

<b>WHATCOM COUNTY CONTRACT INFORMATION SHEET</b>		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):		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 <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when:</b> 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:	Date:	
	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:	
	7. Council approved (if necessary): AB2023-498	Date:	
	8. Executive signed:	Date:	
	9. Original to Council:	Date:	

**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

\_\_\_\_\_  
Satpal Sidhu    Date  
County Executive

PROGRAM APPROVAL: \_\_\_\_\_  
Malora Christensen, Response Systems Manager Date

DEPARTMENT HEAD APPROVAL: \_\_\_\_\_  
Erika Lautenbach, Health and Community Services 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 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	\$	203,114.00

**Expenses**

Opiate Outreach Services	\$	203,114.00
Total	\$	203,114.00

**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	\$	19,992.91

**Expenses**

Trueblood Expenses	\$	19,992.91
Total	\$	19,992.91

**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](mailto:fiscal@nsbhaso.org)