



WHATCOM COUNTY CONTRACT INFORMATION SHEET		Whatcom County Contract No. <u>202304013 - 3</u>	
Originating Department:		85 Health	
Division/Program: (i.e. Dept. Division and Program)		Response Systems Division	
Contract or Grant Administrator:		Malora Christensen	
Contractor's / Agency Name:		North Sound Behavioral Health Administrative Services Organization, LLC	
Is this a New Contract? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If not, is this an Amendment or Renewal to an Existing Contract? If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	202304013
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):	North Sound BH-ASO-Whatcom County-ICN-23	CFDA#: 93.959
Is this contract grant funded? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):		
Is this contract the result of a RFP or Bid process? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):	Contract Cost Center:	675700 / 677410 / 675500 / 124136 / 124100
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): \$ 1,496,767.30		Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: <ol style="list-style-type: none"> Exercising an option contained in a contract previously approved by the council. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. Bid or award is for supplies. Equipment is included in Exhibit "B" of the Budget Ordinance 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. 	
This Amendment Amount: \$ 101,896			
Total Amended Amount: \$ 1,598,663.30			
Summary of Scope: This amendment provides one time additional Proviso Reserve funds for Jail Transition Services.			
Term of Contract:	1 year, auto renewals	Expiration Date:	Until terminated
Contract Routing:	1. Prepared by:	JT	Date: 04/29/2024
	2. Attorney signoff:	Christopher Quinn	Date: 05/13/2024
	3. AS Finance reviewed:	A Martin	Date: 5/7/24
	4. IT reviewed (if IT related):		Date:
	5. Contractor approved:		Date:
	6. Executive Contract Review:		Date: 6/4/2024
	7. Council approved (if necessary):	AB2024-330	Date: 05/21/2024
	8. Executive signed:		Date: 6/4/2024
	9. Original to Council:		Date:



MEMORANDUM

TO: Satpal Sidhu, County Executive
FROM: Erika Lautenbach, Director
RE: North Sound Behavioral Health Administrative Services Organization, LLC –
Integrated Care Network Contract Amendment #3
DATE: May 30, 2024

Attached is a contract amendment between Whatcom County and North Sound Behavioral Health Administrative Services Organization for your review and signature. This amendment increases Jail Transition Services funding by \$101,896 to provide one-time additional Proviso Reserve funds to support substance use disorder assessments in jail, re-entry services and recovery and mental health courts.

▪ **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**

Funding for this contract is \$625,684.10 through June 30, 2024. Funding is provided by the Dedicated Marijuana Account, Jail Services, Trueblood, Law Enforcement Co-Responder Outreach Programs, and the federal Substance Abuse Block Grant (CFDA 93.959), each passed through the NS BH-ASO to Whatcom County. 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 (MChriste@co.whatcom.wa.us) if you have any questions or concerns regarding this request.

PROGRAM APPROVAL: DocuSigned by:
Malora Christensen 5/30/2024
00E05E4A7809409
Malora Christensen, Response Systems Manager Date

DEPARTMENT HEAD APPROVAL: DocuSigned by:
Erika Lautenbach 6/4/2024
955C651A30374BD...
Erika Lautenbach, Health and Community Services Director Date

APPROVAL AS TO FORM: DocuSigned by:
Christopher Quinn 6/4/2024
EC466EF5C88B4FD...
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 Behavioral Health Administrative Services Organization
Dedicated Cannabis Account Program
Cost Reimbursement Budget
January 1, 2024 - June 30, 2024
Whatcom County Human Services**

Revenues

Dedicated Cannabis Account Funding	\$	41,719
Total	\$	<u>41,719</u>

Expenses

Dedicated Cannabis Account	\$	41,719
Total	\$	<u>41,719</u>

**North Sound Behavioral Health Administrative Services Organization
Jail Services Program
Cost Reimbursement Budget
January 1, 2024 - June 30, 2024
Whatcom County Human Services**

Revenues

Jail Service Funding	\$	42,583.19
One Time Additional	\$	101,896.00
Total	\$	<u>144,479.19</u>

Expenses

Jail Service	\$	144,479.19
Total	\$	<u>144,479.19</u>

**North Sound Behavioral Health Administrative Services Organization
Substance Abuse Block Grant CFDA 93.959
Cost Reimbursement Budget
January 1, 2024 - June 30, 2024
Whatcom County Human Services**

Revenues

SABG Funds	\$	203,114.00
Total	\$	<u>203,114.00</u>

Expenses

Opiate Outreach Services	\$	203,114.00
Total	\$	<u>203,114.00</u>

**North Sound Behavioral Health Administrative Services Organization
Trueblood Program
Cost Reimbursement Budget
January 1, 2024 - June 30, 2024
Whatcom County Human Services**

Revenues

Trueblood Funding	\$	19,992.91
Total	\$	<u>19,992.91</u>

Expenses

Trueblood Expenses	\$	19,992.91
Total	\$	<u>19,992.91</u>

**North Sound Behavioral Health Administrative Services Organization
Co-Responder
Cost Reimbursement Budget
January 1, 2024 - June 30, 2024
Whatcom County Human Services**

Revenues

MHBG	\$	110,743.00
SABG	\$	105,636.00
Total	\$	<u>216,379.00</u>

Expenses

Co-Responder Expense	\$	216,379.00
Total	\$	<u>216,379.00</u>

North Sound Behavioral Health

Monthly Billing Form

Agency Name _____
 Program _____
 Period Covered _____

Expenses

Salaries & Wages	\$	-
Personnel Benefits	\$	-
Office & Operating Supplies	\$	-
Small Tool & Minor Equipment	\$	-
Professional Services	\$	-
Communications	\$	-
Travel	\$	-
Operating Rentals	\$	-
Insurance	\$	-
Utilities	\$	-
Repair & Maintenance	\$	-
Machinery & Equipment	\$	-
Miscellaneous Expense	\$	-
Capital	\$	-
Direct Cost Allocations	\$	-
Indirect Cost Allocations	\$	-
Other		
Total	\$	-

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.

Signature of Agency Representative _____
 Name of Agency Representative _____
 Date _____

Submit to fiscal@nsbhaso.org