

	WHATCOM COUNTY CONTRACT INFORMATION SHEET	Whatcom County Contract No. <u>201904004 -10</u>
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Originating Department:	85 Health
Division/Program: <i>(i.e. Dept. Division and Program)</i>	8550 Human Services / Various Programs
Contract or Grant Administrator:	Perry Mowery
Contractor's / Agency Name:	North Sound Behavioral Health Administrative Services Organization

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 type="checkbox"/> No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	201904004	

Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:	
Already approved? Council Approved Date:	<i>(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)</i>		

Is this a grant agreement?	If yes, grantor agency contract number(s):	NORTH SOUND BH-ASO WHATCOM ICN 19-20	CFDA#:	93.959
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Is this contract grant funded?	If yes, Whatcom County grant contract number(s):	
Yes <input type="checkbox"/> No <input type="checkbox"/>		

Is this contract the result of a RFP or Bid process?	If yes, RFP and Bid number(s):	Contract Cost Center:	Various
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If no, include Attachment D Contractor Declaration form.
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- If YES, indicate exclusion(s) below:
- | | |
|---|--|
| <input type="checkbox"/> Professional services agreement for certified/licensed professional. | <input type="checkbox"/> Contract for Commercial off the shelf items (COTS). |
| <input type="checkbox"/> Contract work is for less than \$100,000. | <input type="checkbox"/> Work related subcontract less than \$25,000. |
| <input type="checkbox"/> Contract work is for less than 120 days. | <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA. |
| <input checked="" type="checkbox"/> Interlocal Agreement (between Governments). | |

Contract Amount (sum of original contract amount and any prior amendments):	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"> 1. Exercising an option contained in a contract previously approved by the council. 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. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance 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.
\$ 1,848,820	
This Amendment Amount:	
\$ 484,460	
Total Amended Amount:	
\$ 2,333,280	

Summary of Scope: This agreement establishes Whatcom County's participation in the Integrated Care Network administered by the North Sound Behavioral Health Administrative Services Organization as the lead agency to provide behavioral health services coordination, management, and support to the five regional County authorities.

Term of Contract:	Until superseded	Expiration Date:	N/A
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Contract Routing:	1. Prepared by:	JT	Date:	06/24/2022
	2. Attorney signoff:	RB	Date:	06/29/2022
	3. AS Finance reviewed:	M Caldwell	Date:	6/24/22
	4. IT reviewed (if IT related):		Date:	
	5. Contractor signed:		Date:	
	6. Executive Contract Review:		Date:	
	7. Council approved (if necessary):	AB2022-386	Date:	
	8. Executive signed:		Date:	
	9. Original to Council:		Date:	

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC
(NORTH SOUND BH-ASO)
CONTRACT AMENDMENT #10**

CONTRACT #NORTH SOUND BH-ASO-WHATCOM COUNTY ICN 19-23

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) March 27, 2019, (as amended by North Sound BH-ASO and Provider February 1, 2022, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to add funding for the Co-Responder program and ongoing funding for the period of July 1, 2022 through December 31, 2022.

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

1. Replace NS BH-ASO-Whatcom County-Budget 2022-G with NS BH-ASO-Whatcom County Budget 2022-H
2. Add Exhibit C – Co-Responder Statement of Work

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

Joe Valentine

6/24/2022

Joe Valentine
Executive Director

Date

Satpal Sidhu
County Executive

Date

APPROVAL AS TO PROGRAM: _____
Perry Mowery, Behavioral Health & Special Projects Supervisor Date

DEPARTMENT HEAD APPROVAL: _____
Erika Lautenbach, Health Department Director Date

APPROVAL AS TO FORM: _____
Royce Buckingham, Senior 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 Service Organization
Law Enforcement Co-Response Outreach Program
Statement of Work

Purpose

To provide behavioral health outreach while reducing criminal justice system involvement for individuals with mental health and substance use disorder treatment needs. Co-Response outreach programs consist of law enforcement officer(s) and behavioral health professional(s) that provide individuals with substance use disorder or other behavioral health needs with access to treatment that would otherwise be involved in the criminal justice system. Co-response outreach is designed to enhance first responder capacity to immediately provide field-based interventions and ensure referral and linkage to ongoing behavioral health treatment when appropriate.

1. Provide field-based outreach services and intensive case management support to individuals who frequently encounter the criminal justice system.
2. Provide diversion focused interventions or alternative to law enforcement responses to calls where substance use disorder or other behavioral health needs are identified.

Services

Co-Responder outreach programs:

1. Provide behavioral health outreach interventions and person-centered de-escalation that use least invasive interventions.
2. Employ field-based strategies to identify individuals with substance use disorders and other behavioral health needs in a culturally competent, recovery oriented, trauma sensitive manner.
3. Maintain referral pathways for community members, emergency services, treatment providers and other community-based entities.
4. Support direct linkages to treatment supports to include facility-based crisis stabilization and triage, withdrawal management, outpatient or medical services or other behavioral health or community-based care supports as appropriate.
5. Provide care coordination and case management.

Priority Populations

Priority populations should focus on any individual with a behavioral health condition who are at risk of arrest and/or frequent contact with first responders, community members and who could benefit from being connected to supportive behavioral health treatment or other supportive resources when amendable.

1. Individuals who have frequent criminal legal system contact because of substance use disorder or other behavioral health needs.
2. Individuals who are at risk of arrest, or already have been involved in the criminal justice system.
3. Individuals who cannot, on their own, access local safety-net services.

Program Staffing

Co-response outreach programs should be staffed with Master Level behavioral health professional(s), bachelor Level and/or Certified Peer Counselors (CPC). Licensed behavioral health professional(s) can include licensed Mental Health Professionals (MHP) and licensed Substance Use disorder Professionals (SUDP).

Coordination

1. Co-response outreach services will coordinate with crisis services to include referral to a Designated Crisis Responders (DCRs).
2. Co-Response outreach services will coordinate closely with parallel emergency services, criminal justice systems, inpatient/residential service providers, tribal governments, Indian Health Care Providers (IHCP) and outpatient providers to ensure access to timely and appropriate behavioral health treatment services.
3. Co-Response outreach services shall coordinate closely with other local community-based diversion programs.

Training

Law enforcement or first responders who are providing co-response interventions are encouraged to be trained in Crisis Intervention Training (CIT). Agencies are required to ensure licensed professionals who are conducting co-response services have access to training, such as the following:

1. Motivational interviewing
2. Strength-based and harm reduction interventions
3. Trauma-informed practices
4. Cultural humility
5. Mental Health First Aid
6. Conflict resolution and de-escalation techniques

7. Suicide risk assessment and prevention
8. Overdose prevention, recognition, and response
9. Law enforcement or first responder sponsored trainings.

Reporting

Programs will submit Quarterly reports to North Sound BH-ASO. Reporting will include number of individuals served, outcomes of services provided and a narrative describing successes and challenges.

**North Sound Behavioral Health Administrative Services Organization
 Dedicated Marijuana Account Program
 Cost Reimbursement Budget
 July 1, 2022 to December 31, 2022
 Whatcom County Human Services**

Revenues

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

Expenses

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

**North Sound Behavioral Health Administrative Services Organization
 Jail Services Program
 Cost Reimbursement Budget
 July 1, 2022 to December 31, 2022
 Whatcom County Human Services**

Revenues

Jail Service Funding	\$	42,583.19
		42,583.19
Total	\$	42,583.19

Expenses

Jail Service	\$	42,583.19
		42,583.19
Total	\$	42,583.19

**North Sound Behavioral Health Administrative Services Organization
 Substance Abuse Block Grant CFDA 93.959
 Cost Reimbursement Budget
 July 1, 2022 to December 31, 2022
 Whatcom County Human Services**

Revenues

SABG Funds	\$	203,114.00
SABG COVID Funds	\$	30,000.00
Total	\$	<u>233,114.00</u>

Expenses

Opiate Outreach Services	\$	203,114.00
Additional SABG	\$	30,000.00
Total	\$	<u>233,114.00</u>

**North Sound Behavioral Health Administrative Services Organization
 Trueblood Program
 Cost Reimbursement Budget
 July 1, 2022 to December 31, 2022
 Whatcom County Human Services**

Revenues

Trueblood Funding	\$	49,262.00
Total	\$	49,262.00

Expenses

Trueblood Expenses	\$	49,262.00
Total	\$	49,262.00

**North Sound Behavioral Health Administrative Services Organization
Co-Responder
Cost Reimbursement Budget
July 1, 2022 to December 31, 2022
Whatcom County Human Services**

Revenues

MHBG Covid Funds		\$	111,782.00
	Total	\$	<u>111,782.00</u>

Expenses

Co-Responder Expense		\$	111,782.00
	Total	\$	<u>111,782.00</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