

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

CONTRACT #NORTH SOUND BH-ASO-LIFELINE CONNECTIONS-FBG-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 Lifeline Connections (Provider) dated May 26, 2023, is hereby amended as follows:

The purpose of this amendment is to 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 D – Provider Deliverables* with *Exhibit D (a) – Provider Deliverables*
- Replace *Exhibit E - Lifeline Connections_Budget_FBG_23* with *Exhibit E (a) - Lifeline Connections_Budget_FBG_23*
- Replace *Exhibit F – Federal Award Identification for SUD Block Grants and MHBG* with *Exhibit F (a) – Federal Award Identification for SUD Block Grants and MHBG*
- Update *Exhibit I – HARPS Statement of Work* with following link: [Statement of Work HARPS.pdf \(nsbhaso.org\)](#)
- Update *Exhibit J – HARPS Expansion Statement of Work* with following link: [Statement of Work HARPS EXPANSION.pdf \(nsbhaso.org\)](#)
- Replace *Exhibit K – HARPS Performance Measures* with *Exhibit K (a) – HARPS Performance Measures*
- Update *Exhibit L – Peer Pathfinder Statement of Work* with following link: [Statement of Work Peer Pathfinder Homeless Outreach.pdf \(nsbhaso.org\)](#)
- Replace *Exhibit M – Peer Pathfinder Performance Measures* with *Exhibit M (a) – Peer Pathfinder Performance Measures*
- Update *Exhibit N – Peer Pathfinder Transition from Incarceration Pilot Program Statement of Work* with following link: [Statement of Work Peer Pathfinder Transition from Incarceration Pilot Program.pdf \(nsbhaso.org\)](#)
- Add *Exhibit O – [Statement of Work Peer Pathfinder Support Services.pdf \(nsbhaso.org\)](#)*

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.



EXHIBIT D(a): PROVIDER DELIVERABLES

PROVIDER: Lifeline Connections

CONTRACT: NORTH SOUND BH-ASO-LIFELINE CONNECTIONS-FBG-23 AMD 1

CONTRACT PERIOD: 07/01/2023 – 12/31/2023

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) or by emailing deliverables@nsbhaso.org.

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
HARPS Participant Monthly Log	Monthly	10 th of the month following the month being reported; cc wanda.johns@hca.wa.gov when submitting	Chapter 19; Section 19.7
HARPS State Psychiatric Hospital Referral Report (previously weekly report)	Monthly	10 th of the month following the month being reported; cc wanda.johns@hca.wa.gov when submitting	Chapter 19; Section 19.7

DELIVERABLE	FREQUENCY	DUE DATE	SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE
Peer Pathfinder Monthly Homeless Management Information System (HMIS) Report	Monthly	20 th of each month following the month being reported to Meta Hogan (HCA) meta.hogan@hca.wa.gov ; cc deliverables@nsbhaso.org and hcabhaso@hca.wa.gov	Chapter 19; Section 19.8
HARPS Team Quarterly Report	Quarterly	20 th day of the month following the quarter being reported (1/20, 4/20, 7/20, 10/20); cc wanda.johns@hca.wa.gov when submitting	Chapter 19; Section 19.7
Peer Pathfinder Activities Report/SOR Program Instrument Form	Quarterly	20 th of each month following the month being reported to Meta Hogan (HCA) meta.hogan@hca.wa.gov ; cc deliverables@nsbhaso.org and hcabhaso@hca.wa.gov	Chapter 19; Section 19.8
Peer Pathfinder Transformation from Incarceration Report (Jail Transition)	Quarterly	20 th of each month following the month being reported to Meta Hogan (HCA) meta.hogan@hca.wa.gov ; cc deliverables@nsbhaso.org and hcabhaso@hca.wa.gov	Chapter 15; Section 15.1
Peer Pathfinder Client Support Service Plan	One Time	8/31/2023	Not applicable
Substance Abuse Block Grant (SABG) Capacity Management Form	Quarterly	15 th of the month following the quarter being reported (1/15, 4/15, 7/15, 10/15)	Not Applicable
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
Ownership and Control Disclosure Form	Annual	Annually on January 31 st , or more frequently when changes occur	Not applicable

North Sound Behavioral Health Administrative Services Organization
HARPS
Cost Reimbursement Budget
Lifeline Connections
 July 1, 2023 to June 30, 2024

Revenues

HARPS Housing Subsidies	\$	181,818
One Time Additional Subsidies	\$	181,818
10% Admin on Subsidies	\$	36,364
MHBG HARPS Team	\$	281,380
Total	\$	681,380

Expenses

Housing Subsidies	\$	363,636
10% Admin on Subsidies	\$	36,364
HARPS Program Deliverables	\$	281,380
Total	\$	681,380

**North Sound Behavioral Health Administrative Services Organization
 HARPS Expansion
 Cost Reimbursement Budget
 Lifeline Connections**

March 15, 2023 to March 14, 2024

Revenues

Monthly Excel Log *	\$	99,996
Recovery Support Plan	\$	10,000
Total	\$	109,996

Expenses

HARPS Program Deliverables	\$	109,996
Total	\$	109,996

* With participants enrolled by a SUD Peer

North Sound Behavioral Health Administrative Services
DOC - CBRA
Cost Reimbursement Budget
Lifeline Connections
July 1, 2023 to June 30, 2024

Revenues

			Total
DOC Rental Assistance	\$	179,902	\$ 179,902
Program Operations	\$	55,355	\$ 55,355
Administration	\$	41,515	\$ 41,515
Governor's Housing Initiative		25,000	\$ 25,000
Total	\$	301,772	\$ 301,772

Expenses

Rental Assistance	\$	179,902	\$ 179,902
Program Operations	\$	55,355	\$ 55,355
Administration	\$	41,515	\$ 41,515
Rental Voucher and Bridge Program	\$	25,000	\$ 25,000
Total	\$	301,772	\$ 301,772

**North Sound Behavioral Health Administrative Services Organization
Peer Pathfinder Transition from Incarceration Pilot
Cost Reimbursement Budget
Lifeline Connections
July 1, 2023 to June 30, 2024**

Revenues

APRA MHBG Peer Pathfinders Transition from Incarceration Pilot	\$	35,510
APRA SABG Peer Pathfinders Transition from Incarceration Pilot	\$	35,510
Total	\$	<u>71,020</u>

Expenses

Peer Pathfinders Transition from Incarceration Pilot	\$	71,020
Total	\$	<u>71,020</u>

**North Sound Behavioral Health Administrative Services Organization
Peer Pathfinder Homeless Outreach Programs
Cost Reimbursement Budget
Lifeline Connections**

September 30, 2022 to September 29, 2023

Revenues

Peer Pathfinders Homeless Outreach Program Deliverables	\$	117,207
Peer Pathfinder Support Services Deliverable	\$	12,727
Total	\$	129,934

Expenses

Peer Pathfinders Homeless Outreach Program	\$	117,207
Peer Pathfinders Homeless Outreach Program	\$	12,727
Total	\$	129,934



North Sound BH-ASO

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273

Phone: (360) 416-7013 Fax: (360) 899-4754

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Exhibit F(a) Federal Subaward Identification K6914

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B09SM086035
3.	Federal Award Date	6/16/2022
4.	Assistance Listing Number and Title	93.958 Block Grants for Community Mental Health Services
5.	Is the Award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Contact Information for HCA's Awarding Official	Keri Waterland, Assistant Director WA State Health Care Authority Division of Behavioral Health and Recovery keri.waterland@hca.wa.gov 360-725-5252
7.	Subrecipient name (as it appears in SAM.gov)	Lifeline Connections
8.	Subrecipient's Unique Entity Identifier (UEI)	R3MJVEFP8Q44
9.	Subaward Project Description	Housing and Recovery through Peer Services (HARPS) Expansion
10.	Primary Place of Performance	98226
11.	Subaward Period of Performance	7/1/2023 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	\$109,996
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	\$109,996
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)



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Exhibit F
Federal Subaward Identification
K6914

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B09SM086035
3.	Federal Award Date	6/16/2022
4.	Assistance Listing Number and Title	93.958 Block Grants for Community Mental Health Services
5.	Is the Award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Contact Information for HCA's Awarding Official	Keri Waterland, Assistant Director WA State Health Care Authority Division of Behavioral Health and Recovery keri.waterland@hca.wa.gov 360-725-5252
7.	Subrecipient name (as it appears in SAM.gov)	Lifeline Connections
8.	Subrecipient's Unique Entity Identifier (UEI)	R3MJVEFP8Q44
9.	Subaward Project Description	Housing and Recovery through Peer Services (HARPS)
10.	Primary Place of Performance	98226
11.	Subaward Period of Performance	7/1/2023 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	\$281,380
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	\$281,380
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)



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Exhibit F 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)	B09SM085384
3.	Federal Award Date	3/22/2023
4.	Assistance Listing Number and Title	93.958 Block Grants for Community Mental Health Services
5.	Is the Award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Contact Information for HCA's Awarding Official	Keri Waterland, Assistant Director WA State Health Care Authority Division of Behavioral Health and Recovery keri.waterland@hca.wa.gov 360-725-5252
7.	Subrecipient name (as it appears in SAM.gov)	Lifeline Connections
8.	Subrecipient's Unique Entity Identifier (UEI)	R3MJVEFP8Q44
9.	Subaward Project Description	Peer Pathfinders Transition from Incarceration Pilot
10.	Primary Place of Performance	98226
11.	Subaward Period of Performance	7/1/2023 – 6/30/2024
12.	Amount of Federal Funds Obligated by this Action	\$35,510
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	\$35,510
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)



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Exhibit F
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)	B08TI083977
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 HCA's Awarding Official	Keri Waterland, Assistant Director WA State Health Care Authority Division of Behavioral Health and Recovery keri.waterland@hca.wa.gov 360-725-5252
7.	Subrecipient name (as it appears in SAM.gov)	Lifeline Connections
8.	Subrecipient's Unique Entity Identifier (UEI)	R3MJVEFP8Q44
9.	Subaward Project Description	Peer Pathfinder Transition from Incarceration Pilot
10.	Primary Place of Performance	98226
11.	Subaward Period of Performance	7/1/2023 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	\$35,510
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	\$35,510
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)



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Exhibit F
Federal Subaward Identification
K6997

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	BB08TI083977
3.	Federal Award Date	5/17/2021
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 HCA's Awarding Official	Michael Langer, Deputy Division Director WA State Health Care Authority Division of Behavioral Health and Recovery michael.langer@hca.wa.gov 360-725-9821
7.	Subrecipient name (as it appears in SAM.gov)	Lifeline Connection
8.	Subrecipient's Unique Entity Identifier (UEI)	R3MJVEFP8Q44
9.	Subaward Project Description	Peer Pathfinder Support Services
10.	Primary Place of Performance	98226
11.	Subaward Period of Performance	7/1/2023 – 9/29/2023
12.	Amount of Federal Funds Obligated by this Action	\$12,727
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	\$12,727
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)



EXHIBIT K(a): HARPS Performance Measures

Goal	Task	Performance Measure	Due Date*	Payment	Total
1	Monthly State Psychiatric Hospital Referral Report (previously weekly)	<p>Send a report in narrative format, including the following elements:</p> <ul style="list-style-type: none"> ▪ Aggregated number of referrals from Western State Hospital; ▪ Aggregated number of referrals from Eastern State Hospital; ▪ Date of each referral; and, ▪ Housing state of each participants as of the date of referral <p>Provide to HCA Contract Manager in Word or Adobe pdf format via email to HCA Contract Manager (cc deliverables@nsbhaso.org)</p>	15 th of the month following each month of service	\$1,500 per report x 12 reports	\$18,000
2	Training Report: Confirmation that at least two (2) FTE from the HARPS team attend a HCA facilitated training event on the SAMHSA model Evidence-Based Practice of Permanent Supportive Housing (EBH PSH).	Sign in sheet verifying program staff attended the HCA facilitated EBP PSH Training Event AND Screen shot of completion. Send confirmation to HCA Contract Manager in Word or Adobe pdf format via email to Contract Manager	By 6/30/2024	1 payment of \$20,000 for EBP PSH Training	\$20,000
3	State Psychiatric Hospital Orientation	To be coordinated through HCA Contract Manager	By 6/30/2024	\$20,000 per report x 1 report	\$20,000

Goal	Task	Performance Measure	Due Date*	Payment	Total
4	HARPS Monthly Participant Log	<p>Document and submit monthly HARPS Participant Excel log report detailing HARPS enrolled participants that receive services and/or subsidies. Complete information on following tabs:</p> <ul style="list-style-type: none"> ▪ Housing Bridge Subsidy Tracking ▪ Landlord Outreach <p>Provide a minimum of five (5) entries each month.</p>	Due by the 15 th of each following month	\$15,000 per report x 12 reports	\$180,000
5	<p>Quarterly Report: Provider will write report in a narrative format including the following components:</p> <ol style="list-style-type: none"> 1. Project activities and results for the report date range; 2. A participant success story (do NOT include identifying information); 3. Staff Training attended (include subject and dates); 4. Other project activities or events, including meetings with local Continuums of Care, State Hospitals, inpatient SUD treatment facilities, Coordinated Entry 	Quarterly Report submitted to HCA and approved by the HCA program manager.	<p>Due by the 20th of the month following the quarter.</p> <p>Quarter 1: July – September report due October 20th</p> <p>Quarter 2: October - December, report due January 20th</p> <p>Quarter 3, January – March, report due April 20th</p> <p>Quarter 4, April – June, report due July 20th</p>	\$7,500 per report x 4 reports	\$30,000

Goal	Task	Performance Measure	Due Date*	Payment	Total
	Programs, Peer Bridgers, and Foundational Community Supports; 5. Description of value/impact of program and barriers experiences; 6. Any additional components as approved by HCA Contract Manager				
6	Fidelity Review	HCA will facilitate a cross-site Permanent Supportive Housing (PSY) Fidelity Review of another HARPS team. The fidelity review will be in-person and/or virtual. One (1) HARPS FTE will attend.	By 6/30/2024	\$13,380 per report x 1 report	\$13,380
	TOTAL				\$281,380

HARPS Expansion Performance Measures

Goal	Task	Performance Measure	Due Date*	Payment	Total
1	Complete Monthly Participant Excel Log with participants enrolled by SUD Peer.	HCA Approved Participants Excel Log	Due by the 15 th of each following month	12 Excel logs at \$8,333 each	\$99,996
2	Complete Recovery Support Plan as outlined in Section 5 of the HARPS Expansion Statement of Work (Exhibit J).	Approved written plan submitted to HCA.	2/01/2024	1 payment of \$10,000 for Recovery Support Plan	\$10,000
	TOTAL				\$109,996



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EXHIBIT M(a): Peer Pathfinder Performance Measures

Goal	Task	Performance Measure	Due Date*	Payment	Total
1	Monthly Outreach and Engagement HMIS Report*	Approval of report by HCA Contract Manager	Monthly by the 20 th of each month following each month of service	12 reports at \$7,987 each	\$95,844
2	Quarterly Peer Pathfinder Activities Report/SOR Program Instrument form	Approval of report by HCA Contract Manager	Quarterly, by the 20 th of each month following the end of each quarter as follows: 1/20/2023, 4/20/2023, 7/20/2023, 10/20/2023	4 reports at \$5,000 each	\$20,000
3	Harm Reduction Report	Approval of report by HCA Contract Manager	Due By 3/31/2023	1 payment at \$1,363	\$1,363
	TOTAL				\$117,207

*All September 2023 reports due September 29, 2023

Peer Pathfinder Support Services

Goal	Task	Performance Measure	Due Date*	Payment	Total
1	Client Support Service Plan	Develop a detailed plan describing method and intended outcome for allocating client support service funding and submit to HCA for approval by 8/31/2023. Plan must be based on SABG guidance for Target Population per the Statement of Work. Plan must describe how these funds will support Peer Pathfinder participants to access behavioral health and recovery support services	8/31/2023	1 payment of \$12,727	\$12,727
	TOTAL				\$12,727.00