

WHATCOM COUNTY CONTRACT INFORMATION SHEET	Whatcom County Contract No. 202304013 – 4
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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?	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 #:	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?	If yes, grantor agency contract number(s):	North Sound BH-ASO- Whatcom County-ICN-23	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:	677410-Dedicated Cannabis / 675500&1974- Substance Abuse Block Grant / 124119-Trueblood / 124100-Jail Services / 124136-Co-Responder / NEW- Naloxone / NEW-Substance use Disorder Prof / NEW- Recovery Navigator Coordinator
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input type="checkbox"/>
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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 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 :
\$ 1,598,663.30	
This Amendment Amount:	
\$ 1,322,177	
Total Amended Amount:	
\$ 2,920,840	<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.

Summary of Scope: This amendment provides adds various funding through 12/31/2024 and 6/30/2025.

Term of Contract:	1 year, auto renewals	Expiration Date:	Until terminated
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Contract Routing:	1. Prepared by:	JT	Date:	07/23/2024
	2. Attorney signoff:	Christopher Quinn	Date:	8/5/2024
	3. AS Finance reviewed:	Bbennett	Date:	0731/2024
	4. IT reviewed (if IT related):		Date:	
	5. Contractor approved:		Date:	
	6. Executive Contract Review:		Date:	
	7. Council approved (if necessary):	AB2024-527	Date:	
	8. Executive signed:		Date:	
	9. Original to Council:		Date:	

PROGRAM APPROVAL: _____
Malora Christensen, Response Systems Manager Date

DEPARTMENT HEAD APPROVAL: _____
Erika Lautenbach, Health and Community Services Director Date

APPROVAL AS TO FORM: _____
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



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	\$	41,719.00
Total	\$	41,719.00
Expenses		
Dedicated Cannabis Account	\$	41,719.00
Total	\$	41,719.00
Budget Amount	\$	41,719.00
Expenses		-
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	\$	144,479.19
Expenses		-
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	\$	406,228.00
Total	\$	406,228.00
Expenses		
Opiate Outreach Services	\$	406,228.00
Total	\$	406,228.00
Budget Amount	\$	406,228.00
Expenses		-
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	\$	19,992.91
Total	\$	19,992.91
Expenses		
Trueblood Expenses	\$	19,992.91
Total	\$	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		
Revenues		
MHBG Funds	\$	221,486.00
SABG Funds	\$	211,272.00
Total	\$	432,758.00
Expenses		
Co-Responder Expense	\$	432,758.00
Total	\$	432,758.00
Budget Amount	\$	432,758.00
Expenses		-
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	\$	50,000.00
Total	\$	50,000.00
Expenses		
Naloxone	\$	50,000.00
Total	\$	50,000.00
Budget Amount	\$	50,000.00
Expenses		-
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		
13b Proviso Funds	\$	100,000.00
Total	\$	100,000.00
Expenses		
SUD Professional	\$	100,000.00
Total	\$	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	\$	127,000.00
Total	\$	127,000.00
Expenses		
Recovery Navigator Coordinator	\$	127,000.00
Total	\$	127,000.00
Budget Amount	\$	127,000.00
Expenses		-
Balance	\$	127,000.00



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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Contact Information for North Sound BH-ASO Awarding Official	Margaret Rojas, Assistant Director North Sound Behavioral Health Administrative Services Organization 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)	NT6RMN8THTN7
9.	Subaward Project Description	Opiate Outreach Services
10.	Primary Place of Performance	98225
11.	Subaward Period of Performance	7/1/2024 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	\$406,228
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$406,228
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)