NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT 5

CONTRACT #NORTH SOUND BH-ASO-ISLAND 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 Island County Human Services (Provider) dated March 21, 2023, (as amended by North Sound BH-ASO and Provider dated May 9, 2024, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to: provide funding for July 1, 2024 to December 31, 2024 (Dedicated Cannabis Account, Jail Services, Housing Recovery through Peer Services, Trueblood Programming); and, provide funding for July 1, 2024 to June 30, 2025 (Opiate Outreach, Co-Responder, 13b Proviso Funds – Behavioral Health Navigator, Counseling Services and Connections).

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(d) Island_County _ICN_Budget _24 with Exhibit E(e) Island_County _ICN_Budget
- Replace Exhibit F(a) Federal Subaward Identification with Exhibit F(b) Federal Subaward Identification

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

BOARD OF COUNTY COMMISSIONERS ISLAND COUNTY WASHINGTON

JanRose Ottaway Martin	Date	Jill Johnson	Date
Executive Director		Chair	

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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 D(a): PROVIDER DELIVERABLES

PROVIDER: Island County Human Services

CONTRACT: NORTH SOUND BH-ASO-ISLAND 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) 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	Chapter 19; Section 19.7
Opioid Outreach Monthly 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 31st, or more frequently when changes occur	Not applicable

North Sound Behavioral Health Administrative Services Organization Dedicated Cannabis Account Program Cost Reimbursement Budget Island County Human Services Six Month Budget July 1, 2024 to December 31, 2024

Revenues **Dedicated Cannabis Account Funding** 35,489.00 *One Time Additional (7/1/2023-12/31/2024) 40,000.00 75,489.00 Total **Expenses Dedicated Cannabis Account** \$ 75,489.00 75,489.00 Total **Budget Amount** \$ 75,489.00 Expenses Balance \$ 75,489.00

^{*}One Time Additional Funds Available Until Spent

North Sound Behavioral Health Administrative Services Organization Jail Services Program Cost Reimbursement Budget Island County Human Services

Six Month Budget July 1, 2024 to December 31, 2024

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Revenues			
Jail Services Funding	\$	17,794.05	
*One Time Additional (7/1/2023-12/31/2024)	\$	21,000.00	
Total	\$	38,794.05	
		ŕ	
Expenses			
Jail Services	\$	38,794.05	
Total	\$	38,794.05	
Budget Amount	\$	38,794.05	
Expenses		-	
Balance	\$	38,794.05	

^{*}One Time Additional Funds Available Until Spent

North Sound Behavioral Health Administrative Services Organization

Housing Recovery Through Peer Services Cost Reimbursement Budget

Island County Human Services

Six Month Budget July 1, 2024 to December 31, 2024

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Rev	enues	
HARPS State Funds	\$	8,561.00
Total	<u> </u>	8,561.00
	·	,
Ext	oenses	
HARPS Housing Vouchers	\$	8,561.00
Total	\$	8,561.00
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Budget Amount	\$	8,561.00
Expenses	<u>'</u>	-
Balance	\$	8,561.00
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North Sound Behavioral Health Administrative Services **Organization Opiate Outreach Cost Reimbursement Budget Island County Human Services** Annual Budget July 1, 2024 to June 30, 2025 Revenues SABG Funds 300,000.00 300,000.00 Total **Expenses** Opiate Outreach Services 300,000.00 Total 300,000.00 Budget Amount \$ 300,000.00 Expenses 300,000.00 Balance

North Sound Behavioral Health Administrative Services Organization

Trueblood Program Cost Reimbursement Budget Island County Human Services

Six Month Budget July 1, 2024 to December 31, 2024

	Revenues	
Trueblood Funding	\$	7,592.65
Total	\$	7,592.65
	Expenses	
Trueblood Expenses	\$	7,592.65
Total	<u> </u>	7,592.65
Budget Amount	\$	7,592.65
Expenses	<u> </u>	-
Balance	\$	7,592.65

North Sound Behavioral Health Administrative Services **Organization** Co-Responder **Cost Reimbursement Budget Island County Human Services** Annual Budget July 1, 2024 to June 30, 2025 Revenues MHBG Funds 155,076.00 SABG Funds 147,924.00 303,000.00 Total **Expenses** Co-Responder Expense 303,000.00 Total 303,000.00 \$ 303,000.00 Budget Amount Expenses \$ 303,000.00 Balance

North Sound Behavioral Health Administrative Services Organization

Behavioral Health Navigator Cost Reimbursement Budget Island County Human Services

Annual Budget July 1, 2024 to June 30, 2025

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Rev	enues		
13b Proviso Funds	\$	60,000.00	
Total	<u> </u>	60,000.00	
	T		
Expenses			
Behavioral Health Navigator	\$	60,000.00	
Total	\$	60,000.00	
		,	
Budget Amount	\$	60,000.00	
Expenses		-	
Balance	\$	60,000.00	

North Sound Behavioral Health Administrative Services Organization Counseling Services and Connections Cost Reimbursement Budget Island County Human Services

Annual Budget July 1, 2024 to June 30, 2025

R	evenues	
MHBG ARPA Total	\$ \$	266,450.00 266,450.00
E	xpenses	
Counseling Services Total	\$ \$	266,450.00 266,450.00
Budget Amount Expenses	\$	266,450.00
Balance	\$	266,450.00



North Sound BH-ASO

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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	2/16/2023
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?	☐ Yes ⊠No
		Margaret Rojas, Assistant Director
		North Sound Behavioral Health Administrative
	Contact Information for North Sound BH-ASO Awarding Official	Services Organization
6.	bit A30 Awarding Official	Margaret_Rojas@nsbhaso.org
		360-416-7013
7.	Subrecipient name (as it appears in SAM.gov)	Island County Human Services
8.	Subrecipient's Unique Entity Identifier (UEI)	HP7FMXW2Y859
9.	Subaward Project Description	Opiate Outreach Services
10.	Primary Place of Performance	98239
11.	Subaward Period of Performance	7/1/2024 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	\$300,000
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$300,000
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)