


WHATCOM COUNTY CONTRACT INFORMATION SHEET		Whatcom County Contract No. <u>202304013 - 1</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):	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): \$ 449,191.10		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. 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.	
This Amendment Amount: \$ 523,788.10			
Total Amended Amount: \$ 972,979.20			
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, to provide behavioral health services coordination, management and support to the five regional Counties. Funding for this agreement is through December 31, 2023.			
Term of Contract:	1 year, auto renewals	Expiration Date:	Until terminated
Contract Routing:	1. Prepared by: JT	Date:	07/19/2023
	2. Attorney signoff: RB	Date:	07/19/2023
	3. AS Finance reviewed: A Martin	Date:	7/21/2023
	4. IT reviewed (if IT related):	Date:	
	5. Contractor approved:	Date:	
	6. Executive Contract Review: 	Date:	8/11/2023
	7. Council approved (if necessary): AB2023-498	Date:	08/08/2023
	8. Executive signed:	Date:	8/11/2023
	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 Agreement Amendment #1
DATE: August 9, 2023

Attached is in interlocal agreement amendment between Whatcom County and North Sound Behavioral Health Administrative Services Organization for your review and signature.

▪ **Background and Purpose**

Whatcom County participates in the North Sound Integrated Care Network (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](#).

The purpose of this Agreement is to acknowledge & fund Whatcom's participation in the 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. This amendment extends the agreement for six months and increases funding by \$523,788.10 for the extended agreement period (07/01/2023 – 12/31/2023). Funding for the extended agreement period includes a \$104,597 increase from the previous agreement period (01/01/2023 – 06/30/2023), for the Co-Responder program.

▪ **Funding Amount and Source**

Funding for this Agreement is \$523,788.10 through December 31, 2023. 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. These funds will be included in the 2023 budget. The Agreement 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) or Kathleen Roy, Financial & Administrative Manager at 360-778-6007 (KRoy@co.whatcom.wa.us), if you have any questions or concerns regarding this request.

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC
(NORTH SOUND BH-ASO)
CONTRACT AMENDMENT 1**

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 Human Services (Provider) dated April 13, 2023, is hereby amended as follows:

The purpose of this amendment is to increase Co-Responder funding by \$104,597 and provide funding for July 1, 2023 to December 31, 2023:

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

Replace *Exhibit E - Whatcom County_Budget_ICN_23* with *Exhibit E - Whatcom County_Budget_ICN_23 A*

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

Margaret Rojas 07/18/23
Margaret Rojas Date
Assistant Director

DocuSigned by:
Satpal Singh Sidhu 8/11/2023
1192C7C18B664E3...
Satpal Sidhu Date
County Executive

PROGRAM APPROVAL: DocuSigned by:
Malora Christensen
00E05E4A7809409... 8/9/2023
Date
Malora Christensen, Response Systems Manager

DEPARTMENT HEAD APPROVAL: DocuSigned by:
Erika Lautenbach
955C651A30374BD... 8/10/2023
Date
Erika Lautenbach, Health and Community Services Director

APPROVAL AS TO FORM: Approved by email RB/JT 07/19/2023
Date
Royce Buckingham, Senior Civil Deputy Prosecutor

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
July 1, 2023 to December 31, 2023
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
July 1, 2023 to December 31, 2023
Whatcom County Human Services**

Revenues

Jail Service Funding	\$	42,583.19
Total	\$	<u>42,583.19</u>

Expenses

Jail Service	\$	42,583.19
Total	\$	<u>42,583.19</u>

**North Sound Behavioral Health Administrative Services Organization
Substance Abuse Block Grant CFDA 93.959
Cost Reimbursement Budget
July 1, 2023 to December 31, 2023
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
July 1, 2023 to December 31, 2023
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
July 1, 2023 to December 31, 2023
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