3. AS Financ		BBenne						Date:	12/30/20	24
	4. IT reviewe	ed (if IT related):							Date:		
5. Contractor approved:			— Initial			Date:					
6. Executive Contract Review:		J	H				Date:	2/13/2	2025		
	7. Council ar	proved (if necessa	ary):	AB2025-	-136				Date:	02/11/20	)25
	8. Executive	· · · · · · · · · · · · · · · · · · ·							Date:	2/13/2	10.000
	9. Original to	Council:							Date:		





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 #5

**DATE:** February 12, 2025

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, and Trueblood Programming. This amendment also adds a definition for Mental Health Care Provider and updates insurance requirements.

#### 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 RCW 71.24.

#### Funding Amount and Source

Total funding added by this amendment is \$104,295, making the total funding for the current contract period \$1,322,177. These funds will be included in the 2025 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 (<a href="MChriste@co.whatcom.wa.us">MChriste@co.whatcom.wa.us</a>) if you have any questions or concerns regarding this request.



## NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT 5

#### **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 September 11, 2024, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to provide funding for January 1, 2025 to June 30, 2025 (Dedicated Cannabis Account, Jail Services Program, and Trueblood Programming:

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

Add the following new definition to Article 1 – Definitions:

"Mental Health Care Provider" means an individual working in a Behavioral Health Agency, under the supervision of a Mental Health Professional, who has primary responsibility for implementing an individualized plan for mental health rehabilitation services. To provide services as a Mental Health Care Provider, this person must be a registered agency affiliated counselor and have a minimum of one year education or experience in mental health or related fields.

Replace 7.17 Insurance, which reads "North Sound BH-ASO certifies it is a member of Washington Governmental Risk Pool for all exposure to tort liability, general liability, property damage liability and vehicle liability, if applicable, as provided by RCW 43.19. By the date of execution of this Contract and post 15 days renewal of said contract, the Provider shall procure and maintain insurance for the duration of this Contract, Provider shall carry Commercial General Liability (CGL) Insurance to include coverage for bodily injury, property damage, and contractual liability, with the following minimum limits: Each Occurrence - \$1,000,000; General Aggregate - \$3,000,000; shall include liability arising out of premises, operations, independent contractors, personal injury, advertising injury, and liability assumed under an insured contract. The costs of such insurance shall be paid by the Provider or subcontractor. The Provider may furnish separate certificates of insurance and policy endorsements for each subcontractor as evidence of compliance with the insurance requirements of this Contract. The Provider is responsible for ensuring compliance with all of the insurance requirements stated herein. Failure by the Provider, its agents, employees, officers, subcontractors, providers, and/or provider subcontractors to comply with the insurance requirements stated herein shall constitute a material breach of this Contract. All non-risk pool policies shall name North Sound BH-ASO as a covered entity under said policy(s)." with the following:

"North Sound BH-ASO certifies it is a member of Washington Governmental Risk Pool for all exposure to tort liability, general liability, property damage liability and vehicle liability, if applicable, as provided by RCW 43.19. By the date of execution of this Contract and post 15 days renewal of said contract, the Provider shall procure and maintain insurance for the duration of this Contract, Provider shall carry Commercial General Liability (CGL) Insurance to include coverage for bodily injury, property damage, and contractual liability, with the following minimum limits: Each Occurrence - \$2,000,000; General Aggregate - \$4,000,000; shall include liability arising out of premises, operations, independent contractors, personal injury, advertising injury, and liability assumed under an insured contract. The costs of such insurance shall be paid by the Provider or subcontractor. The Provider may furnish separate certificates of insurance and policy endorsements for each subcontractor as evidence of compliance with the insurance requirements of this Contract. The Provider is responsible for ensuring compliance with all of the insurance requirements stated herein. Failure by the Provider, its agents, employees, officers, subcontractors, providers, and/or provider subcontractors to comply with the insurance requirements stated herein shall constitute a material breach of this Contract. All non-risk pool policies shall name North Sound BH-ASO as a covered entity under said policy(s)."

 Replace Exhibit E(d) - Whatcom County\_Budget\_ICN\_24 with Exhibit E(e) - Whatcom County\_ICN\_Budget

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

JanRose Ottaway Martin

Executive Director

Date

12/13/24

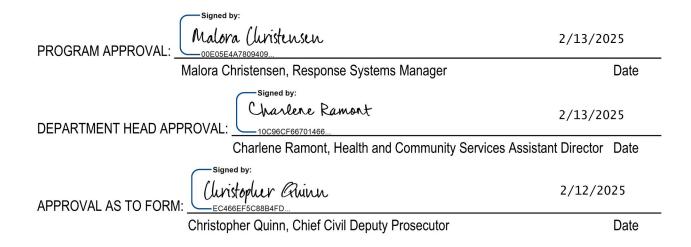
Satpal Singh Sidhu 1192C7C18B664E3...

Satpal Sidhu County Executive

DocuSigned by:

2/13/2025

Date



#### **CONTRACTOR INFORMATION:**

North Sound Behavioral Health Administrative Services Organization

2021 E College Way, Suite 101 Mt Vernon, WA 98273 800-684-3555

# Dedicated Cannabis Account Program Cost Reimbursement Budget Whatcom County Human Services

Six Month Budget January 1, 2025 to June 30, 2025

Revenues					
Dedicated Cannabis Account Funding  Total	\$ <b>\$</b>	41,719.00 <b>41,719.00</b>			
Expenses					
Dedicated Cannabis Account	\$	41,719.00			
Total	\$	41,719.00			
Budget Amount	\$	41,719.00			
Expenses		=			
Balance	\$	41,719.00			

## Jail Services Program Cost Reimbursement Budget Whatcom County Human Services

Six Month Budget January 1, 2025 to June 30, 2025

Revenues		
Jail Services Funding	\$	42,583.19
*One Time Additional (1/1/2025-6/30/2025)	\$	101,896.00
Total	\$	144,479.19
		**
Expenses		
Jail Services	\$	144,479.19
Total	\$	144,479.19
	•	144 470 10
Budget Amount	\$	144,479.19
Expenses		.=
Balance	\$	144,479.19

<sup>\*</sup>Less funds already spent

## Substance Abuse Block Grant CFDA 93.959 Cost Reimbursement Budget

**Whatcom County Human Services** 

Annual Budget July 1, 2024 to June 30, 2025

		i e
Re	venues	
SABG	\$	406,228.00
Total	\$	406,228.00
Ex	penses	
Opiate Outreach Services	\$	406,228.00
Total	\$	406,228.00
Budget Amount	\$	406,228.00
Expenses	<b>#</b>	t <del>ant</del>
Balance	\$	406,228.00

## Trueblood Program Cost Reimbursement Budget Whatcom County Human Services

Six Month Budget January 1, 2025 to June 30, 2025

	Revenues	
Trueblood Funding	\$	19,992.91
Total	<b>\$</b>	19,992.91
The state of the s	Expenses	
Trueblood Expenses	\$	19,992.91
Total	\$	19,992.91
	AND AND ADDRESS OF THE ADDRESS OF TH	
Budget Amount	\$	19,992.91
Expenses		. <del></del>
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					
Re	evenues				
MHBG Funds	\$	221,486.00			
SABG Funds Total	\$ <b>\$</b>	211,272.00 432,758.00			
E	xpenses				
Co-Responder Expense	\$	432,758.00			
Total	\$	432,758.00			
Budget Amount Expenses	\$	432,758.00			
Balance	\$	432,758.00			

Naloxone Vending Machine
Cost Reimbursement Budget
Whatcom County Human Services

Annual Budget July 1, 2024 to June 30, 2025

	Revenues	
SABG ARPA Total	\$ <b>\$</b>	50,000.00 <b>50,000.00</b>
	Expenses	
Naloxone	\$	50,000.00
Total	\$	50,000.00
Budget Amount	\$	50,000.00
Expenses		<del></del>
Balance	\$	50,000.00

Administrativ Substance Use Cost Rein	e Services Organ e Disorder Profes bursement Budg ounty Human Ser	ization sional get vices
	Revenues	
13b Proviso Funds <b>Total</b>	\$ <b>\$</b>	100,000.00 100,000.00
	Expenses	
SUD Professional Total	\$ <b>\$</b>	100,000.00 <b>100,000.00</b>
Budget Amount Expenses	\$	100,000.00
Balance	\$	100,000.00

Recovery Navigator Coordinator
Cost Reimbursement Budget
Whatcom County Human Services

Annual Budget July 1, 2024 to June 30, 2025

Revenues					
13b Proviso Funds	\$	127,000.00			
Total	\$	127,000.00			
Expenses					
Recovery Navigator Coordinator	\$	127,000.00			
Total	\$	127,000.00			
Budget Amount	\$	127,000.00			
Expenses	<u>-</u>	<del></del>			
Balance	\$	127,000.00			